

Elder Abuse: A Comparative Review of Definitions, Typologies, and Prevalence in Western, Arab, and Algerian Contexts

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Abstract

Elder abuse is a global public health concern that manifests across diverse cultural, social, and economic contexts. This article provides a comparative review of elder abuse in Western, Arab, and Algerian societies, examining conceptual definitions, typologies, theoretical explanatory models, and prevalence data. The review identifies six primary forms of abuse: physical, psychological, sexual, material and economic, rights violations, and neglect. Three theoretical frameworks are discussed: the psychological model, which emphasizes perpetrator pathology, the social model, which highlights environmental stressors, and the integrative ecological model, which incorporates multiple interacting factors. Empirical findings from Western societies (the United States, Israel, France, Canada, and Japan) are compared with available data from Arab countries (Egypt, Jordan, Sudan, the Gulf States, and Saudi Arabia) and Algeria. The analysis reveals that while elder abuse is documented across all contexts, research in Arab societies remains limited and largely theoretical. The article further examines the Arab Strategy for Older Adults (2019–2029) and relevant international policy frameworks, including the Madrid International Plan of Action on Ageing (2002). Findings underscore the need for culturally sensitive research approaches and improved data collection to accurately assess the magnitude of elder abuse, particularly in Arab and Algerian contexts, where official statistics may underestimate prevalence due to underreporting.

Keywords: elder abuse, older adults, comparative review, Western societies, Arab societies, Algeria, Arab Strategy for Older Adults

Introduction

Rapid social and economic transformations in human societies, particularly advances in medicine, have contributed to a steady increase in the number of older adults. Life expectancy was previously limited due to disease, inadequate care, and poor nutrition. In Algeria, the proportion of the population aged 65 years and above has increased gradually over recent decades. According to World Bank data compiled by the Federal Reserve Bank of St. Louis, this proportion was 3.12% in 1960, remained relatively stable at approximately 3.2% through the 1980s, then began rising from 4.38% in 2000 to 4.81% in 2006, reaching 5.89% in 2020 and 6.58% in 2024 (Table 1). This demographic trend reflects improvements in healthcare and living conditions, while also signaling emerging challenges for social protection systems.

Table 1. Proportion of the Population Aged 65 Years and Above in Algeria (1960–2024)

Year	Population 65+ (%)
1960	3.12
1970	3.65

1980	3.25
1990	3.23
2000	4.38
2002	4.54
2006	4.81
2010	4.89
2015	5.20
2020	5.89
2024	6.58

Source: World Bank, compiled by Federal Reserve Bank of St. Louis (FRED, 2025)

This advanced stage of life, commonly referred to as old age, is characterized by numerous changes, often accompanied by frailty and weakness affecting physical, sensory, and cognitive functions. Individuals typically reach this stage after the sixth decade of life. Such a decline directly affects daily functioning and is frequently associated with psychological and social problems. Older adults, therefore, require heightened attention and special care for both religious and humanitarian reasons, as well as social and ethical considerations.

Violence against older adults is a global phenomenon that takes many forms and occurs in diverse settings, including families and homes, workplaces, care institutions, public places, media, and online environments, as well as during emergencies. A wide range of actors can perpetrate such violence, including family members, caregivers, legal guardians, health professionals, government workers, and financial representatives. Elder abuse often goes unnoticed and remains taboo in many societies.

A major obstacle to effective action against violence toward older adults is the lack of reliable information and data. Data on experiences of violence, abuse, and neglect in later life are largely absent, rendering the problem invisible. Older adults are rarely included in violence surveys, and the indicators used may be unsuitable for detecting all manifestations of abuse and mistreatment. Available estimates nevertheless suggest a broad scope: the World Health Organization (WHO) estimates that one in six people aged 60 years and older has experienced some form of abuse in the community. Rates are believed to be particularly high in certain institutions, notably nursing homes and long-term care facilities, where two in three staff members have reported committing abuse.

1. Concept of Older Adults

The concept of "older adults" is commonly associated with age 60, which marks the beginning of the later life stage. This threshold has been adopted by gerontology scholars and is used by the United Nations, international organizations, and institutions providing services to older adults to determine eligibility for services. An older adult is an individual who has entered old age, a biological reality that marks the final phase of human development. It is a condition in which a decline in physical and mental functional capacities becomes evident, measurable, and consequential for adaptive processes.

2. Concept of Elder Abuse

A precise definition of elder abuse has not yet been definitively established, as it is closely associated with the older adult, the type of harm to which they are exposed, and the forms of abuse shaped by different cultures, customs, and traditions. Nevertheless, some authors have proposed indicators of abusive behavior. The debate continues over whether emphasis should be placed on the older adult, the community's social judgment, the roles of the perpetrator and the victim, or social position (Malley-Morrison et al., 2006, p. 2).

2.1. Definitions of "Abuse"

Linguistic definition. According to Al-Mu‘jam al-Wasīṭ, "to abuse" (asā'a) means to commit a bad act; the "bad" is what is not done well and is associated with what harms and blemishes. In Lisān al-‘Arab, abuse is defined as inflicting harm that disgraces a person, or as the opposite of benevolence, involving ugliness and reprehensibility (Ibn Manzur, 1988).

Technical (terminological) definitions. WHO definition: Elder abuse is part of domestic violence that occurs most often among family members, although it is not necessarily confined to the home; it includes abuse of children and older adults (Ghareeb & Al-Oud, 2007, p. 26).

United Nations Secretary-General definition: Elder abuse is a repeated or single act, or the absence of appropriate action, occurring within any relationship where trust is expected, and which causes harm to an older adult (Ghareeb & Al-Oud, 2007, p. 27).

Abuse may also be understood as any act that deprives an individual of fundamental rights or causes physical, psychological, or material harm, leading to deprivation of happiness and maladjustment. It includes threats to a person's health or well-being, physical harm, or neglect by a person responsible for their care under conditions that threaten or harm the person's reputation (Mabrouk, 2003, p. 328).

Japanese legal definition: Japanese law defines elder abuse as an assault that may cause physical injury, verbal abuse, neglect, or mismanagement of older adults' property (Arai, 2006, p. 13).

Based on these definitions and related concepts, abuse can be defined as any intentional and unjustified behavior directed at an older adult that causes suffering and pain. It constitutes behavior toward older adults that causes physical, emotional, or sexual harm, or that amounts to social abuse.

3. Types of Abuse Against Older Adults

3.1. Physical (Bodily) Abuse

Physical harm inflicted on an older adult may occur through direct or indirect methods. The direct method involves deliberate physical neglect (e.g., withholding medication or food) or direct physical assault, such as beating, biting, punching, slapping, kicking, choking, restraining, cutting, burning, suffocation, or material deprivation. This type is often easier to detect because its effects are visible and may lead to severe injury or death. The indirect method involves poor health care leading to worsening symptoms, or exposure to accidents and injuries due to severe neglect, including withholding food, medication, clothing, and other necessities. Physical abuse is among the easiest forms to detect due to visible consequences such as bruises and fractures (Matcha, 1997, p. 22).

3.2. Psychological Abuse

Psychological abuse involves the use of methods that cause psychological pain, such as ridicule, ostracism, threats, intimidation, humiliating statements, deprivation of affection and tenderness, forcing the older adult to perform unrealistic tasks, coercion and degradation, threats of abandonment, eviction from the home or care facility, or deprivation of adequate love, support, and care, as well as loss of a sense of security within the family (Ghareeb & Al-Oud, 2007, p. 28). The UN Secretary-General's report also highlights patterns, including words and actions that demean older adults and undermine their status and self-worth. Consequences may include fear, reduced capacity for decision-making, withdrawal, depression, insomnia, appetite changes, low self-evaluation, and impaired awareness (Qanawi, 1987, p. 91)

3.3. Sexual Abuse

Sexual abuse encompasses actual or potential sexual exploitation, including any form of sexual harassment directed at older adults.

3.4. Material and Economic Abuse

Material and economic abuse involves mismanagement of an older adult's financial resources without their knowledge, such as stealing small sums, depriving them of financial rights, exploiting their money and property in exchange for care, and forging signatures on checks or other documents.

3.5. Rights Violations

Rights violations include compelling an older adult to leave their home; denying participation in social activities; restricting life rights comparable to others, for example, depriving access to information sources such as television, radio, and newspapers; isolating them from friends and family; forcing residence in institutions; preventing them from using their own money; and preventing marriage to exert greater control over the older adult (Arai, 2006, p. 378).

3.6. Neglect

Neglect is a form of abuse that may be chronic or intermittent. It entails failure to protect an older adult from danger and includes deprivation of necessities as well as medical and emotional neglect. It may involve family members or caregivers failing to supervise and provide services, thereby causing harm. Some researchers distinguish between abuse and neglect, classifying neglect into several categories.

Passive neglect refers to the family's inability to meet the older adult's health, psychological, social, and economic needs due to economic circumstances, family structure, or insufficient awareness of the older adult's care requirements. Unintentional neglect is neglect that is not clearly intended or results from the absence of someone to care for the older adult; the older adult may not perceive it as neglect, believing that nothing more can be done to address the situation. Intentional neglect involves deliberate disregard for the older adult's needs, including health care, medication schedules, nutrition, housing, clothing, and hygiene. Self-neglect refers to neglect by the older adult themselves, particularly in regard to health and nutrition. Psychological or emotional neglect involves failure to communicate with the older adult or involve them in family matters.

Manifestations may include deprivation of food, reprimand and harsh treatment, and neglect of hygiene. Severity varies according to the older adult's physical, cognitive, psychological, and social characteristics. Older adults with cognitive loss or severe mobility limitations are likely to suffer more than those able to manage basic self-care (Ghareeb & Al-Oud, 2007, p. 30).

Al-Zughbi (1995) classified abuse and violence directed against older adults into four main types: physical abuse (e.g., hitting, pushing, burning), psychological abuse (e.g., threatening, degrading, isolating, insulting), material abuse (e.g., controlling income and property, controlling benefits, coercing relinquishment of assets), and neglect (withholding food and medication, lack of hygiene and safe living conditions, and other forms intended to cause physical and psychological pain).

4. Theories and Explanatory Models of Elder Abuse

Elder abuse is a serious psychosocial problem affecting many societies today. It is a major manifestation of violence in general and domestic violence in particular, reflecting disruptions in family functioning arising from social change. Several explanatory perspectives and models have been proposed.

4.1. Psychological Model

This model assumes that caregivers who abuse older adults possess specific personality characteristics distinguishing them from others. Abuse is attributed to the perpetrator's pathology, ranging from severe mental illness to deviant personality traits. The perpetrator may have lived, or may be living, through harsh and painful circumstances that generate frustration and an aggressive drive directed toward others, along with a sense of inability to control situations due to social and emotional isolation.

4.2. Social Model

This model emphasizes the social context in which abuse occurs. Social and environmental factors, such as socioeconomic conditions, unemployment, financial hardship, housing and living conditions, family size and composition, social isolation, and accumulated environmental stressors inside or outside the family, are seen as fundamental pressures contributing to abuse. The model also considers the broader society as a factor in the emergence of abuse and neglect. Social exchange theory suggests that elder abuse often arises when older adults are unable to care for themselves and depend on others, leading to an imbalance in the exchange of positive support during interactions with caregivers. Abuse may also emerge due to frequent demands by the older adult and persistent insistence on meeting their wishes (2018، مرجع سابق، p. 493).

4.3. Integrative Ecological Model

This model views elder abuse as a multidimensional phenomenon produced by multiple elements: caregiver characteristics, the older adult's personal traits, family interaction processes, and social and environmental pressures affecting the family and society. Underlying causes may include deficiencies in the social foundations governing behavior, failures in individual behavioral regulation, ineffective socialization, and maladaptive social adjustment. Family socialization practices, such as excessive corporal punishment, child neglect, social isolation, and discriminatory treatment, may contribute to aggressive tendencies and hostility. Children may reproduce parental interaction patterns with children in their later interactions with parents; abuse can generate further abuse. Overall, elder abuse reflects interacting psychological, social, environmental, cultural, and economic variables that may produce additional downstream factors.

5. Causes of Elder Abuse

Based on findings from various studies and the diversity of theoretical approaches, key causes contributing to elder abuse include limited resources and capacities, scarcity of community programs and services, pressures experienced by caregivers of older adults, insufficient information, experience, and skills enabling caregivers to interact appropriately with older adults, and personal problems affecting perpetrators. Some studies report that 30% of those who committed violence against older adults suffer personal problems such as addiction, psychological disorders, and economic difficulties.

Family relationship tensions also play a role, as violence can become a "natural" response to tension, conflict, and disagreement within the household. Disability and dependency are additional factors; studies indicate that older adults who are unable to care for themselves and depend on others are more exposed to violence than others (Ghareeb & Al-Oud, 2007, pp. 42–43). Researchers have highlighted four primary causes: cognitive and physical weakness of the older adult, excessive chronic stress on the caregiver, tense relationships within the family, and mental and psychological disorders affecting the caregiver.

Characteristics of older adults who are exposed to abuse may include complete dependence on family members, need for continuous or daily assistance, financial dependence on the family, being bedridden or having a permanent disability, social isolation or being isolated from the social environment and experiencing poor social relations, and possessing financial assets and property that others may covet (Al-Jabreen, 2006, p. 62)

A study on characteristics of abused older adults reported the following risk factors: older age groups, women experiencing more violence than men, socially isolated individuals, individuals with limited mobility and dependence on others, and individuals reliant on caregivers who are addicted to alcohol or drugs (Reay & Browne, 2002, p. 416).

Overall, interpretations of elder abuse vary. Factors may be linked to the older adult's traits, the perpetrator's characteristics, or both. Older adults resemble other vulnerable groups in their susceptibility to abuse. Within the social context, the older adult's interaction with others may contribute to risk, particularly when linked to financial capacity; conversely, greater social engagement may reduce risk by decreasing isolation and increasing protective social ties. It is worth noting that characteristics and predisposing causes identified in Western contexts may differ in Arab and Islamic societies due to values that encourage care for older adults, grounded in religious texts and local customs and traditions, which may yield cross-cultural variations in causes.

6. Elder Abuse in Selected Western, Arab, and Algerian Contexts

6.1. Elder Abuse in Selected Western Societies

Elder abuse has recently attracted increased attention among researchers in social, psychological, medical, and related disciplines. There has been a serious trend toward studying abuse and violence against older adults. The WHO considers violence against older adults, whether isolated or repeated, to be a serious offense, placing victims at risk of severe depression as a result of such assaults. The WHO also notes that abuse and violence are difficult to report, which makes available statistics limited and complicates efforts to determine the magnitude of the phenomenon and obtain accurate estimates, given the diverse forms of abuse.

Tatara (1995) estimated the number of older adults exposed to various forms of abuse in the United States in 1991 at approximately 57.1 million. Most victims were reportedly abused by male perpetrators. The proportion of abused older women was higher than that of older men, accounting for 67.8% of older adults who experienced abuse. Another study (Al-Jabreen, 2006) reported that in the United States, 33% of homicide cases involving adults older than 56 years were committed by a family member living with the older adult. It also suggested that most violence against older adults is perpetrated by co-residing individuals, especially their children, and that women perpetrate abuse against older adults more frequently [than men]; financial motives were reported as a significant cause.

A 2005 report, described as the first of its kind in Israel, indicated that one in four older adults in Israel experiences neglect. Based on a University of Haifa study, 18.4% of older adults were reported to be exposed to violence, with verbal violence the most common; 14.2% reportedly experienced severe forms of such violence. Al-Zughbi (1995) noted that research indicates the phenomenon has increased rapidly. In 1995, estimates suggested that 10–15% of older adults in Israel experienced violence. Similar statistics collected by the same research team in 2004 suggested that prevalence could reach 25%, indicating a relatively sharp increase. In the Arab sector in Israel, research suggested that the proportion of Arab older adults experiencing violence of various types may reach 5%.

Some studies in France indicate that children are the primary accused, and the spouse accounts for about one-third of cases (reported as 71%). Older women reportedly experience violence at a rate of 32% by youth, while older men are sometimes exposed at a lower rate, possibly due to lower social contact. These studies also indicate that abuse occurring in nursing homes may not attract societal attention despite its existence. In France, a social center reportedly received 2,216 complaints related to elder abuse. Observations of maltreatment in various forms, including financial, psychological, and physical, were recorded over the last five years. Although the number of women exposed to abuse is higher, older men are not less affected; many reside in nursing homes and charitable institutions.

A study conducted by the French National Institute of Health and Medical Research in 2005 concluded that isolation, withdrawal, loss of a partner, and the absence of family support contribute to increased suicide among older adults in France (Al-Jazeera Magazine, 2005). In Canada, reports on violence against older adults indicate that perpetrators are often close to the victim, including family members, close friends, nurses, or staff in care institutions. A recent investigation also found that the number of deaths in Canadian nursing homes due to neglect and inadequate care had reached a serious level.

A WHO study (2002) aimed at identifying attitudes toward elder abuse in selected industrialized and developing societies was conducted in Argentina, Brazil, India, Guinea, and Lebanon, as well as in three industrialized countries (Canada, Australia, and Sweden). It found that respondents in developing countries were less likely to identify manifestations of elder abuse; they were less likely to recognize that failure to provide health and social services constitutes a form of abuse; they perceived women as the most common victims; they viewed neglect and abandonment as among the most prominent forms; and respondents across industrialized and developing contexts agreed that lack of respect and appreciation constitutes a form of abuse.

Arai (2006) conducted a study on Japanese community attitudes toward elder abuse on a sample of 146 men and women. Responses were classified into three levels (high, medium, low) as presented in the following table:

Table 2. attitudes toward elder abuse in the Japanese community

Type of Abuse	Low (%)	Medium (%)	High (%)
Physical Abuse	57	25	14
Neglect	26	21	12
Psychological Abuse	6	8	20
Emotional Abuse	-	12	16
Blame	7	8	0
Economic Abuse	-	15	-
Psychological Neglect	-	-	20

Note. Dashes (-) indicate that no data was provided for this category in the specific raw data segment.

Source: Arai (2006).

Manifestations of elder abuse in Western societies appear diverse and overlap with forms of abuse experienced by other groups, such as women and children. This supports social-theoretical accounts that emphasize victim characteristics and surrounding social and environmental conditions as significant determinants. Older adults may not be exempt unless explicit laws specify sanctions for abuse, even when perpetrated by family members. Studies also show that elder abuse includes direct assault and violence as well as forms of societal neglect, including inadequate services and stereotyped portrayals of older adults. Although these societies have achieved high levels of social care services and enacted social legislation and legal safeguards to ensure dignified living, the question arises as to the situation in Arab societies (Ghareeb & Al-Oud, 2007, p. 50).

6.2. Elder Abuse in Selected Arab Societies

Studies addressing elder abuse in Arab societies remain very limited; when available, they are largely theoretical. Given this shortage, analyses have relied on results from specialized studies concerning older adults to identify aspects that may constitute abuse in Arab contexts.

6.2.1. Elder Abuse in Egypt

The study conducted by Ezzat Hegazy and Ezza Abdel Karim is among the best-known in this area. It reported that Egyptian society does not provide strong attention to older adults and that violence against older adults may occur within the family. Approximately 28.7% of the study sample, nursing home residents, reported that poor relationships with their children motivated their relocation to such homes. Approximately 45.2% reported having poor relationships with their spouses. Among those living with families, 13.8% were dissatisfied with family life, while 31.8% reported being somewhat satisfied. Reasons for dissatisfaction included poor treatment by family members (including siblings, nephews/nieces, and other relatives) at 25.1%, followed by poor treatment by a daughter-in-law or son-in-law at 23.8%, and then poor treatment by the spouse and/or one or more children.

Forms of abuse included financial abuse (deprivation of financial rights or guardianship over older adults), direct physical abuse (physical harm, eviction from the home, placement in care homes), and indirect abuse, such as inadequate health care, exposing older adults to accidents, and failure to provide

necessities. Psychological abuse included coercion, humiliation, and threats of eviction from the home (مجلة آخر ساعة، 2004).

Amara (2002) reported that most victims of abuse were women living within families, often suffering physical illnesses or dementia; their children could not care for them due to material and psychological circumstances (Ghareeb & Al-Oud, 2007, p. 60). Mohamed (2005) reported that elder abuse in the home has become widespread and affects hundreds of thousands of older adults, crossing geographic, social, economic, and ethnic boundaries. Perpetrators are often family members or home caregivers, and forms include physical, psychological, and sexual abuse, neglect, and financial exploitation.

Khalil (1992) analyzed the content of abuse involving older adults in Egyptian newspapers and identified types such as beating and wounding, harm, theft, and assaults on individuals' property. A report from the Egyptian Demographic Center projected that the number of older adults would increase to 7.4 million by 2021, posing a serious challenge that requires proactive strategies.

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6.2.2. Elder Abuse in Jordan

Abu Na'imah (1985) reported that older adults in Jordan suffer neglect, inadequate care, and family problems; those entering care homes often experience abuse and neglect and may have physical disabilities. Al-Qudumi (1991) similarly found that older adults experience key problems, including a lack of attention and psychological and emotional abuse. Statistics from the Family Protection Department of the Public Security Directorate indicated that in 2000, 4–7% of older adults in Jordan were exposed to various types of abuse and rights violations, as reported during the Arab Regional Conference on Family Protection held in Amman on 14 December 2005.

6.2.3. Elder Abuse in Sudan

A specialized report indicated that a prominent emerging phenomenon in Sudan involves older adults living alone without family support, experiencing neglect and denial, and thus being exposed to harsh and deteriorating conditions, both health-related and living-related. They may face financial hardship and an inability to secure food and medication. Contributing factors include wars and armed conflict, drought, desertification, and displacement. These conditions have contributed to the phenomenon of "elder villages," settlements inhabited only by older adults lacking necessities and exposed to multiple forms of neglect and abuse.

6.2.4. Elder Abuse in the Gulf States

Al-'Umar (1999) studied the Gulf context to obtain data on the situation of older adults and identified issues related to care practices, while also reporting positive attitudes toward older adults within families. Mansour (1987) examined attitudes across age groups in Kuwaiti society and found convergence among four generations (youth, early adulthood, middle adulthood, and late adulthood) in positive psychological attitudes toward older adults and in the provision of care.

6.2.5. Elder Abuse in Saudi Arabia

Statistics published in a Human Rights Association report (2006) indicated that older adults exposed to abuse constituted 3% of the total reported abuse cases (849 cases). Sharaf (1997) reported older adults' dissatisfaction with societal neglect, insufficient comprehensive care, inadequate health care and follow-up, and the need for psychological comfort, alongside a perceived decline in social status. Al-Khamis

(1989) found that many older adults in social care homes in Riyadh experienced domination by a family member and a lack of acceptance within the family. Al-Brikan (2000) indicated the presence of abuse within the home, maltreatment by some social groups, neglect by children, and lack of concern for older adults' health and psychological status, in addition to psychological, emotional, and material abuse.

Overall, the above findings suggest indicators of elder abuse in Arab societies, whether direct or indirect, intentional or unintentional. Forms may include abuse within the family, physical abuse, abuse within care institutions, abuse in family and social life, and abuse reflected in inadequate services.

6.3. Elder Abuse in Algerian Society

A report prepared by the Ministry of National Solidarity on the situation of Algerian families presented several facts supported by figures on older adults in Algeria, noting that this was the first time an official enumeration had focused on this underrepresented group, as commonly cited statistics typically focus on youth as the largest demographic group. The report indicated that the number of older adults in Algeria exceeds two million, reaching 1,530,713 individuals, including more than 1,255,000 men and 275,000 women. In the report, "older adults" referred to individuals aged 60 or older. The report emphasized the deteriorated conditions of this group.

Gendarmerie statistics recorded 514 cases of assault against ascendants in 2000 (including 16 minors among perpetrators), 484 cases in 2001, 543 cases in 2005, and 520 cases in 2006 (including 22 minors) (2018، مرجع سابق، p. 496). In 2006, the provinces recording the highest numbers of intentional beating and wounding against older adults (ascendants) were, in order: Oran, Algiers, Mila, and Tiaret, with Oran leading at 50 cases and Algiers at 22 cases. In the first half of 2007, Oran remained among the provinces most affected.

In 2010, 465 persons were arrested for physical abuse against ascendants (442 males and 23 females), with Setif ranking first. In 2011, 113 cases of abuse against older adults, mostly ascendants, were recorded. In 2012, 67 older victims were recorded, including 43 fathers and 24 mothers. Gendarmerie data for 2007 reported 664 cases related to violence against older adults; in 2006, 402 cases were recorded; and in 2018, 65 similar cases were recorded, mostly against ascendants, attributed to alcohol and drug use (2018، مرجع سابق، p. 497).

Based on these statistics, elder abuse in Algeria appears to be a serious phenomenon. However, official figures may underestimate prevalence because many individuals hesitate to report physical, psychological, or sexual abuse experienced by older adults, whether perpetrated by family members or others.

7. The Arab Strategy for Older Adults

This strategy was developed following a proposal submitted by the Republic of Tunisia, through the Ministry of Women, Family, Childhood, and Older Adults, to conduct a study on strengthening the social and health rights of older adults in Arab countries. The initiative was approved in Decision No. 1997 of the Economic and Social Council, Decision No. 771 of the Council of Arab Ministers of Social Affairs (December 2014), and Decision No. 15 of the Council of Arab Ministers of Health at its 43rd regular session (February 2015). The strategy was motivated by the fact that Arab societies, without exception

and to varying degrees, are experiencing unprecedented dynamics across demographic, social, cultural, economic, and security dimensions.

Objectives: The proposed strategy aims to formulate a unified Arab strategy aligned with international resolutions, ensuring the rights of older adults, and to translate the awareness and unified stance of Arab governments on these rights into action within their societies.

General objective: By the year 2029, older men and women should live in well-being within an inclusive environment, enjoying their rights to high-quality social and health services and to full participation without any form of exclusion or discrimination.

Operational objectives: Develop social care and social security systems and adapt them to the new requirements of older adults and their families; enhance the effectiveness of social safety networks in Arab countries and support their capacity to target poor older adults in both urban and rural settings; develop health systems for the benefit of older adults and improve the quality of health and preventive programs, continuing training, and specialization in medical, paramedical, and psychological fields; support the role of civil society in advancing the status of older adults and complementing Arab states' efforts in this regard; adapt care mechanisms in Arab countries to older adults' needs using a gender approach and strengthen their ability to guarantee older adults' dignity as citizens; and develop legislative frameworks and laws for older adults' care in Arab countries in response to societal changes and to facilitate alignment with international conventions.

Vision: Older men and women in the Arab region have the right to a dignified life and effective participation, free from exclusion or discrimination.

Slogan: "Older adults: continuous contribution and guaranteed rights."

Mission: Arab societies capable of providing the foundations for dignified and sustainable living for older adults, while respecting their rights without gaps.

8. International Recommendations and Conferences

8.1. ILO Recommendation No. 162 (1980) Concerning Older Workers

This recommendation affirmed the principles of equal opportunity and equality of treatment among workers, regardless of age, and prohibited discrimination in employment and occupation. It also called for improving working conditions and environments to enable older workers to continue working under acceptable conditions, prepare for retirement, and retire voluntarily.

8.2. Vienna International Plan of Action on Ageing (1982)

This plan was founded on key principles, including the well-being of all populations and fairness across age groups. It calls for a society in which generations are integrated without excluding any age group. It emphasized the importance of paying attention to population growth and developing plans and policies to address it.

8.3. United Nations Principles for Older Adults (1991)

The UN General Assembly adopted, in Resolution 46/91, dated 16 December 1991, eighteen essential entitlements for the benefit of older adults, concerning independence, participation, care, self-fulfillment, and dignity, and called upon states to incorporate these into their national policies.

8.4. Madrid International Plan of Action on Ageing (2002)

The Madrid Plan is described as a leading reference for states in addressing the issues of older adults, with a rights-based approach that extends beyond care and support. It highlighted links between ageing issues and comprehensive development. It stressed social, economic, and community empowerment of older adults, protection against poverty and deprivation, enhanced participation in public affairs and full citizenship, and recognition of country-specific differences.

The plan called for the following objectives through a comprehensive approach: promote and protect universally recognized human rights and fundamental freedoms of older adults and eliminate all forms of violence and discrimination; eradicate poverty among older adults; enable effective participation in economic, political, and social life; provide opportunities for individual development, self-fulfillment, and lifelong well-being; achieve gender equality among older adults and eliminate discrimination; affirm the importance of the family and maintain strong intergenerational solidarity to enhance social development; provide good prevention, health care, support, and social protection; build partnerships among governmental bodies at all levels and with civil society, the private sector, and older adults themselves to implement programs and action plans; and conduct scientific research and studies to strengthen knowledge of the impacts of ageing on the individual and society.

8.5. ILO Recommendation No. 202 (2012) on Social Protection Floors

According to this recommendation, social protection floors comprise basic social security guarantees that ensure a minimum standard of dignified living for all people in need throughout their lives, through nationally defined services. The fourth guarantee stipulates providing basic income security, at least at the nationally defined minimum level, for older adults. This guarantee reflects international reports indicating that older adults are among the groups most vulnerable to poverty, marginalization, and discriminatory practices in access to social benefits and health services. Arab countries are therefore called upon to establish national social protection floors to ensure a minimum standard of living that is dignified for older adults.

8.6. Arab Conferences

Relevant meetings that supported reflection on older adults' issues in Arab countries and contributed to coordinating and harmonizing policies and directions include: Arab Conference on Older Adults between Family and Institutional Care, Marrakech, Morocco (October 2015); Cairo Declaration on Population and Development (2013); Forum on "The Role of the Family and Society in Supporting Older Adults," Department of Development and Social Policies, League of Arab States/Technical Secretariat of the Council of Arab Ministers of Social Affairs, Sana'a, November 6–7, 2007; Arab Workshop on Integrated Care for Older Adults in the Arab World, Tunisia (September 2005); and Arab Family Strategy, League of Arab States (November 2004).

9. Conclusion

Abuse is, in general, a complex problem associated with multiple factors and variables, each contributing in a discernible way to its occurrence, including economic, psychological, cultural, social, and political factors. This complexity is reflected in increasing manifestations of abuse and violence within the family environment, in particular, due to changes affecting the socialization function of the family system (Abu Shahiya, 2004, p. 65). International organizations have addressed this phenomenon since the early period

through recommendations urging greater care, favorable treatment, and a satisfactory life for older adults. In the Arab world, some countries are currently undertaking efforts to incorporate older adults into social protection laws.

Overall, elder abuse and the failure to meet older adults' basic physical, psychological, and social needs remain among the persistent problems that many societies, including Algerian society, have experienced and continue to experience. Accurately determining the magnitude of elder abuse is difficult due to the lack of sufficient statistics and studies, and the inaccuracy of available figures for the reasons noted above.

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