



ANALYSIS OF SELECTED SOCIAL DRIVERS OF ELDER ABUSE IN KILIFI COUNTY, KENYA

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Abstract

Worldwide, elder abuse is a growing concern, particularly in developing countries. Despite existing research on elder abuse, empirical evidence on the social drivers that shape its occurrence within specific localities, particularly in Kilifi County, Kenya, remains limited. This study analyzed selected social drivers influencing elder abuse in Kilifi County. Guided by the Socio-Ecological Model, the study examined these drivers at the individual, interpersonal, community, and societal levels. The study employed a qualitative case study design. A sample of seventy-four participants, including 42 elderly persons and 32 caregivers, was selected through purposive and snowball sampling, respectively. In addition, 12 purposively selected key informants provided expert insights to complement participants' lived experiences. Data were collected using interview schedules and focus group discussion guides and were analyzed thematically using MAXQDA software. Trustworthiness was ensured through triangulation and an audit trail, while reliability was tested through a pilot study in Msambweni, Kwale County, which led to minor refinements of the research questions before the main study. The study strictly observed ethical principles such as informed consent and confidentiality. The study found that elder abuse in Kilifi County is driven by interconnected social drivers that weaken the protection and inclusion of elderly persons. Key findings revealed that social isolation, including loneliness, family abandonment, and limited participation in community activities, leaves many elderly persons without emotional and physical support and timely assistance. Age-related discrimination further increases vulnerability through declining respect for elders and negative stereotypes that portray elderly persons as weak, dependent, and burdensome. Moreover, weak family and community support systems, along with caregiver stress from financial and emotional strain, reduce the quality of care and protection available to elderly persons. Therefore, these social conditions undermine the dignity, autonomy, and social cohesion of elderly persons within society, thereby increasing the risk of neglect, emotional abuse, exploitation, and other forms of elder abuse. The study recommends expanding affordable, elder-sensitive healthcare and psychosocial services. This study therefore provides context-specific evidence on the selected social drivers of elder abuse in Kilifi County and offers relevant insights for policy formulation and for strengthening protective environments for elderly persons in Kenya.

Keywords: *Elder abuse, social drivers, social isolation*

1. INTRODUCTION

According to Casella et al. (2025), the dignity, safety, and well-being of elderly persons are threatened by elder abuse, which has become a global public health and human rights concern. The World Health Organization defines elder abuse as either a single act or a repeated action, as well as failure to take appropriate action within a relationship of trust, that causes harm or



distress to an elderly person (Patel et al., 2021). This mistreatment includes physical, emotional, financial abuse, neglect, and sexual coercion (Fraga Dominguez et al., 2022). Although elder abuse has affected elderly persons across diverse societies, various studies suggest that its occurrence is shaped not only by individual circumstances but also by broader social conditions (Maresova et al., 2019). The aging population, changing family structures, poverty, dependency, and evolving cultural values have increased the vulnerability of elderly persons to abuse in both community and institutional settings (Wanka et al., 2024). Therefore, understanding the social drivers that contribute to elder abuse has become increasingly important for informing effective prevention and intervention strategies.

1.1 Statement of the Problem

Elder abuse remained a human rights concern in Kilifi County, where elderly persons continued to experience physical violence, psychological abuse, neglect, financial exploitation, property dispossession, and witchcraft-related accusations despite existing legal protections and social welfare interventions. The Kenya National Commission on Human Rights reported that at least 15 witchcraft-related murder cases were recorded in Kilifi County in 2022. According to an investigative report by The Star (2023), at least 138 elderly persons were murdered in Kilifi County between 2020 and mid-2022, illustrating the severity of violence against elderly persons in the county. While media reports do not constitute official crime statistics, they provide important evidence of the problem's scale and public visibility. Studies conducted in Kenya further portray that elder abuse frequently occurred within family settings and was associated with factors such as gender norms, pension dependency, poverty, and weak traditional caregiving systems. Although previous studies identified various social factors associated with elder abuse, they largely examined individual factors, specific forms of abuse, and particular vulnerable populations without comprehensively investigating how these selected drivers interacted to influence elder abuse within Kilifi County. Moreover, limited studies exist on the combined influence of social isolation, family social support, and age-related discrimination on elder abuse. This study therefore addressed this gap by examining the combined influence of these selected social drivers on elder abuse in Kilifi County. The findings contributed evidence to inform policy formulation, strengthen community-based interventions, and improve the protection and well-being of elderly persons.

1.2 Objective of the study

To examine the influence of selected social drivers on elder abuse in Kilifi County, Kenya.

2. LITERATURE REVIEW

Sousa et al. (2021) conducted a quantitative cross-sectional study of 122 community-dwelling elderly women in Recife, Pernambuco, Brazil, to examine factors associated with violence against them. The findings reveal that multimorbidity, poor functional capacity, depressive symptoms, reduced quality of life, and dependence in activities of daily living increased the risk of elder abuse immensely. Furthermore, women living alone, unemployed, and those with higher incomes were more vulnerable to abuse. Similarly, Kim et al. (2019) conducted a national cross-sectional study involving 10,184 community-dwelling elderly persons in South Korea to investigate the prevalence, risk factors, and gender differences in elder abuse. The study reported that the most common form of abuse for women was psychological, with the rates of abuse being slightly higher than those of men. Poor relationships with adult children fueled abuse across both genders. Kafle et al. (2025) conducted a community-based study involving 612 elderly persons in Gandaki Province, Nepal, and reported that persons with



disabilities and elderly persons living in nuclear families were more likely to experience abuse as a result of caregiver neglect.

Within Africa, a systematic review and meta-analysis by Gedfew et al. (2024) reported a prevalence of 46.73% of elder abuse among elderly persons in Sub-Saharan Africa. The researcher added that nearly one in every two elderly individuals experiences some form of abuse. The review attributed this high prevalence of abuse to persistent socio-economic challenges, such as poverty, inadequate social protection systems, weak institutional support, changing family structures, and increasing pressure on traditional caregiving arrangements, driven by an aging population and globalization. Studies in Nigeria found that poverty, unemployment, declining caregiving capacity, and gender inequality increased the vulnerability of elderly persons (Okigbo et al., 2025). Comparable reports were made by Atim et al. (2023) in Uganda, where neglect, emotional abuse, financial exploitation, physical abuse, and sexual abuse were prevalent among elderly people. Although the review was based on studies from five Sub-Saharan African countries and the studies varied in their methods, it found that social drivers influence the occurrence of elder abuse across the region.

In Kenya, Omondi (2021) argues that despite constitutional protections under Article 57 of the Constitution of Kenya and various human rights frameworks, elderly persons continue to experience abuse, neglect, discrimination, and property dispossession, particularly within family and community settings. Similarly, Chesang's Consolata (2022) found that intra-familial elder abuse was highly prevalent, with psychological, financial, physical abuse, and neglect being the most common forms of abuse. Muli (2019) likewise associated elder abuse with family conflict, land and inheritance disputes, widowhood, weakening traditional caregiving systems, and economic dependence, outlining that disputes over property ownership frequently resulted in financial exploitation, psychological abuse, neglect, and physical violence. Therefore, elder abuse in Kenya is closely linked to interacting social drivers, although the nature and influence of these drivers vary across local contexts. This emphasizes the need for context-specific investigations in counties such as Kilifi, where unique socio-cultural practices and socio-economic conditions may shape the occurrence of elder abuse. Moreover, A study carried out in Kilifi County by Mapendo, Ireri and Mbwayo (2021) reported that emotional abuse commonly manifested through neglect, inadequate emotional support, and poor-quality caregiving by family members, particularly children and in-laws. The study further observed that weak family relationships, infrequent contact with relatives, caregiver attitudes, and dependence on family members increased elderly persons' vulnerability to emotional neglect and abuse.

Despite these contributions, the existing studies largely examined specific forms of abuse, individual risk factors, and particular vulnerable groups without comprehensively investigating how selected social drivers interacted to influence elder abuse. Furthermore, many studies were conducted within specific institutional and regional contexts, limiting a holistic understanding of how social drivers interact within families and communities. In addition, the transferability of these findings to Kilifi County remains uncertain because family structures, cultural norms, caregiving practices, and socio-economic conditions differ. Therefore, this study addresses these methodological and contextual gaps by investigating the influence of selected social drivers on elder abuse among elderly persons in Kilifi County, Kenya, providing context-specific evidence to inform policy and interventions against elder abuse.



2.1 Theoretical Review

This study was guided by Bronfenbrenner's Socio-Ecological Theory, which was developed by Urie Bronfenbrenner in the 1970s and later refined into the Bioecological Model. According to the proponent, human behavior and well-being are shaped through continuous interactions between individuals and the multiple environmental systems within which they live. These systems include the microsystem, mesosystem, exosystem, macrosystem and chronosystem, each influencing behaviour either directly or indirectly (Storey, 2019). The theory was considered appropriate for this study because elder abuse does not occur as a result of a single factor but emerges from interactions between individual, family, community, institutional and societal influences. Rather than viewing abuse as solely the responsibility of caregivers or family members. The socio-ecological perspective explains that social relationships exist together to create conditions that either increase or reduce the vulnerability of elderly persons to abuse. At the microsystem level, the theory explains how immediate relationships between elderly persons and family members or caregivers influence their experiences of abuse. In this study, drivers such as social isolation, family support, caregiving practices, and age-related discrimination were examined as immediate conditions that may expose elderly persons to emotional, financial, or physical abuse.

3. METHODOLOGY

A qualitative case study research design was adopted to explore the selected social drivers of elderly abuse in Kilifi County, Kenya. Sena's (2023) case study involves an in-depth investigation of a contemporary phenomenon in its real-life context, allowing researchers to gain a comprehensive understanding of complex social issues. The study was conducted in Kilifi County, located along the Kenyan Coast. The county was purposively selected because it continues to experience persistent socio-economic challenges affecting elderly persons, including poverty, limited access to healthcare and social protection services, harmful cultural beliefs, and recurrent cases of abuse associated with witchcraft accusations, neglect, and property-related conflicts, making Kilifi an appropriate setting for examining the selected social drivers of elderly abuse. Kilifi County has also been identified as a hotspot for human rights violations against elderly persons, particularly killings linked to accusations of witchcraft. During the 2023/2024 financial year, the Kenya National Commission on Human Rights (KNCHR) conducted a public inquiry in the county to investigate the underlying causes of these killings, the role of witchcraft-related misconceptions, and measures for protecting elderly persons. The Commission reported that at least 15 witchcraft-related murder cases were recorded in Kilifi County in 2022, stressing the persistence of the problem despite ongoing interventions (KNCHR, 2024). Similarly, continued witchcraft-related violence against elderly persons has been documented by the Haki Yetu report in Kilifi and Kwale counties.

The researcher employed non-probability sampling techniques, specifically purposive sampling and snowball sampling, since participants with direct knowledge and experience of elderly abuse were targeted for this study. To identify elderly persons aged 60 years and above, caregivers and key informants who met the inclusion criteria, purposive sampling was used. Caregivers were recruited through snowball sampling because they were not easily identifiable through documentation. In Malindi and Ganze sub-counties, a total sample of 86 participants, including elderly persons, caregivers, and key informants, was selected; 43 participants were from each sub-county. We selected 42 elderly persons (21 from each sub-county) using criterion-based purposive sampling. Eligible participants were aged 60 years and above and residents of the study area. Local chiefs, village elders, and the Department of Social Protection



helped identify initial participants through the Older Persons Cash Transfer (OPCT) program, after which purposive selection was conducted based on the study criteria.

The absence of a formal caregiver register required recruiting thirty-two caregivers (16 from each sub-county) using snowball sampling. Initial caregivers were identified with the assistance of local chiefs and village elders. Each participating caregiver referred other eligible caregivers until the required number of participants and data saturation were reached. Twelve key informants (six from each sub-county) were selected using purposive sampling based on their roles and experience in elderly welfare and protection. They included healthcare providers, local chiefs, village elders, religious leaders, and representatives of non-governmental organizations (NGOs) with relevant knowledge of elderly abuse in the study area.

The study conducted four focus group discussions: two in each sub-county, each comprising six elderly persons, and two comprising six caregivers, for a total of 24 FGD participants. Participants were selected using criterion-based purposive sampling to ensure they had relevant experience and contributed meaningfully to discussions on elderly abuse. The sample size followed the principle of data saturation, which is widely used in qualitative research. Purposive sampling enabled the selection of participants with rich knowledge of the phenomenon under investigation, while snowball sampling facilitated access to caregivers who were difficult to identify through conventional sampling methods (Makwana et al., 2023; Ting et al., 2025). Rather than relying on statistical representation, qualitative studies emphasize obtaining sufficient depth and diversity of information until no new themes emerge (Vasileiou et al., 2018). Data collection therefore continued until thematic saturation was achieved across all participant categories.

The researcher employed a systematic coding validation procedure to enhance the credibility and dependability of the qualitative findings. Two independent researchers coded 20% of the transcripts to assess consistency in code application. The researchers compared the coding outputs and discussed discrepancies to refine the codebook. The inter-coder agreement averaged 87%, reflecting substantial reliability and strengthening the trustworthiness of the analytical process. Data saturation was achieved after the 32nd caregiver and elderly interviews, as no new codes emerged at this stage. Subsequent reflections, as documented in field notes, confirmed that additional interviews were unlikely to yield new insights. The study, therefore, proceeded with the full planned sample of 32 caregivers, 42 elderly individuals, and 12 key informants. Furthermore, the study enhanced credibility by triangulating data from interviews and FGDs. The study used an audit trail, peer debriefing, and member checks to strengthen dependability and confirmability. Thematic analysis was conducted using MaxQDA software. The researcher's coding followed an inductive and deductive approach guided by the socio-ecological model. Themes were developed through iterative categorization and reviewed for coherence and alignment with the conceptual framework.

The interview questions were pilot-tested in Msambweni County because it is a semi-urban area with characteristics similar to Malindi and Ganze sub-counties. The researcher purposively selected eight respondents to answer the interview questions, comprising 3 elderly individuals, 3 caregivers, and 2 key informants. The researcher prioritized ethical standards throughout the study with a permit from the Tharaka University Research Ethics Committee and an introductory letter from the Director of Postgraduate Studies at Tharaka University to help secure a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). The study-maintained confidentiality and privacy; personal



information and responses were anonymized to safeguard participants' identities. The study presented only aggregated data. Participation in the study was entirely voluntary, and participants were informed of their right to withdraw at any time without facing any negative consequences.

4. RESULTS

4.1 Introduction

The researcher began by familiarizing himself with the data by reading and re-reading the transcripts to understand the content, using Braun and Clarke's (2006) six-step framework for thematic analysis. Next, the researcher generated initial codes by systematically highlighting interesting phrases and concepts relevant to the research question. The researcher then moved to the third step, searching for themes by grouping similar codes into patterns across the dataset. After developing initial themes, the researcher reviewed them to ensure they made sense and were supported by the coded data extracts, which helped refine the analysis. Then, the researcher defined and named the themes, crafting a clear, concise description for each and articulating the story it told. Finally, the researcher produced the report, writing up the findings with detailed descriptions and using direct quotes from participants to illustrate each theme.

4.2 Demographic Analysis

All 86 respondents targeted for this study participated, resulting in a 100% response rate. The demographic analysis was as follows:

4.2.1 Distribution of Respondents by Sub-County

Of the 86 respondents who participated in this study, the researcher ensured an equal distribution across sub-counties, with 43 respondents in each sub-county, providing 50% representation in each. The figure below presents this distribution.

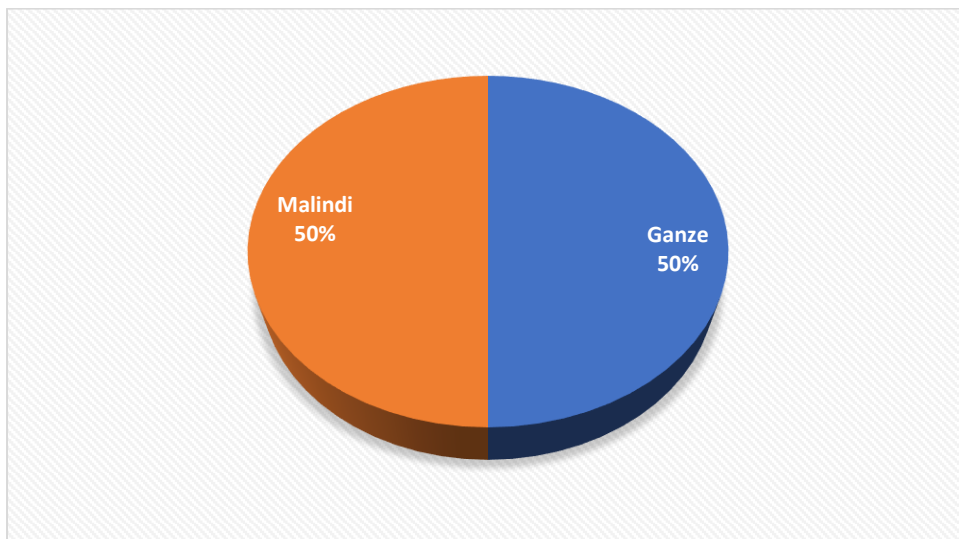


Figure 1: Distribution of Respondents by Sub-County

4.2.2 Distribution of Respondents by Gender

The analysis of the gender distribution of respondents aged 60 years and above shows that there were 40 males and 36 females. The data showed equal gender representation in each sub-county, with 20 males and 18 females. The demographic patterns showed that elderly widowed



women, especially those with disabilities and those living alone, faced higher vulnerability. This distribution is presented below.

Table 1: Distribution of Elderly Respondents by Gender

Gender	Ganze		Malindi	
	Number	Percentage	Number	Percentage
Male	20	52	20	52
Female	18	48	18	48
Total		100		100

4.2.3 Distribution of Respondents by Age

This study incorporated elderly individuals aged 60 years and above. Of the 42 respondents, 20 (50%) were aged 60 to 69 years, 12 (30%) were aged 70 to 79 years, and 8 (20%) were aged 80 years and above. Therefore, most elderly respondents had just crossed into the elderly age bracket. The figure below presents this distribution.

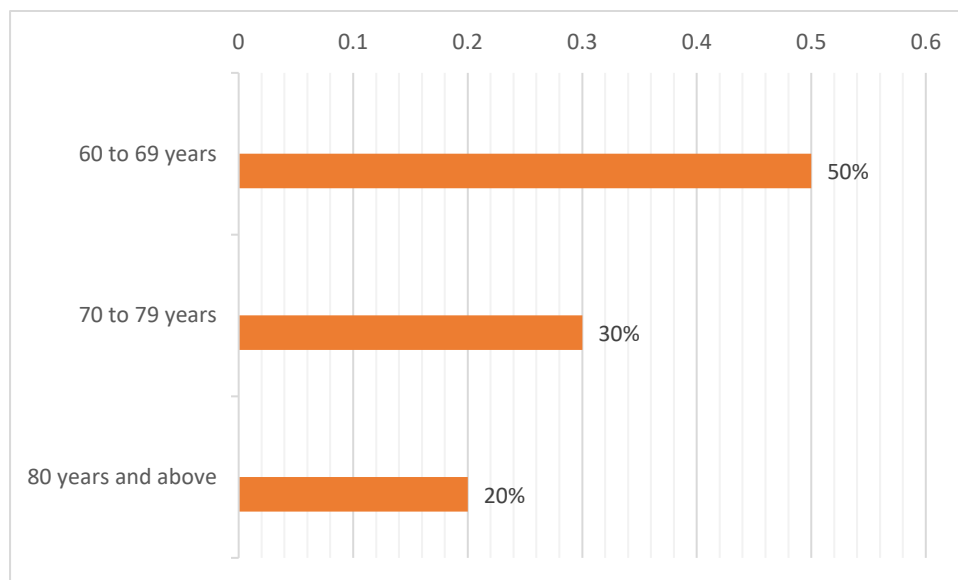


Figure 2: Distribution of Elderly Respondents by Age

4.3 Social Drivers and Elderly Abuse

Thematic analysis of interviews and focus group discussions revealed that social drivers played a vital role in influencing elderly abuse. In this analysis, the researcher based the narrative on three main themes, as indicated earlier in the conceptual framework: social isolation, age-related discrimination, and family social support.

4.3.1 Social Isolation

The researcher asked the respondents to elaborate on how social isolation has influenced elderly abuse; the majority of the respondents reported that loneliness, especially among elderly individuals living alone, made them easily victimized. Moreover, family neglect, where elderly persons were abandoned, and limited participation in community affairs were identified by the respondents as key social drivers of elder abuse. Several respondents indicated that changing family structures, migration of younger family members, economic hardships, and declining



communal relationships had left many elderly persons socially isolated, exposing them to neglect, emotional abuse, and exploitation.

Several elderly respondents described loneliness as one of their most common experiences. They reported spending most of their time alone because their children had migrated to urban areas in search of job opportunities, while others had lost spouses or lived without close relatives nearby. As a result, they lacked companionship and immediate assistance when they faced health or social challenges. In contrast, several caregivers said many elderly people remain alone throughout the day because household members leave early to work, others travel far from home to find jobs, and some send little support, either financially or through healthcare services. Below are elderly respondents' claims about loneliness.

"It has become a routine of spending time alone here in my home. My children work far from home, and sometimes I can spend several weeks without anyone coming to check on me. When you live alone, you feel forgotten, and sometimes you get sick, and there is nobody close by for immediate assistance."

(Elderly Participant, Male, July 22, 2025)

"Many families struggle economically; you find a few elderly people still engage in local farming, which is not promising because of the semi-arid climate around here. Those who receive no support sometimes go without food. Moreover, it is very difficult to find elderly people taking three meals here a day."

(Caregiver, Female, July 22, 2025)

These findings indicate that loneliness extends beyond physical separation; it includes emotional isolation that results from limited social interaction and companionship. Participants associated loneliness with sadness, depression, emotional distress, and increased dependence on the few individuals available to provide care. These findings are consistent with those of Giraldo-Rodríguez et al. (2024), who examined the relationship between elder abuse, loneliness, and depressive symptoms among elderly persons in Mexico. The study found that elderly persons who experienced elder abuse were more likely to experience loneliness and depressive symptoms. Loneliness was found to partially mediate the relationship between elder abuse and depression, particularly in cases of emotional or psychological abuse and neglect. The study also associated loneliness among elderly people with changing family structures, children leaving home, loss of friends and family members, and reduced social interaction.

The researcher asked the respondents to what extent family abandonment influences elderly abuse. After intense debate, the majority of the respondents reported that, apart from rare visitation and communication, participants reported that some families deliberately neglected elderly relatives, particularly those perceived as financially dependent or chronically ill. Some of the arguments put across by various respondents included:

"Sometimes months pass by before my children come home. They call occasionally, but visits have become very rare. Sometimes you see some elderly people have children, but they rarely visit or assist them. Eventually, they begin to feel abandoned."

(Elderly Participant, July 22, 2025)

"Many elderly people suffer silently because their relatives and even some of their children no longer maintain close relationships with them. They only appear when there is an issue involving land or inheritance."



(Key Informant Interview, July 22, 2025)

Key informants emphasized that reduced family contact diminished the likelihood that abuse or neglect would be identified promptly. They also added that elderly persons without regular family interaction often lacked help accessing healthcare, food, or other essential services. In further discussion, respondents also observed that elderly persons participated less in community and social activities. Most elderly respondents said many elderly people gradually withdrew from religious gatherings, community meetings, and social events because of poor health, limited mobility, financial constraints, and feelings of rejection. This further limited their ability to make effective decisions affecting their families, property, and community affairs. They asserted that many families no longer consult elderly persons when making important decisions because they perceive them as incapable of making meaningful contributions in the household. These were supported by arguments put forward by the key informants below.

"In the past, the elderly people were actively engaged in community affairs and were key pillars in key decisions in community development initiatives. Today many remain at home because they feel excluded or physically unable to participate. When they stop participating in community activities, it becomes difficult for authorities and others to notice when they are experiencing abuse or neglect."

(Key Informant Interview, Female, July 22, 2025)

"Not all elderly persons are illiterate, as some young people may perceive, yet they are rarely involved in the community agenda today. Their opinions are ignored despite their experience and knowledge. Sometimes families think consulting the elderly is a waste of time because they believe they are too old to understand current issues."

(Elderly Participant, July 22, 2025)

The findings indicate that exclusion from decision-making reduces elderly persons' autonomy and weakens their ability to influence matters affecting their lives. Participants reported feelings of helplessness and loss of identity among elderly victims. In some instances, exclusion also facilitated financial exploitation and property-related disputes because elderly persons were denied opportunities to participate in decisions concerning their own assets. Furthermore, the key informants added that reduced participation weakens community support networks that previously protected elderly persons. Therefore, isolation from social groups, religious institutions, and neighborhood interactions limits opportunities for self-empowerment and early identification of abuse. Yang et al. (2021) found that the relationship between social participation and elder mistreatment was complex. The study reported that elderly women who interacted with family and friends at least weekly were less likely to experience emotional and financial mistreatment, suggesting that frequent informal social interactions may provide emotional support and stronger social networks. However, this protective association was not significant after further adjustment for physical, mental, and cognitive health.

4.3.2 Age-related Discrimination

The study examined how age-related discrimination contributes to elderly abuse in Kilifi County. This analysis further categorizes discrimination against elderly persons into two sub-themes: declining respect for elderly persons and negative stereotypes associated with aging. The majority of the participants explained that these forms of discrimination reduced the dignity, social status, and participation of elderly persons, thereby increasing their vulnerability to neglect and other forms of mistreatment.



The researcher asked the respondents how age-related discrimination has influenced elderly abuse; caregiver participants consistently reported that elderly persons no longer receive the respect they once enjoyed within their families and communities. They observed that traditional values that regarded elderly persons as custodians of wisdom, culture, and family guidance are rapidly declining, especially in this digital era, particularly among younger generations. As a result, many elderly persons felt ignored, undervalued, and emotionally neglected. A key informant acknowledged the changing social attitudes towards ageing:

"Respect for elders has declined. Previously, families consulted elderly people before making important decisions, but today many see them as a burden rather than a source of wisdom. The majority are seen to have been passed over by technology, and they don't really understand what is going on in the world of today, the 'digital era'. Our young people have been totally colonized by Western culture; even the lifestyle they want to live is very indecent. This not only makes parenting difficult, but advising these children has become a problem."

(Key Informant Interview, Male, July 24, 2025)

These narratives suggest that declining respect has become an important pathway through which elder abuse occurs. Participants viewed disrespect not merely as poor behavior but as a form of psychological mistreatment that diminishes the dignity and self-worth of elderly persons. The erosion of traditional family values has therefore weakened the social position of elderly persons within households and communities. Marques (2020) corroborated these findings. For ageism directed towards elderly people, the most robust individual drivers were anxiety about ageing and fear of death, while personality traits and psychological factors such as conscientiousness, agreeableness, and collectivistic orientation could help reduce ageist attitudes. At the interpersonal level, the quality of contact with elderly people mattered more than the frequency of contact, with positive interactions and favorable images of elderly people helping reduce stereotypes. At the institutional and cultural level, resource scarcity and a growing proportion of elderly people in society were associated with increased ageism due to competition and tensions over resource allocation.

Several participants also described widespread negative stereotypes directed towards elderly persons. Many explained that old age was commonly associated with weakness, dependency, forgetfulness, and inability to contribute productively to society. These stereotypes often shaped how elderly people were treated within their families and communities. One caregiver stated:

"When elderly people become physically dependent, some families stop taking their opinions seriously because they think they have outlived their usefulness. Some are viewed as a burden to the family."

(Caregiver, July 26, 2025)

The study findings indicate that these stereotypes contribute significantly to discriminatory treatment of elderly persons. Labelling them as weak, dependent, or incapable thus normalizes neglect and other abusive criminogenic behaviors while reducing their social status within families and communities. These findings align with those of Aballa et al. (2025), who found that elderly persons in Kilifi County were frequently labelled as "mad," "crazy," or even "witches" because of age-related cognitive decline, resulting in stigma, discrimination, and violence.



4.3.3 Family and Social Support

The researcher asked the respondents how family and social support shapes experiences of elderly abuse in Kilifi County. Participants reported a mixed reaction as they described that family and community support plays a critical protective factor against abuse; however, inadequate, weak, and in some cases absent support systems increased the vulnerability of elderly persons. The discussion was expounded in two major subthemes: caregiver burden and community support networks as key drivers of elderly abuse.

The study found that caregivers often lacked adequate social, emotional, and financial support. Several participants explained that caring for elderly persons requires time, money, and physical effort, particularly when they suffer chronic illnesses or functional limitations such as mobility issues, which are common among frail elderly individuals. Without external assistance, caregivers experienced stress and exhaustion that sometimes resulted in frustration, neglect, or harsh treatment of the elderly. Participants emphasized that caregiver stress was fueled by poverty, unemployment, and the absence of government or community support programs. Some families could not afford to place elderly persons in institutional care because of the costs, while locally available family members who cared for their own elderly felt burdened by responsibility, as some lacked a stable source of income. They argued that supporting caregivers through counselling, training, financial assistance, and respite services would reduce caregiver burnout and improve the quality of care provided to elderly persons. These findings indicate that caregiver well-being is closely linked to the quality of care received by elderly persons and therefore forms an important dimension of preventing elderly abuse. One caregiver stated:

"Taking care of an elderly person is not easy. Sometimes you have no money for medicine or food, yet everyone expects you to show up; this becomes overwhelming. Most caregivers receive no formal support or training. They struggle alone, especially when caring for elderly people with memory problems or chronic illnesses. "

(Caregiver, July 26, 2025)

Participants also identified community support networks as an important safeguard against elderly abuse. Neighbors, religious institutions, community health volunteers, village elders, and local leaders played important roles in identifying vulnerable elderly persons. They provided emotional support, reported abuse, and mobilized assistance. The majority of the participants observed that communities with active support systems were more likely to intervene when elderly persons experienced neglect, violence, or property-related conflicts. However, they acknowledged that such support was inconsistent and depended largely on the commitment of local leaders and community members. However, they were not accessible to all elderly persons.

"When we realize an elderly person has been abandoned, we inform the chief or community health volunteers so that help can be mobilized before the situation becomes worse. Church members often visit elderly people, pray with them, and provide food whenever possible. These visits help them feel that they are still valued"

(Key Informant Interview, July 22, 2025)

The findings therefore indicate that strong community support networks strengthen protection mechanisms for elderly persons by reducing isolation, encouraging reporting of abuse, and providing practical assistance to vulnerable elderly individuals. These findings align with Pillemer et al. (2021), who reported that although ageism is widely regarded as an important



risk factor for elder mistreatment, limited empirical evidence directly confirms this relationship. The researcher therefore proposed a conceptual model identifying possible pathways through which ageism may contribute to elder mistreatment, including the exclusion, isolation, devaluation, depersonalization, infantilization, powerlessness, and blaming of elderly persons.

5. CONCLUSION

The findings showed that elderly abuse in Kilifi County was shaped by interconnected social drivers, particularly social isolation, age-related discrimination, and inadequate family and social support. Consistent with the Socio-Ecological Model, the findings indicated that vulnerability to abuse is influenced by relationships and social environments rather than by individual circumstances alone. Social isolation, family abandonment, declining community participation, and migration of adult children weakened traditional support systems and increased elderly persons' vulnerability to neglect, emotional abuse, and exploitation. Similarly, declining respect for elderly persons and negative stereotypes portraying them as weak, dependent, or incapable reduced their dignity, autonomy, and participation in family and community decision-making.

The findings further established that family and community support can either protect elderly persons or increase their vulnerability, depending on its availability and strength. Caregiver burden arising from financial hardship, exhaustion, and inadequate external support sometimes contributed to neglect and harsh treatment. At the same time, active community networks involving neighbors, religious institutions, community health volunteers, village elders, and local leaders helped reduce isolation, identify abuse, and mobilize assistance. Therefore, the findings support the Socio-Ecological Model by demonstrating that elderly abuse is a complex outcome of interacting social and relational conditions, particularly weakened family relationships, discrimination, caregiver challenges, and inconsistent community support.

6. RECOMMENDATIONS

- i. Strengthen family and community care systems through initiatives such as caregiving programs, development of support groups, and community awareness to reduce stigma and restore dignity.
- ii. Enhance digital literacy and connectivity among the elderly to improve communication with migrant children and access to services, while expanding economic opportunities for youth to reduce strain.
- iii. Safeguard land and inheritance rights, transform harmful cultural practices, and build institutional capacity to promote the dignity, rights, and well-being of elderly persons.

LIMITATIONS

This study was limited by its qualitative design, which restricts generalization. Self-reported accounts may contain recall or social desirability bias. In addition, cultural sensitivity surrounding elder abuse may have suppressed disclosure of certain experiences. Despite these limitations, triangulation and trustworthiness strategies mitigated potential biases, ensuring the validity of the study findings.

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