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Neglect in Older Adults: A Sociodemographic and Health Approach in the Portuguese Context

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Abstract: Southern European countries have shown indicators of accelerated aging. In Portugal, a particularly worrying aspect of this reality lies in the relationship between the aging process and the incidence of violence in older adults, as the degree of dependence and/or health status becomes a significant risk factor for the occurrence of violence. The objectives of the present study were (1) to assess the risk of violence and indicators of neglect in Portuguese older adults; (2) to examine the differences in neglect indicators according to sociodemographic characteristics and health habits. The final sample consisted of 1012 Portuguese older adults aged 65 or over. Participants were asked about sociodemographic characteristics and health habits. The risk of violence was measured using the Vulnerability to Abuse Screening Scale, and the neglect subscale of the Elder Abuse: A Multinational Prevalence Survey was used to evaluate indicators of exposure to neglect in the past year. The results show that approximately 27% of the population presents values of risk to violence. One-tenth of participants were exposed to low levels of neglect indicators and slightly fewer people (5%) were exposed to higher levels of neglect indicators. There are significant differences regarding exposure to neglect according to the age groups, gender, and marital status, depending on the living situation, years of retirement, practice of physical exercise, existence of chronic disease, alcohol consumption, and frequency of leaving home.

Keywords: older people; neglect; well-being; vulnerability; aging

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1. Introduction

In contemporary times, we face a unique context in which the aging of the population becomes increasingly evident; by 2050, it is estimated that the number of people aged 65 will double and reach one and a half billion, representing 16% of the global population (UNDESA 2020). Particularly, Southern European countries have shown indicators of accelerated aging, as can be seen in Portugal, which is estimated to be the fourth oldest country in the world by 2050 and where currently 21% of its population is aged equal to or over 65 years old (Instituto Nacional de Estatísticas 2021). In fact, Portugal was the country that aged the most in the past decade (average of 4.7 years) when compared to the other countries (average of 2.5 years) in the European Union (Eurostat 2022). This phenomenon highlights the increasing longevity of people, but it also brings to light a series of challenges, particularly about the protection and well-being of older adults (Rupprecht and Lang 2020).

A particularly worrying aspect of this reality lies in the relationship between the aging process and the incidence of violence in older adults, as the degree of dependence and/or health status becomes a significant risk factor for the occurrence of violence (Sousa et al. 2021). As they face considerable difficulties in carrying out daily activities, older adults often require assistance, which can establish an unequal power dynamic with caregivers, thus increasing the risk of neglect (Storey 2020). Older adults are frequently exposed to various forms of violence, physical, psychological, financial, and sexual, and neglect, with

it being estimated that 16% of older adults suffer some type of violence (Yon et al. 2017); therefore, it is imperative that effective measures are implemented to protect seniors and ensure that they enjoy a safe and dignified life. This requires a multifaceted approach that involves not only robust public policies, but also raising societal awareness and strengthening community ties to promote intergenerational respect and solidarity (Jesus et al. 2024).

Neglect in older adults is a form of violence that occurs when a person responsible for the care of an older adult fails to provide basic needs and adequate supportive care (Stodolska et al. 2024), which may include lack of adequate food, inadequate hygiene, lack of medical care, lack of supervision, or intentional social isolation (Zhang et al. 2022). The total refusal to satisfy these needs by someone who has assumed responsibility is also seen as neglect, as happens in situations of abandonment of older adults (Rosen et al. 2018). Neglect can be intentional, such as when a caregiver deliberately withholds care, or it can be the result of disability or lack of resources (Zhang et al. 2022); in both cases, neglect can have serious consequences for health and well-being of older adults. Furthermore, the Portuguese population has the third highest older adult dependency ratio (37.2%), surpassed only by Italy (37.5%) and Finland (37.4%) (Eurostat 2023), making it a country with potential increased risk, since investigations have demonstrated that higher levels of dependence in older adults may be related to a greater risk of suffering neglect (Sousa et al. 2021).

Sociodemographic variables, such as gender, age group, and socioeconomic status, among others, are essential for intervention in neglect. Recent systematic reviews (Santos et al. 2020; Zhang et al. 2022) evaluate the essential role of sociodemographic variables in preventing and identifying the risk of neglect. These variables interact with each other and with other variables of a relational, community, or social nature, and can create profiles of older adults who are more vulnerable to being neglected (Jesus et al. 2024), which is very important for us to guide in future lines of intervention to combat this problem. In addition to there being no articles that focus on how sociodemographic variables can affect indicators of exposure to neglect (Storey 2020), there are few studies that address neglect specifically, which may be happening due to the difficulty in accessing the population that wants to participate or the difficulty in measuring and identifying their occurrence, especially when they occur in the family environment (Dow et al. 2020; Stodolska et al. 2024).

Health habits are also another important factor to assess the incidence of neglect in older adults, despite there being a significant lack of studies in this area (Srivastava and Muhammad 2020). These variables are crucial in the context of public health; recent research has shown that individuals with healthy habits, for example, no consumption of alcohol or tobacco and practicing regular exercise, tend to have lower levels of dependence (Kadambi et al. 2020; Muhammad et al. 2021; Teixeira et al. 2021). Therefore, other research suggests the hypothesis that older adults with a lower degree of dependence will have a lower risk of suffering neglect (Ananias and Strydom 2014; Gürsoy and Kara 2020).

Practicing health habits is important as it increases resilience and the ability to deal with stressful situations (Bhandari and Paswan 2020; Izquierdo and Singh 2023), which can have an impact on reducing the risk of being subject to the occurrence of violent behaviors (Cuevas et al. 2020). The adoption of healthy behaviors in old age benefits the general health of the older adult, maintaining the level of functionality in daily life tasks, during the natural aging process (Trintinaglia et al. 2022). The literature in this area is scarce; therefore, investigating the relationship between health habits and neglect becomes urgent, as well as creating lines of intervention aimed at promoting healthy habits in older adults and creating measures focused on sociodemographic risk factors to prevent the occurrence of neglect in older adults.

Studying the profile of older adults with greater vulnerability to neglect, understanding the role of sociodemographic characteristics and health habits becomes fundamental in addressing the issue of neglect in seniors, contributing to individual well-being and a better collective concept of what it means to be an older adult in society. In this sense, the

objectives of the present study are as follows: (1) Assess the risk of violence and indicators of exposure to neglect in Portuguese older adults. (2) Verify the differences in neglect exposure indicators according to sociodemographic characteristics and health habits, creating a risk profile for neglect to Portuguese older adults.

2. Materials and Methods

2.1. Participants

A convenience and intentional sampling procedure was used. The link to the online survey was advertised through different means, namely through senior universities, community social centers, social solidarity institutions, and dissemination by electronic means, such as facebook groups of interest to older adults. The final sample consisted of 1012 retired people aged 65 or over (Table 1), of which 76% are women. The age range varied between 65 and 93 years (M = 71; SD = 4.9). Most participants live in urban areas (71%) with their spouse or family (66%), and have children (85%) and grandchildren (71%). Half of the sample is married and has been retired for up to five years. In terms of educational qualifications, most subjects stated that they had at least a degree (37%) and had an annual income between EUR 7500 and EUR 21,000 (33%). The sample was identified and data were collected as part of a new, independent study. The inclusion criteria for this study were (1) being aged 65 years or over, (2) being retired, and (3) living in a private home. As an exclusion criterion, it was considered as having any cognitive disability or previously diagnosed dementia. The exclusion of participants with cognitive issues, such as dementia, was a deliberate methodological choice to ensure the reliability of self-reported data and to protect the well-being of individuals who might not be able to provide informed consent. To ensure that we did not include participants from care facilities, we specifically asked about their living situation, giving options such as "alone" or "with spouse and/or family". Future research could benefit from addressing this gap by employing different recruitment methods to include a more diverse and representative sample of the older population, including those with cognitive impairments and lower educational levels.

Table 1. Sociodemographic Characteristics (n = 1012).

	n	**%**
Age *M* (*SD*)	70.66 (4.87)	
Age groups		
65–69 years	516	51
70–74 years	314	31
75–79 years	121	12
≥80 years	61	6
Gender		
Woman	770	76
Man	236	23
Other	10	1
Area of residence		
Urban	719	71
Semi-urban	162	16
Rural	132	13
Marital status		
Single	71	7
Married	506	50
Divorced	243	24
Widower	182	18
Living situation		
Alone	344	34
Spouse and/or family	668	66

Table 1. *Cont.*

	n	%
Adult children		
Yes	860	85
Grandchildren		
Yes	719	71
Education level		
Primary	192	19
Secondary	273	27
Bachelor's	374	37
Master's or doctorate	172	17
Annual income		
EUR −7500	162	16
EUR 7500–EUR 21,000	334	33
EUR 21,000–EUR 39,000	324	32
EUR 39,000	192	19
Years of retirement		
−5 years	506	50
6–15 years	324	32
+15 years	182	18

In terms of health habits (Table 2), more than 3/5 of the sample practices physical exercise (63%) and/or has a hobby (61%), leaves the house a few times a month (67%), and regularly interacts with neighbors in their community (68%). Around two thirds of the sample (64%) do not consume alcoholic beverages; most participants (86%) do not smoke and have only one chronic illness (37%).

Table 2. Health habits (*n* = 1012).

	n	%
Physical exercise practice		
Yes	638	63
Hobbies		
Yes	617	61
Chronic disease		
None	253	25
One	374	37
Comorbidity	223	22
Multimorbidity	172	17
Alcohol consumption		
Yes	364	36
Smoking practice		
Yes	142	14
Interact with neighbors in the community		
No	61	6
Rarely	273	27
Regularly	688	68
Frequency of leaving home		
Never or rarely	41	4
A few times a month	678	67
A few times a week	294	29

2.2. Measures

2.2.1. Sociodemographic Questionnaire

Participants were asked about their age, gender, living situation, area of residence, marital status, education level, annual income, and whether they had any children and grandchildren. Age and years of retirement were measured as continuous variables. Having children and having grandchildren were measured in a dichotomic format (yes or no). Area of residence, marital status, and living situation were measured using nominal scales with different response options. The education level and annual income were measured using ordinal scales with different response options.

2.2.2. Risk of Violence

The risk of violence was measured using the Vulnerability to Abuse Screening Scale—VASS (see Appendix A), validated in the Portuguese context (Rísio 2012). It is a dichotomous scale composed of 12 items (for example, item 2—"Has someone close to you recently tried to hurt or harm you?"), which are divided into four dimensions (vulnerability, discouragement/depression, coercion, and dependency). Its cutoff point is an index ≥ 3, interpreted as high vulnerability to violence, and the indices can vary between a minimum of 0 and a maximum of 12. The cutoff point of $\geq$3 for the VASS is based on established validation studies (Rísio 2012), ensuring its reliability and efficacy in identifying individuals at risk of abuse. Higher scores reflected higher levels of risk to abuse; in the internal consistency analysis, the scale obtained a reasonable Cronbach's alpha ($\alpha = 0.78$).

2.2.3. Indicators of Exposure to Neglect

The neglect subscale of the Elder Abuse: A Multinational Prevalence Survey—ABUEL, adapted to the Portuguese context (Soares et al. 2010), was used to evaluate indicators of exposure to neglect in the past year. It is one-dimensional, composed of 12 items that are daily tasks shown in Table 3, measured on an 8-point Likert scale (from 0—I did not need help to 7—I needed it but I did not receive help + 20 times). For example, "+ 20 times" refers to the maximum frequency with which participants indicated that they needed help but did not receive it for daily tasks. With a good Cronbach's alpha ($\alpha = 0.80$), higher scores reflected exposure to neglect, with the minimum 0 points and the maximum 84 points. Exposure to neglect means the experience of neglect indicators, but it does not necessarily imply that there is a continuous or established dynamic of neglect in place.

Table 3. Descriptive data on indicators of exposure to neglect (ABUEL) in Portuguese older adults.

% Response / Items	1 Shopping	2 Prepare Meals	3 Housework	4 Go to Places	5 Get Up from Bed	6 Have a Bath	7 Dress Up	8 Eat	9 Go to WC	10 Medication	11 Gardening	12 General Mobility
I didn't need help	78.4	85.2	66.2	80.7	95.8	93.7	95	96.8	96.6	96.5	80.9	95
Yes, I needed and got help	19.3	13.2	29.9	17.3	3.6	5.4	4.6	3.1	3.1	3.2	16.5	4.5
I needed it but I didn't get help 1 time	0.7	0.3	1.5	0.4	0.2	0.4	0.1	0	0.1	0.1	0.6	0
I needed it but I didn't get help 2 times	0.2	0.3	0.2	0.2	0	0	0	0.1	0.1	0.1	0.6	0.4
I needed it but didn't get help 3 to 5 times	0.4	0.3	0.7	0.7	0.2	0.4	0.1	0	0	0	0.5	0.1
I needed it but didn't get help 6 to 10 times	0	0.1	0.2	0	0	0	0	0	0	0	0.1	0
I needed it but didn't get help 10 to 20 times	0.7	0	0.6	0.4	0	0	0.1	0	0.1	0	0.4	0
I needed it but I didn't get help + 20 times	0.3	0.5	0.7	0.4	0.1	0.1	0	0	0	0.1	0.5	0

2.3. Procedure

The survey reached older adults from all states of Portugal. The first page of the survey included informed consent, which all participants were asked to accept before completing the following questions. The online survey was hosted on Qualtrics, and the data were collected between July 2023 and February 2024. At the end of the questionnaire, all participants were provided with a post-investigation clarification letter, which contained national support resources in the context of neglect. No compensation was offered to participants and all procedures were in accordance with the ethical standards of the 1964 Helsinki Declaration and its later amendments. Furthermore, this project was approved by the Ethics Committee ISPA—Instituto Universitário de Ciências Psicológicas Sociais e da Vida.

2.4. Data Analysis

Three major types of analyses were carried out. Sociodemographic data were evaluated through central tendency and dispersion analyses, and absolute frequency and relative frequency analyses. Secondly, T-Student statistical inference tests were carried out when the independent variable had two levels, to compare means and to see if the observed differences are statistically significant. And finally, ANOVAS statistical inference tests were carried out when the independent variable presented more than two levels, to determine whether there are any statistically significant differences between the means of groups. When this last analysis obtained significant results, post hoc Tukey tests were applied, to identify which specific groups' means are different. The Kolmogorov–Smirnov and Shapiro–Wilk tests demonstrated the normality of the sample ($p > 0.05$) in the distribution of the independent variables and the dependent variable. Furthermore, these variables were also evaluated according to their distribution in terms of shape measurements—asymmetry and kurtosis. The data also point to the normality of the sample ($-1 \leq Sk \leq 1$ and $-3 \leq Ku \leq 3$). All analyses were carried out using the SPSS Statistics program (v.29).

3. Results

3.1. Risk of Violence and Indicators of Exposure to Neglect

The sample's descriptive data regarding the risk of violence (Figure 1) show that approximately 27% of the population presents values equal to or higher than the cutoff point suggested by the instrument ($\geq$3). Among the four dimensions, discouragement was the dimension that had the highest values (M = 0.79) compared to the vulnerability (M = 0.44) and dependence (M = 0.31) dimensions, with the coercion dimension being the one that obtained lower values (M = 0.14).

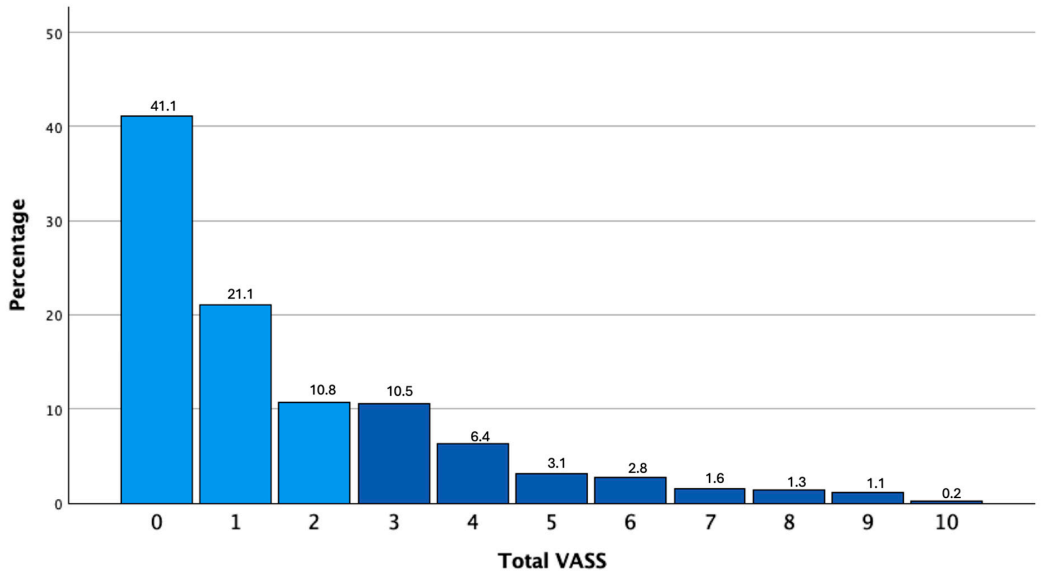


Figure 1. Descriptive data on the risk of violence (VASS) in Portuguese older adults.

Regarding indicators of exposure to neglect (Table 3), we can conclude that, on average, most participants (88.4%) did not need help with their daily tasks over the past year. This means that between 78.4% and 96.8% of participants did not need help, depending on the specific task. Consequently, between 21.6% and 3.2% did need help with their daily tasks. On average, 10.3% of participants received help when requested. However, 10.4% of participants experienced low levels of neglect (needed help but did not receive it up to 10 times), and 5% experienced higher levels of neglect (needed help but did not receive it from 10 to more than 20 times). The activities of daily living where participants reported the greatest exposure to neglect were household tasks (3.9%), going shopping (2.3%), and going to different places (2.1%).

3.2. Indicators of Exposure to Neglect According to Sociodemographic Characteristics and Health Habits

Regarding sociodemographic characteristics, the results showed that there are significant differences regarding exposure to neglect according to the age groups of the participants ($F(3,983) = 5.153$, $p = 0.002$). Older participants (80+ years) showed greater exposure to neglect than those aged between 65 and 69 years ($M = 0.144$, $p = 0.014$) and between 70 and 74 years ($M = 0.125$, $p = 0.006$). There were also significant differences according to gender ($t(983) = 4.258$, $p = 0.001$) with women ($M = 0.181$) having greater exposure to neglect than men ($M = 0.073$). There were no significant differences regarding the exposure of neglect according to the levels of education ($F(3,973) = 0.149$, $p = 0.930$), nor according to annual income ($F(3,897) = 1.187$, $p = 0.314$), nor according to the type of area of residence ($F(2,933) = 0.205$, $p = 0.815$).

In addition, there were significant differences in exposure to neglect according to marital status, $F(3,930) = 4.207$, $p = 0.006$, with single people ($M = 0.2691$, $p = 0.005$) having more exposure to neglect than married people ($M = 0.1264$, $p = 0.005$). Furthermore, significant differences were found depending on the living situation, $t(909) = 2.137$, $p = 0.033$, with participants who live alone ($M = 0.2021$) having greater exposure to neglect than those who live with their spouse and/or family ($M = 0.1454$). There were no significant differences regarding neglect exposure according to participants who have children ($t(920) = 1.416$, $p = 0.157$), or grandchildren ($t(920) = 0.116$, $p = 0.908$). There were still significant differences according to the years of retirement, $F(2,798) = 3.320$, $p = 0.038$, with participants who retired up to 5 years ago ($M = 0.1801$, $p = 0.047$) showing greater exposure to neglect N than those who retired more than 15 years ago ($M = 0.0616$, $p = 0.047$).

Regarding health habits, the results showed that there are significant differences regarding neglect exposure according to the practice of physical exercise ($t(921) = 5.933$, $p = 0.001$), with older adults who do not practice ($M = 0.2417$) having greater exposure to neglect than those who do ($M = 0.1083$). While regarding the exposure of neglect according to hobbies, there were no significant differences ($t(921) = 0.877$, $p = 0.381$). There were also significant differences according to the existence of chronic disease ($F(3,894) = 13.413$, $p = 0.001$), with those who did not have a chronic disease ($M = 0.0718$, $p = 0.001$) having lower levels of exposure to neglect than participants who had two chronic diseases ($M = 0.2126$, $p = 0.001$) or more chronic diseases ($M = 0.2757$, $p = 0.001$). Also, participants with a chronic disease ($M = 0.1403$, $p = 0.001$) showed lower levels of exposure to neglect than those who have three or more chronic diseases ($M = 0.2757$, $p = 0.001$).

Furthermore, there were significant differences according to alcohol consumption ($t(921) = 3.241$, $p = 0.001$) with people who do not consume ($M = 0.1938$) having greater exposure to neglect than those who consume it ($M = 0.1225$). On the other hand, there were no significant differences regarding smoking ($t(921) = -0.969$, $p = 0.333$).

There were also significant differences depending on interaction with neighbors ($F(2,928) = 12.301$, $p = 0.001$), with participants who do not interact ($M = 0.3030$, $p = 0.001$) or who interact rarely ($M = 0.2156$, $p = 0.001$) having greater exposure to neglect than those who interact regularly ($M = 0.1220$, $p = 0.001$). Finally, there were significant differences in the frequency of leaving home, $F(2,945) = 24.653$, $p = 0.001$, and those with the highest

levels of exposure to neglect were people who never or rarely leave home ($M = 0.4933$, $p = 0.001$) rather than those who go out a few times a week ($M = 0.1897$, $p = 0.001$) or a few times a month ($M = 0.1103$, $p = 0.001$).

The results show a potential profile of greater exposure to neglect in Portuguese older adults, as shown in Figure 2.

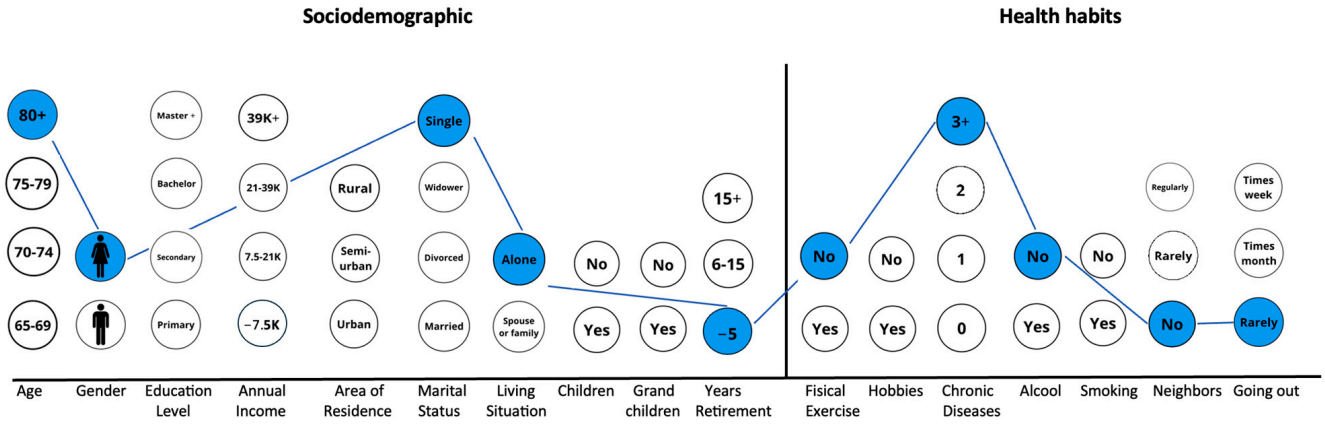


Figure 2. A summary table of the sociodemographic profile and health habits for exposure to neglect in Portuguese older adults. Note: The sociodemographic and health habit variables with significantly higher indicators of exposure to neglect are found in color.

4. Discussion

The main objectives of this study were to assess the risk of violence and indicators of exposure to neglect in Portuguese older adults, as well as verify the differences in neglect exposure indicators according to sociodemographic characteristics and health habits.

It was found that 27% of Portuguese older adults in this study were at risk of violence (VASS ≥ 3). International data have also explored this phenomenon, according to a meta-analysis (Ho et al. 2017) that compared the values of risk of violence assessed using VASS; the prevalence of risk of violence varies between 10% and 34%. This suggests that the 27% value found in Portugal is relatively high; furthermore, if we look at studies in the Indian (Chandanshive et al. 2022) or Brazilian (Maia and Maia 2016) context, the levels of vulnerability or risk to violence reported by older people in VASS is around 19% for India and 14% for Brazil. This result may be due to the fact that Portugal has unique social and cultural dynamics that contribute to higher rates of risk of violence among older adults (Associação Portuguesa de Apoio à Vítima 2021). Factors such as support or family dynamics stand out as they can play a significant role in increasing this vulnerability to violence (Hülür and Macdonald 2020). Social changes in the Portuguese context, such as a greater participation of women in work who often took on caring roles, or the fact that families are smaller, have made caring for older adults and intergenerational contact less viable (Carr and Utz 2020; Gil et al. 2015; Panicker et al. 2020).

Another possible justification for the higher risk values for violence among the older adults in Portugal could be associated with the population percentage of older adults. While there are 22% of older adults in Portugal, in India and Brazil, the values are 9% (Registrar General of India 2011) and 11% (Instituto Brasileiro de Geografia e Estatística (IBGE) 2022), respectively. This prevalence can put into question the socio-community and health resources available to older adults, as has already been highlighted by entities that work with this population in the field. Portuguese Victim Support Association (Associação Portuguesa de Apoio à Vítima 2021) states that there are few homes for older adults, and that the few that exist have long waiting lists or are too expensive for many Portuguese families, so this lack of services puts many older adults at risk of violence or neglect. It should be noted that violence among older adults continues to be taboo in Portugal and these

social norms and values, as well as cultural aspects, shape family roles and responsibilities and affect attitudes towards seeking help when violence occurs (Gil et al. 2015).

It was also found that around 15% (10.4% of participants exposed to low levels of neglect + 5% exposed to higher level) of Portuguese older adults were exposed to some type of neglect. International studies present in a meta-analysis (Yon et al. 2017) point to a slightly lower prevalence, around a maximum of 8%. One of the factors that may be the basis for this difference refers to the socioeconomic conditions of seniors and their families in Portugal (Observatório Nacional de Luta contra a Pobreza 2023). According to the Poverty and Social Exclusion Report (Observatório Nacional de Luta contra a Pobreza 2022), Portugal, apart from Slovakia, was the country that most increased the population at risk of poverty, which can make it difficult to care for and assist the basic and relational needs of older adults. In addition to families having fewer financial means to meet the senior's basic needs (e.g., food, medication), they also have to work harder to make up for these financial gaps, which therefore makes it difficult to provide support and socio-relational support to older adults (Santos et al. 2020; Chang and Levy 2021; Chen and Chan 2022). Another important aspect that may be the basis for this higher prevalence of exposure to neglect in Portuguese older adults may be due to the demographic aging of this country being particularly accelerated, being the fastest aging country in Europe (Eurostat 2022). Looking at a social and community level, this rapid population aging may not be allowing that older adults have the answers and adaptations to their needs, also not preventing situations of exposure to neglect (Gil et al. 2015; Coler et al. 2017).

In the results regarding sociodemographic and health characteristics, we verified that two critical periods developed for the risk profile for neglect in older adults: being aged 80 years or over and being retired for less than 5 years. This evidence appears to be common to other types of violence. The results of the meta-analysis by Yon and collaborators (Yon et al. 2019), which address various types of violence, verify that the risk of suffering violence increases with age; this is because it is associated with a decline in health and a greater need for help with their daily activities and with a greater level of dependence on the caregiver.

Furthermore, recent studies (Yon et al. 2019; Segel-Karpas et al. 2018) found that in addition to the loss of physical or cognitive abilities, retirement is seen as a central aspect of aging. The experience of these two transition periods associated with aging corroborates our results, in the sense that older adults tend to show a greater decline in physical capabilities and be more susceptible to situations of neglect. Also, people who are retired for up to 5 years may be adjusting their post-work life project and dealing with difficulties related to the loss of socio-work networks and increased free time (Antunes and Moré 2020; Dow et al. 2020; Segel-Karpas et al. 2018). This free time may also bring more loneliness and greater vulnerability to violence associated with changes in routine, loss of social interactions, and a loss of sense of usefulness resulting from retirement (Chang and Levy 2021; Segel-Karpas et al. 2018; WHO 2021).

The older adults with the greatest exposure to neglect were those who showed patterns of isolation, namely living alone, being single, not interacting with neighbors, and rarely leaving home. Although few studies address neglect and isolation in older adults, studies such as that by Tung and collaborators (Tung et al. 2019) establish direct relationships between the occurrence of violence and phenomena of social isolation. Older adults who live in communities where there is greater exposure to violent behavior tend to adopt more isolating behaviors. This reality is worrying, as isolation has been associated with less healthy health habits, the occurrence of unreported violent relationships, less demand for help, and higher mortality (Awuviry-Newton et al. 2020; Lin 2020). These older adults who are more exposed to violence and isolate themselves tend to be more vulnerable to episodes of neglect, as they have fewer support networks, less access to information, and fewer resources to access support services in the community (Awuviry-Newton et al. 2020; Rosen et al. 2018).

We also found that older adults who are more prone to neglect exposure exhibit dysfunctional health behaviors, such as not practicing physical exercise and regularly

consuming alcohol. Focusing on physical exercise in seniors, recent systematic reviews (Souto Barreto et al. 2019; Guirguis-Blake et al. 2018; Trento et al. 2023) discuss the effects of its practice in this age group and they are positive, such as the reduction in injuries and in the risk of falls and hospitalizations, which, therefore, interferes with the maintenance of its level of functionality and could possibly reduce the risk of neglect. Furthermore, physical exercise can also be associated with feelings of confidence and with the creation or maintenance of social support networks when practiced in a group format and can function as a protective factor in the exposure of neglect (Castro et al. 2024). Regarding alcohol consumption, some studies have associated patterns of alcoholic behavior in older adults with the occurrence of episodes of violence, being characterized as a maladaptive coping strategy (Bows 2018; Destro et al. 2022). However, several studies have linked alcohol consumption with increased aggression (Chikritzhs and Livingston 2021; Sontate et al. 2021), which allows us to reflect on the possibility that older adults who frequently consume alcohol may present more conflicting and/or aggressive relational patterns, thus having an impact on the quality of their care network.

The results showed that chronic multimorbidity was another essential factor in the profile of older adults with greater exposure to neglect. Some studies on the relationship between chronic multimorbidity and general violence corroborate that the risk of older adults being victims of violent behavior is associated with chronic multimorbidity and functional dependence (Burnes et al. 2015; Kshatri et al. 2021; Rodríguez and León 2023; Sathya et al. 2022). In the study by Sathya and collaborators (Sathya et al. 2022), the results point to different rates of violence depending on the presence of chronic diseases: older adults without chronic diseases have a prevalence of any type of violence of 6%, while older adults with three chronic diseases presented a percentage of 23; that is, older adults with multimorbidity are three times more likely to experience violence than those who do not have a chronic disease. More specifically, Kshatri and collaborators (Kshatri et al. 2021) found that of the 49% of older adults with chronic multimorbidity, 34% had some form of dependence, and that greater dependence is correlated with greater vulnerability to suffering neglect. In seniors of more advanced age (80 years or more), the situation intensifies (Brijoux et al. 2021), with chronic multimorbidity conditions being more frequent and the level of functionality tends to be lower, and consequently there is greater dependence on a possible caregiver.

Associated with the profile of greater exposure to neglect in Portuguese older adults, we found that being a woman is a factor to be discussed. The literature agrees on this factor; the female gender has been associated with a risk factor for the occurrence of neglect and any other type of violence (Santos et al. 2020; Vinueza-Veloz et al. 2021). A possible explanation could be power imbalances in care relationships or women having a higher average life expectancy than men, which increases the likelihood of them experiencing situations of neglect throughout their lives (Filipska et al. 2019; Zhang et al. 2022). In addition, societies that may maintain some conservative cultural norms, where the role of women is associated with the traditional role of caregivers and householders, may contribute to social expectations that women care for others more than they should be cared for (Baez et al. 2017; Oláh et al. 2018).

The Portuguese government has been a strong advocate for the protection of older adults' human rights. For instance, Portugal has actively supported the development of the Convention for the Protection of Human Rights of Older Persons, which aims to establish international standards to safeguard the dignity, safety, and well-being of older adults (WHO 2016). Nationally, the Portuguese government has implemented policies such as the National Strategy for Active and Healthy Aging 2017–2025, which promotes the rights and quality of life of older adults through various initiatives aimed at preventing abuse and neglect (Santinha et al. 2023). Civil society in Portugal also plays a crucial role in this context. Organizations such as the Portuguese Association for Victim Support (Associação Portuguesa de Apoio à Vítima 2021) and the National Network for the Prevention of Violence Against Older Adults work tirelessly to raise awareness, provide support, and

advocate for policy changes. These organizations contribute significantly to the protection of older adults' rights by offering resources, education, and advocacy. However, despite these efforts, the resources, education, and advocacy available are insufficient due to Portugal's older population exceeding the European average and the ongoing economic crisis the country faces (Instituto Nacional de Estatísticas 2021).

Finally, it is important to note that recent investigations (Chen and Chan 2022; Gürsoy and Kara 2020; Filipska et al. 2019) that address the topic of violence indicate that older adults with higher levels of education tend to be less likely to experience episodes of neglect; however, our study did not meet this result. It is possible that this incongruity is due to the fact that our sample has some imbalances regarding their level of education, only 19% with primary education and 81% with at least secondary education. Furthermore, it is noteworthy that this study makes important contributions to inform psychosocial public policies regarding the existence of a potential profile of older adults with greater exposure to neglect in Portugal. It also informs possible directions for future studies and guidelines to which intervention programs can be directed.

This article also has some limitations that should be acknowledged. The sampling process was non-probabilistic, which limits the generalization of our findings. Also, since it is a cross-sectional study, it is not possible to establish causal factors of neglect among the sociodemographic and health determinants that were identified. It is worth mentioning that data collection was carried out, mainly, through an online protocol, which may have influenced the participation of more educated and computer-literate seniors. However, further research is needed to continue to articulate the evidence upon which actions must be taken to mitigate neglect of older adults. While our study did not include self-neglect due to its distinct dynamics and involved the exclusion of participants with cognitive issues, it remains a significant aspect of older adult neglect that warrants further investigation. Future research should explore self-neglect to provide a more comprehensive understanding of the various forms of neglect and to develop effective intervention strategies. Furthermore, research should focus on accurately assessing neglect, studying the risk factors for this type of violence in more depth, and carrying out longitudinal and qualitative studies. It would also be crucial in future studies to explore neglect among residents of care facilities to encompass a broader range of caregiving dynamics.

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Appendix A. VASS Items

1	Are you afraid of someone in your family?
2	Has anyone close to you recently tried to hurt or harm you?
3	Has anyone close to you recently insulted you, humiliated you, or made you feel bad?
4	Do you have enough privacy in your home?
5	Do you trust most people in your family?
6	Can you take responsibility for taking your medications and "get along" on your own on a day-to-day basis?
7	Do you often feel sad or alone?
8	Do you feel like no one wants you around?
9	Do you feel unhappy with someone in your family?
10	Does anyone in your family make you stay in bed or tell you that you are sick when you are not?
11	Did someone force you to do something you didn't want to do?
12	Has anyone taken things that belonged to you without your permission?

References

Ananias, Janetta, and Herman Strydom. 2014. Factors contributing to elder abuse and neglect in the informal caregiving setting. *Social Work* 50: 268–84. [CrossRef]

Antunes, Marcos Henrique, and Carmen Leontina Moré. 2020. Repercussões da aposentadoria na dinâmica relacional das redes sociais significativas de aposentados [Repercussions of retirement on the relational dynamics of retirees' significant social networks]. *Revista Brasileira de Orientação Profissional* 21: 95–106.

Associação Portuguesa de Apoio à Vítima. 2021. Estatísticas APAV Pessoas Idosas Vítimas Crime Violência. Available online: https://apav.pt/apav_v3/index.php/pt/3299-estatisticas-apav-pessoas-idosas-vitimas-de-crime-e-de-violencia-2021-2022 (accessed on 26 February 2024).

Awuviry-Newton, Kofi, Jacob Oppong Nkansah, and Kwadwo Ofori-Dua. 2020. Attributions of Elder Neglect: A Phenomenological Study of Older People in Ghana. *Health & Social Care in the Community* 28: 2172–78.

Baez, Sandra, Daniel Flichtentrei, María Prats, Ricardo Mastandueno, Adolfo M. García, Marcelo Cetkovich, and Agustín Ibáñez. 2017. Men, Women. . .who Cares? A Population-Based Study on Sex Differences and Gender Roles in Empathy and Moral Cognition. *PLoS ONE* 12: e0179336. [CrossRef] [PubMed]

Bhandari, Pravat, and Balram Paswan. 2020. Lifestyle Behaviours and Mental Health Outcomes of Elderly: Modification of Socio-Economic and Physical Health Effects. *Ageing International* 46: 35–69. [CrossRef]

Bows, Hannah. 2018. Sexual Violence Against Older People: A Review of the Empirical Literature. *Trauma, Violence, & Abuse* 19: 567–83.

Brijoux, Thomas, Michael Neise, and Susanne Zank. 2021. Elder Abuse in the Oldest Old: Prevalence, Risk Factors and Consequences. *Zeitschrift Für Gerontologie Und Geriatrie* 54: 132–37. [CrossRef]

Burnes, David, Karl Pillemer, Paul L. Caccamise, Art Mason, Charles R. Henderson, Jacquelin Berman, Ann Marie Cook, Denise Shukoff, Patricia Brownell, Mebane Powell, and et al. 2015. Prevalence of and Risk Factors for Elder Abuse and Neglect in the Community: A Population-Based Study. *Journal of the American Geriatrics Society* 63: 1906–12. [CrossRef]

Carr, Deborah, and Rebecca Utz. 2020. Families in Later Life: A Decade in Review. *Journal of Marriage and Family* 82: 346–63. [CrossRef]

Castro, Luciane Dihl, Caroline Ferreira Machado, and Lidiane Isabel Filippin. 2024. Relationship between the Perception of Aging and Life Satisfaction in Healthy Older Adults. *Seven Editora* 4: 760–72.

Chandanshive, Pradnya, Sonu H. Subba, Swayam Pragyan Parida, and Shree Mishra. 2022. Prevalence Patterns and Associated Factors of Elder Abuse in an Urban Slum of Eastern India. *BMC Geriatrics* 22: 317. [CrossRef] [PubMed]

Chang, E-Shien, and Becca R. Levy. 2021. High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. *The American Journal of Geriatric Psychiatry* 29: 1152–59. [CrossRef] [PubMed]

Chen, Mengtong, and Ko Ling Chan. 2022. Elder abuse and neglect in China: Prevalence, co-occurrence, and intergenerational risk factors. *Journal of Interpersonal Violence* 37: 39–62. [CrossRef] [PubMed]

Chikritzhs, Tanya, and Michael Livingston. 2021. Alcohol and the Risk of Injury. *Nutrients* 13: 2777. [CrossRef] [PubMed]

Coler, Adriana, Manuel Lopes, and Antónia Silva. 2017. Algumas Dimensões Representacionais da Violência Contra Idosos em Portugal e nos EUA [Some representational dimensions of violence against the elderly in Portugal and the USA]. In *Representações sociais do envelhecimento e da saúde*. Natal: EDUFRN, pp. 219–38.

Cuevas, Pearl Ed G., Elvira L. Urgel, Dorothea C. Dela Cruz, Khrystine Jewel B. Mizona, and Rose E. Constantino. 2020. Elder Abuse's Correlation to Health and Resilience of Older Adults. *Educational Gerontology* 46: 331–38. [CrossRef]

Destro, José Stéfano Faia, Maria José Sanches Marin, Marcia Aparecida Padovan Otani, Jaqueline Dias do Nascimento Selleti, and Elza de Fátima Ribeiro Higa. 2022. Experiences of Alcohol-Dependent Elderly: Grounded Theory. *Revista Da Escola de Enfermagem Da USP* 56: e20220064. [CrossRef]

Dow, Briony, Luke Gahan, Ellen Gaffy, Melanie Joosten, Freda Vrantsidis, and Meaghan Jarred. 2020. Barriers to Disclosing Elder Abuse and Taking Action in Australia. *Journal of Family Violence* 35: 853–61. [CrossRef]

Eurostat. 2022. Ageing Europe. Available online: https://ec.europa.eu/eurostat/cache/digpub/ageing/ (accessed on 3 March 2024).

Eurostat. 2023. Population Structure and Ageing. Available online: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing (accessed on 3 March 2024).

Filipska, Karolina, Monika Biercewicz, Adam Wiśniewski, Kornelia Kędziora-Kornatowska, and Robert Ślusarz. 2019. Prevalence of Elder Abuse and Neglect: Screening in Poland Families. *European Geriatric Medicine* 10: 817–25. [CrossRef] [PubMed]

Gil, Ana Paula, Ana João Santos, Irina Kislaya, César Santos, Luísa Mascoli, Alexandra Inácio Ferreira, and Duarte Nuno Vieira. 2015. Estudo Sobre Pessoas Idosas Vítimas de Violência Em Portugal: Sociografia Da Ocorrência. *Cadernos de Saúde Pública* 31: 1234–46. [CrossRef]

Guirguis-Blake, Janelle M., Yvonne L. Michael, Leslie A. Perdue, Erin L. Coppola, and Tracy L. Beil. 2018. Interventions to Prevent Falls in Older Adults. *JAMA* 319: 1705. [CrossRef]

Gürsoy, Melike Yalçın, and Fatih Kara. 2020. Prevalence of Violence against Older Adults and Associated Factors in Çanakkale, Turkey: A Cross-sectional Study. *Geriatrics & Gerontology International* 20: 66–71. [CrossRef]

Ho, Cyrus, Siow-Yi Wong, Marcus Chiu, and Roger Ho. 2017. Global prevalence of elder abuse: A metaanalysis and meta-regression. *East Asian Archives of Psychiatry* 27: 43–55. [PubMed]

Hülür, Gizem, and Birthe Macdonald. 2020. Rethinking Social Relationships in Old Age: Digitalization and the Social Lives of Older Adults. *American Psychologist* 75: 554–66. [CrossRef] [PubMed]

Instituto Brasileiro de Geografia e Estatística (IBGE). 2022. Crescimento populacional segundo os Censos. Available online: https://censo2022.ibge.gov.br/panorama/?utm_source=ibge&utm_medium=home&utm_campaign=portal (accessed on 7 March 2024).

Instituto Nacional de Estatísticas. 2021. Indicadores de Envelhecimento Segundo os Censos. Available online: https://censos.ine.pt/xportal/xmain?xpgid=censos21_populacao&xpid=CENSOS21 (accessed on 7 March 2024).

Izquierdo, Mikel, and Maria Fiatarone Singh. 2023. Promoting Resilience in the Face of Ageing and Disease: The Central Role of Exercise and Physical Activity. *Ageing Research Reviews* 88: 101940. [CrossRef] [PubMed]

Jesus, Joana Correia, Sofia von Humboldt, Luísa Soares, and Isabel Leal. 2024. Neglect in older adults and its risk factors: A narrative review. *Psicologia, Saúde & Doenças* 24: 89–98. [CrossRef]

Kadambi, Sindhuja, Maya Abdallah, and Kah Poh Loh. 2020. Multimorbidity, Function, and Cognition in Aging. *Clinics in Geriatric Medicine* 36: 569–84. [CrossRef] [PubMed]

Kshatri, Jaya Singh, Trilochan Bhoi, Shakti Ranjan Barik, Subrata Kumar Palo, and Sanghamitra Pati. 2021. Is Multimorbidity Associated with Risk of Elder Abuse? Findings from the AHSETS Study. *BMC Geriatrics* 21: 413. [CrossRef]

Lin, Mei-Chen. 2020. Communication Neglect, Caregiver Anger and Hostility, and Perceptions of Older Care Receivers' Cognitive Status and Problem Behaviors in Explaining Elder Abuse. *Journal of Elder Abuse & Neglect* 32: 235–58.

Maia, Rodrigo da Silva, and Eulália Maria Chaves Maia. 2016. Psychometric Evidence of the Transcultural Adaptation of the Vulnerability Abuse Screening Scale (VASS) for the Detection of Violence against the Elderly. *Revista Brasileira de Geriatria e Gerontologia* 19: 958–69. [CrossRef]

Muhammad, T., Manideep Govindu, and Shobhit Srivastava. 2021. Relationship between Chewing Tobacco, Smoking, Consuming Alcohol and Cognitive Impairment among Older Adults in India: A Cross-sectional Study. *BMC Geriatrics* 21: 85. [CrossRef]

Observatório Nacional de Luta contra a Pobreza. 2022. Pobreza e Exclusão Social—Relatório 2022. Available online: https://on.eapn.pt/wp-content/uploads/Pobreza-e-Exclus%C3%A3o-Socia-em-Portugal-2022-final.pdf (accessed on 7 March 2024).

Observatório Nacional de Luta contra a Pobreza. 2023. Pobreza e Exclusão Social—Relatório 2023. Available online: https://on.eapn.pt/produtos/relatorios/ (accessed on 7 March 2024).

Oláh, Livia Sz, Irena E. Kotowska, and Rudolf Richter. 2018. The new roles of men and women and implications for families and societies. In *A Demographic Perspective on Gender, Family and Health in Europe*. Berlin/Heidelberg: Springer Nature, pp. 41–64.

Panicker, Aswati, Kavya Basu, and Chia-Fang Chung. 2020. Changing Roles and Contexts: Symbolic Interactionism in the Sharing of Food and Eating Practices between Remote, Intergenerational Family Members. *Proceedings of the ACM on Human-Computer Interaction* 4: 1–19. [CrossRef]

Registrar General of India. 2011. Census of India: Provisional Population Totals. Available online: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/unpd_201510_egm-s2-chandramouli_presentation.pdf (accessed on 7 March 2024).

Rísio, Rute. 2012. Violência contra idosos: Indicadores de abuso e vulnerabilidade. Master's thesis, Instituto Superior de Ciências da Saúde Egas Moniz, Almada, Portugal.

Rodríguez, Liliana Giraldo, and Patricia Pavón León. 2023. Maltrato de Personas Mayores Con Multimorbilidad y Su Relación Con La Calidad de Vida. *Horizonte Sanitario* 22: 561–72. [CrossRef]

Rosen, Tony, Michael E. Stern, Alyssa Elman, and Mary R. Mulcare. 2018. Identifying and Initiating Intervention for Elder Abuse and Neglect in the Emergency Department. *Clinics in Geriatric Medicine* 34: 435–51. [CrossRef] [PubMed]
Rupprecht, Fiona, and Frieder Lang. 2020. Personal Ideals of Aging and Longevity: The Role of Subjective Discordances. *Psychology and Aging* 35: 385–96. [CrossRef] [PubMed]
Santinha, Gonçalo, Carolina Soares, and Teresa Forte. 2023. Strategic planning as the core of active and healthy ageing governance: A case study. *Sustainability* 15: 1959. [CrossRef]
Santos, Maria Angélica Bezerra dos, Rafael da Silveira Moreira, Patrícia Fernanda Faccio, Gabriela Carneiro Gomes, and Vanessa de Lima Silva. 2020. Fatores Associados à Violência Contra o Idoso: Uma Revisão Sistemática Da Literatura. *Ciência & Saúde Coletiva* 25: 2153–75. [CrossRef]
Sathya, T, R. Nagarajan, and Y. Selvamani. 2022. Multimorbidity as a Risk Factor of Elder Abuse/Mistreatment in India: A Cross-Sectional Study. *Journal of Interpersonal Violence* 37: 9191–213. [CrossRef] [PubMed]
Segel-Karpas, Dikla, Liat Ayalon, and Margie E. Lachman. 2018. Loneliness and Depressive Symptoms: The Moderating Role of the Transition into Retirement. *Aging & Mental Health* 22: 135–40.
Soares, Joaquim, Henrique Barros, Francisco Torres-Gonzales, Elisabeth Ioannidi-Kapolou, Giovanni Lamura, Jutta Lindert, Juan de Dios Luna, Gloria Macassa, Maria Gabriella Melchiorre, and Mindaugas Stank. 2010. *Abuse and Health: Among Elderly in Europe*. Vilnius: European Comission, Executive Agency for Health and Consumers.
Sontate, Kajol V., Mohammad Rahim Kamaluddin, Isa Naina Mohamed, Rashidi Mohamed Pakri Mohamed, Mohd. Farooq Shaikh, Haziq Kamal, and Jaya Kumar. 2021. Alcohol, Aggression, and Violence: From Public Health to Neuroscience. *Frontiers in Psychology* 12: 699726. [CrossRef]
Sousa, Rute Costa Régis de, Gleicy Karine Nascimento de Araújo, Rafaella Queiroga Souto, Renata Clemente Dos Santos, Rafael Da Costa Santos, and Luana Rodrigues de Almeida. 2021. Factors Associated with the Risk of Violence against Older Adult Women: A Cross-Sectional Study. *Revista Latino-Americana de Enfermagem* 29: e3394. [CrossRef]
Souto Barreto, Philipe de, Yves Rolland, Bruno Vellas, and Mathieu Maltais. 2019. Association of Long-Term Exercise Training with Risk of Falls, Fractures, Hospitalizations, and Mortality in Older Adults. *JAMA Internal Medicine* 179: 394. [CrossRef] [PubMed]
Srivastava, Shobhit, and T. Muhammad. 2020. Violence and Associated Health Outcomes among Older Adults in India: A Gendered Perspective. *SSM—Population Health* 12: 100702. [CrossRef] [PubMed]
Stodolska, Agata, Agnieszka Parnicka, Beata Tobiasz-Adamczyk, and Tomasz Grodzicki. 2024. Defining Elder Neglect—a New Proposal Towards Uniformity. *Ageing International* 2024: 1–42. [CrossRef]
Storey, Jennifer E. 2020. Risk Factors for Elder Abuse and Neglect: A Review of the Literature. *Aggression and Violent Behavior* 50: 101339. [CrossRef]
Teixeira, Carla M., Paula Rodrigues, and Mário Pinto. 2021. A Influência Da Atividade Física Nos Índices de Positividade e Orientação de Vida No Idoso. *PsychTech & Health Journal* 5: 54–64. [CrossRef]
Trento, Maria Clara Machado, Felipe Frank, Bruna da Silva Vieira Capanema, Pedro Silvelo Franco, and Giovana Zarpellon Mazo. 2023. Prevalence and Relationship between Falls, Frailty Phenotype and Physical Activity in Centenarians: A Pilot Study. *Acta Scientiarum: Health Sciences* 45: 62865. [CrossRef]
Trintinaglia, Vanessa, Andrea Wander Bonamigo, and Marcelo Schenk de Azambuja. 2022. Políticas Públicas de Saúde Para o Envelhecimento Saudável Na América Latina: Uma Revisão Integrativa. *Revista Brasileira Em Promoção Da Saúde* 35: 15. [CrossRef]
Tung, Elizabeth L., Louise C. Hawkley, Kathleen A. Cagney, and Monica E. Peek. 2019. Social Isolation, Loneliness, and Violence Exposure in Urban Adults. *Health Affairs* 38: 1670–78. [CrossRef]
UNDESA. 2020. *World Population Ageing 2019*. New York: UNDESA, p. 36. [CrossRef]
Vinueza-Veloz, María Fernanda, Yalexis Nuñez-Rivero, María de los Ángeles Leyva-Montero, Izaida Lis Montero-López, and Carlota Mónica Mera-Segovia. 2021. Determinantes sociodemográficos de violencia en adultos mayores ecuatorianos. *Revista Española de Geriatría y Gerontología* 56: 41–46. [CrossRef] [PubMed]
World Health Organization (WHO). 2016. *Multisectoral Action for a Life Course Approach to Healthy Ageing: Draft Global Strategy and Plan of Action on Ageing and Health*. Geneva: WHO, pp. 1–37.
World Health Organization (WHO). 2021. *Social Isolation and Loneliness among Older People: Advocacy Brief*. Geneva: WHO, pp. 1–20.
Yon, Yongjie, Christopher R Mikton, Zachary D Gassoumis, and Kathleen H Wilber. 2017. Elder Abuse Prevalence in Community Settings: A Systematic Review and Meta-Analysis. *The Lancet Global Health* 5: e147–56. [CrossRef] [PubMed]
Yon, Yongjie, Maria Ramiro-Gonzalez, Christopher R Mikton, Manfred Huber, and Dinesh Sethi. 2019. The Prevalence of Elder Abuse in Institutional Settings: A Systematic Review and Meta-Analysis. *European Journal of Public Health* 29: 58–67. [CrossRef] [PubMed]
Zhang, Li-Ping, Ya-Ge Du, Hao-Ying Dou, and Jie Liu. 2022. The Prevalence of Elder Abuse and Neglect in Rural Areas: A Systematic Review and Meta-Analysis. *European Geriatric Medicine* 13: 585–96. [CrossRef] [PubMed]

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