SOCIO-ECONOMIC DYNAMICS OF INTRAFAMILIAL ELDER ABUSE IN BARINGO COUNTY, KENYA

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DECLARATION

I, the undersigned, declare that this is my original work and has not been presented for a degree in any other university or any other award.

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DEDICATION

I dedicate this thesis to my parents Laban Sergon and Maria Cherutich, and my siblings for their encouragement and unwavering support throughout this study. I specially dedicate it to my son Lazab Mogambi, for he has made me stronger and more fulfilled throughout the course of my study. Lastly, I dedicate it to all older persons and those who are passionate about Gerontology.

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TABLE OF CONTENTS

DECLARATION .... **ii**

DEDICATION .... **iii**

ACKNOWLEDGEMENTS .... **iv**

TABLE OF CONTENTS .... **v**

LIST OF TABLES .... **x**

LIST OF FIGURES .... **xi**

OPERATIONAL DEFINITION OF TERMS .... **xii**

LIST OF ABBREVIATIONS AND ACRONYMS .... **xiv**

ABSTRACT .... **xv**

CHAPTER ONE **1**

INTRODUCTION **1**

1.1 Background of the Study 1

1.2 Statement of the Problem 4

1.3 Objectives of the Study 5

1.4 Research Questions 5

1.5 Justification and Significance of the Study 6

1.6 Assumptions of the Study 7

1.7 Scope of the Study 7

1.8 Limitations of the Study 7

CHAPTER TWO **9**

LITERATURE REVIEW **9**

2.0 Introduction 9

2.1 Conceptual Definitions 9

2.1.1 Conceptualization of Old Age 9

2.1.2 The Scope and Demographics of Ageing 11

2.1.3 The Demographics of Ageing in Kenya 12

2.1.4 Conceptualization of the Nature and Extent of Intrafamilial Elder Abuse 13

2.2 Profile and Categorization of the Dominant Types of Intrafamilial Elder Abuse 14

2.2.1 Financial Abuse 16

2.2.2 Psychological Abuse 16

2.2.3 Physical Abuse 17

2.2.4 Neglect 17

2.2.5 Sexual Abuse 18

2.3 The Dynamics of IFEA in Relation to the Associated Socio-Economic Risk Factors 19

2.4 Dynamics Associated with Reporting and Disclosure of Intrafamilial Elder Abuse 22

2.4.1 Obstacles to IFEA Reporting and Help-Seeking 22

2.5 Existing Legislative and Policy Frameworks 25

2.5.1 The United Nations Vienna International Plan of Action in Ageing 26

2.5.2 The United Nations Madrid International Plan of Action on Ageing (MIPAA) 26

2.5.3 The African Union Policy Framework and Plan of Action on Ageing 27

2.5.4 The National Policy on Older Persons and Ageing 27

2.5.5 The Kenyan Constitution 28

2.6 Gaps in Literature 28

2.7 Theoretical Framework 29

2.8 Conceptual Framework 31

CHAPTER THREE **34**

RESEARCH METHOLOGY **34**

3.1 Introduction 34

3.2 Research Design 34

3.3 Location and Site Description 34

3.4 Description of the population 35

3.4.1 Target Population 35

3.4.2 Inclusion and Exclusion Criteria 35

3.4.3 Unit of Analysis 36

3.5 Sample Size Determination 36

3.5.1 Sampling Technique 36

3.5.2 Sampling Size Determination 38

3.6 Research Instruments and Data Collection Procedures 39

3.6.1 Semi-Structured Interview Schedule 39

3.6.2 Focus Groups Discussions (FGDs) 40

3.6.3 Key informant interviews (KIIs) 40

3.7 Pilot Study 41

3.8 Validity and Reliability 41

3.8.1 Validity 41

3.8.2 Reliability 41

3.9 Analysis and Management of data 42

3.10 Ethical and Logistical Considerations 42

CHAPTER FOUR **44**

PRESENTATION AND DISCUSSION OF FINDINGS **44**

4.1 Introduction 44

4.2 Background Characteristics of Respondents 44
4.2.1 Social and Demographic Characteristics of the Respondents........................ 44
4.2.2 Economic Characteristics of the Respondents 47
4.3 Dominant Types of Intrafamilial Elder Abuse 49
4.4 Socio-Economic Risk Factors of Intrafamilial Elder Abuse 57
4.4.1 Gender as a Risk Factor of Intrafamilial Elder Abuse 58
4.4.2 Victim Dependency and Vulnerability and Intrafamilial Elder Abuse.......... 62
4.4.3 Living arrangements and intrafamilial elder abuse....................................... 67
4.4.3.1 Ownership of Residence and Intrafamilial Elder Abuse............................ 68
4.4.3.2 Availability of Private/Personal Room and Intrafamilial Elder Abuse....... 72
4.4.4 Trust Relationships and Intrafamilial Elder Abuse....................................... 76
4.4.5 Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse 80
4.5 Dynamics Associated with Reporting and Disclosure of Intrafamilial Elder Abuse 86
4.5.1 The Possibility of the Older Persons to Report Abuse Incidences 86
4.5.2 Relationship between the Possibility of Reporting the Abuse Incidences and Gender of the Respondents 87
4.5.3 Possibility of Reporting the Different types of IFEA 88
4.5.4 Whom the older persons are likely to report the abuse cases 90
4.5.5 Reasons for Reporting the Abuse Incidences 93
4.5.6 Reasons for not reporting the abuse incidences.. 94
4.6 Conclusion 97
CHAPTER FIVE 100
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS 100
5.1 Summary of the Findings 100

5.1.1 Dominant types of intrafamilial elder abuse 100
5.1.2 Socio-economic risk factors of intrafamilial elder abuse 102
5.1.2.1 Gender as a Risk Factor of Intrafamilial Elder Abuse 103
5.1.2.2 Victim Dependency and Vulnerability and Intrafamilial Elder Abuse 104
5.1.2.3 Living Arrangements and Intrafamilial Elder Abuse 104
5.1.2.4 Trust Relationships and Intrafamilial Elder Abuse 106
5.1.2.5 Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse 106
5.1.3 Dynamics of Intrafamilial Elder Abuse in Relation to Reporting and Disclosure 107
5.2 Conclusions of the Study 110
5.3 Recommendations arising from the Study 112
5.4 Suggested Areas for Further Research 113
REFERENCES 115
Appendix I: Respondents' Informed Consent 125
Appendix II: Semi-Structured Interview Schedule for the Older Person 128
Appendix III: Focus Group Discussion Interview Schedule for Intrafamilial Elder Abuse 141
Appendix IV: Interview Guide for Key Informants 144
Appendix V: Map of Baringo County 147
Appendix VI: Research Authorization – Kenyatta University Graduate School 148
Appendix VII: Ethical Approval – Kenyatta University Ethical Review Committee.. 149
Appendix VIII: Research License- NACOSTI 151
Appendix IX: Research Authorization- Baringo County Commissioner 153
Appendix X: Research Authorization- Baringo County Director of Education 154

LIST OF TABLES

Table 2.1 Distribution of Old Persons in Kenya by Age Group and Gender.......... 12
Table 4.1: Demographic Characteristics of the Respondents 45
Table 4.2: Economic Characteristics of the Respondents 47
Table 4.3: Prevalent Types of Intrafamilial Elder Abuse in Baringo County......... 49
Table 4.4: Forms of Psychological Abuse 51
Table 4.5: Forms of Financial Abuse 53
Table 4.6: Prevalent Forms of Neglect... 54
Table 4.7: Prevalent Forms of Physical Abuse 55
Table 4.8: Prevalent Forms of Sexual Abuse 56
Table 4.9: Gender as a risk factor for Intrafamilial Elder Abuse 58
Table 4.10: Victim Dependency and Vulnerability and Intrafamilial Elder Abuse 63
Table 4.11: Ownership of Residence and Intrafamilial Elder Abuse 68
Table 4.12: Availability of Private/Personal Room and Intrafamilial Elder Abuse 73
Table 4.13: Trust Relationships and Intrafamilial Elder Abuse 77
Table 4.14: Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse 81
Table 4.15: Possibility of Reporting the Abuse Incidences 86
Table 4.16: Relationship Between Reporting Abuse Incidences and Gender......... 87
Table 4.17: Possibility of Reporting the various types of IFEA 89
Table 4.18: Whom to Possibly Report the Abuse Incidences to 91
Table 4.19: Reasons for Reporting Abuse Incidences 93
Table 4.20: Reasons for not Reporting Abuse Incidences 95

LIST OF FIGURES

Figure 2.1: Conceptual Framework for the Study Source-Researcher........................... 32

OPERATIONAL DEFINITION OF TERMS

Dynamics Dynamics refers to a pattern of change, variation, or growth of a phenomenon. Examples of dynamic phenomena include personality, population, and in this study intrafamilial elder abuse

Financial Abuse Depicts the improper, illegal, and unauthorized acquisition and use of an older person's funds and/or other financial resources.

Intrafamilial Elder Abuse In this study, it refers to a situation whereby the actions of family members, caregivers within the household, or next of kin failed to guarantee the older persons' psychological, physical, and social wellbeing, and but instead mistreated them.

Neglect It is defined as the intentional or unintentional failure or refusal to fulfill caretaking responsibilities and to satisfy the older person's needs in order to harm or punish him or her through abandonment, denial of basic needs, and denial of health and medical services.

Older Person Where old age begins is not universally defined, with definitions varying across different social, economic, and political contexts. The United Nations defines older persons as those aged 60 or 65 years or over. For the purpose of this study an older person refers to any man or woman who is 65 years and above.

Physical Abuse In this study, it denotes the infliction of physical pain and harm as well as physical coercion through acts such as slapping, hitting, or striking an older person with an object

Psychological Abuse Refers to the act of commission that is conducted with the intention of causing emotional distress, anguish or pain, often through behaviors such as intimidation, humiliation, name-calling, frightening, and threatening

Sexual Abuse Refers to a forced, tricked, coerced upon, or threatened act of sexual involvement with a person who is not able to give consent, and in this case, an old person

Socio-Economic Dynamics These refer to the dynamics of the interaction between the social and economic habits of a group or of individuals in different social and cultural contexts. In this study, the socioeconomic dynamics denoted the interaction between the economic and social characteristics and habits of older persons in the study area with reference to elder abuse.

Vulnerability This refers to a probabilistic conception, capturing the proximity or relationship of a subject (in this case an Older Person) to harm, abuse, or mistreatment.it is simply exposure to a threat or deficiency of resources and defenses to deal with the threat which in this study is intrafamilial elder abuse.

LIST OF ABBREVIATIONS AND ACRONYMS

ANPEA	Australian Network for the Prevention of Elder Abuse
FGDs	Focus Group Discussions
GoK	Government of Kenya
HAI	Help Age International
IFEA	Intrafamilial Elder Abuse
INPEA	International Network for the Prevention of Elder Abuse
KIIs	Key Informant Interviews
KUERC	Kenyatta University Ethical Review Committee
LDCs	Less Developed Countries
NACOSTI	National Council of Science Technology and Innovation
NCEA	National Council of Elder Abuse
NCPD	National Council of Population Development
OP	Older Person
OPWDs	Older Person with Disability
SE	Social Exchange
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDESAPD	United Nations Department of Economic and Social Affairs, Population Division
UNFPA	United Nations Fund for Population Activities (presently United Nations Population Fund)
WHO	World Health Organization

ABSTRACT

Until the emergence of policies and legal frameworks to address domestic violence - including intimate partner and child abuse- in the last decades of the 20th century, abuse of the older persons had persisted as a private matter that received very little public attention. Even so, intrafamilial elder abuse (IFEA) has been acknowledged globally as a pervasive problem, associated with overwhelming distinct consequences, outcomes, and societal expenses. Kenya is experiencing population ageing at a high rate, which implies that, with it, elder abuse, and particularly IFEA is anticipated to become a more pressing problem, distressing millions of older individuals countrywide. This study sought to explore the socio-economic dynamics of IFEA in Baringo County. The study objectives were to profile the dominant types of IFEA, to examine the dynamics of IFEA in relation to the associated socio-economic risk factors, and to assess the dynamics associated with reporting and disclosure of IFEA, guided by Homan's Social Exchange theory. The study embraced a cross-sectional analytical survey design to collect both qualitative and quantitative data. The study was conducted in Baringo County. The respondents of the study were older persons in the area who were aged 65 years and older; 226 older persons from two purposively sampled sub counties were sampled for the study. The Black and Champion sample size determining formula was used. The study also targeted key informants including local authorities, health care authorities, adult protection agency representatives and law enforcement. Semi-structured interviews, key informant interviews, and focus group discussion guides were used in data collection. Quantitative data was analyzed using the SPSS 21.0 to generate both descriptive and inferential statistics such as crosstabs and chi-square tests. Qualitative data was analyzed thematically. The study established that most prevalent form of intrafamilial abuse reported in the study was psychological abuse (79.2%) while sexual abuse was the least (19.9%) prevalent type of IFEA. The study found out that gender of the victim, victim dependence and vulnerability, living arrangements, trust relationships, social isolation and financial dependency on the older person influenced the older persons' experiences with the different types of abuse reported in the study. Based on the reported dynamics of IFEA in relation to reporting, the study concluded that given the right platforms, older persons are more likely to report incidences of abuse. The study concludes that IFEA is a dynamic social problem, which varies across cultural contexts, perceptions, socio-economic risk factors, as well as in its reporting and disclosure. The study recommends that elder abuse should be declared a public health issue and strategies and measures be put in place to protect abuse victims and encourage them to seek help.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The abuse of older persons within the family setting dates back to ancient times (Pillemer, Burnes, Rifns & Lachs, 2016). Until the emergence of policies and legal frameworks to address domestic violence (including intimate partner and child abuse) in the last decades of the twentieth century, abuse of the older individuals had remained a reserved matter that was accorded little public attention (Pillemer, et al., 2016). However, intrafamilial elder abuse (IFEA) in the recent decades, has been acknowledged globally as a universal and momentous problem, which necessitates the urgent consideration of health care systems, civil society organizations, policymakers, governments, and the civic at large (Von, Schiamberg & Chee 2012). Overall, intrafamilial elder abuse is associated with overwhelming individual consequences, outcomes, and societal costs, warranting consideration as a stern issue (Von et al. 2012). Research has shown that in contemporary society, household and family members commit the most violent crimes against older people (Jackson & Hafemeister 2014)

Furthermore, with an overall increase in the older persons' population, IFEA is projected to become a more persistent issue, affecting millions of older persons globally (Collins, 2018). According to WHO report of 2015, there will be a tremendous demographic transition, where, the global population of individuals aged 65 years and above is projected to grow in twofold from 900 million in 2005 to 2 billion by the year 2050 (United Nations Department of Economic and Social Affairs [UNDESA], 2013; 2014). The report also indicated that the vast majority of the older adults live in middle

and low-income countries such as Latin America, Asia, and Africa. The doubling of this cohort of the population is attributed to longer lifespans resulting from improved medical care, improved diet, and nutrition, as well as improvement in the general wellbeing of the old people (Jackson & Hafemeister 2014). However, the implication of population on elder abuse is that there will be an increased dependency of the older people on others, which then increases their vulnerability to abuse (Pillemer et al., 2016)

Recent and past statistics have evidenced the prevalence of elder abuse, as a form of family violence across the world. A series of studies conducted by the WHO (2016) indicated that China has the highest aggregated prevalence rate, which was attributed to the failure of the family members to accomplish their kinship obligations, dislocating older people as the heads of households, and depriving them of their independence, thus increasing their susceptibility to abuse. Overall, the research reported an accumulated intrafamilial elder abuse pervasiveness ranging from 2.2% to 36.2%, with an average of 14.3%. Through all the studies, the uppermost aggregated pervasiveness was reported in China (36.0%) and Nigeria (30.2%), trailed by Israel (18.5%), India (14.0%), Germany (10.8%), Spain (10.6%), Mexico (10.6%), United States (9.0%), and Canada (4.5%) (World Health Organization [WHO], 2016).

The common aspect among the studies carried out in these countries is that they recognized the underlying role and impact of cultural practices, norms, attitudes, and traditions, such as sexism, ageism, and the existence of a culture of violence, in propagating intrafamilial elder abuse (Jackson & Hafemeister, 2014). Moreover, inequity and discrimination against the older person within the family due to individual

attributes (such as gender, age, physical infirmities, sexuality and cultural background), were identified as the underlying social and health conditions for IFEA, alongside overt and subtle exploitation of power imbalances (National Council of Abuse, 2015).

In a meta-analysis carried out in 28 countries in Africa, the prevalence rate was estimated at 11·6% for psychological abuse, 6.8% for financial abuse, 4·2% for neglect, 2·6% for physical abuse, and 0·9% for sexual abuse (Beard, Officer & Cassels 2016). In most parts of Africa, including Kenya, the family is traditionally valued as the cradle of the care of the family needs, comprising those of the elderly. However, globalization, urbanization and modernization, westernization, and their accompanied cultures have weakened the traditional family, kinship, and community ties to provide support for the older persons (Mba, 2007). This is because of the changing family structures and power relations, which have then disadvantaged the elderly, exposing them to higher risks of abuse and mistreatment (Von et al., 2012).

British Scholars first described elder abuse, as a societal, political, and public health concern in 1975 as "granny battering" (Bustorn, 1975). The universal definition of elder abuse was put forward by the Action on Elder Abuse in 1993 as a "single, or repeated act, or lack of appropriate action, taking place within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human and civil rights" (Roberto, 2016). This definition was then adopted by the WHO and the International Network for Prevention of Elder Abuse (INPEA) in 2002 and is widely used across the world (Pillemer et al., 2016).

However, the definition, conceptualization, and perceptions of elder abuse vary across societies and culture, because, what may be deemed abusive in one society, might not be the case in another, thus making the whole issue of elder abuse and particularly IFEA, dynamic, with variations across boundaries, religions, economic, and social settings (Jackson & Hafemeister, 2014). To this point, therefore, it is evident that ageing as a process in and of itself, varies across gender, family set-ups, regions, and cultures, and these variations dictate how society view and treat older persons, as well as determine what is considered abusive (United Nations Fund for Population Activities and HelpAge International, 2012). In this view, the socio-economic dynamics associated with IFEA have a significant role in influencing definitions, attitudes, and help-seeking behaviors, and in explaining the associated risk factors of intrafamilial elder abuse. Even so, the intersection of socio-economic dynamics and IFEA has been captured scantly, thus merited further studies, particularly in Baringo County, which had no particular studies on it. This study, therefore, sought to examine the socio-economic dynamics of intrafamilial elder abuse in Baringo County, Kenya.

1.2 Statement of the Problem

Elder abuse within the family context is widely acknowledged as a pervasive and momentous issue that continues to affect millions of older persons globally. The majorities of the older individuals live in multigenerational extended families and get informal care from their partners, adult children, and other members of the family. Generally, intrafamilial elder abuse is associated with overwhelming physical consequences such as disability, injury, and worsened health statuses; psychological outcomes such as depression, loss of trust, dignity, hope, and anxiety; as well as social

effects including social isolation, lack of social support and communication or even death. The intersection of socio-economic dynamics and IFEA, therefore, deserves further examination particularly in Baringo County, which to the best of my knowledge has no particular studies on it, with the aim of bringing an understanding of the scope and nature of IFEA in the study area from a Sociologic perspective. To get a better understanding of these dynamics, therefore, this study sought to examine the socio-economic dynamics driving intrafamilial elder abuse in Baringo County Kenya.

1.3 Objectives of the Study

The overall goal of this study was to examine the socio-economic dynamics of intrafamilial elder abuse in Baringo County. The following were the specific objectives of the study:

1. To profile the dominant types of intrafamilial elder abuse in Baringo County
2. To examine the dynamics of intrafamilial elder abuse in relation to the associated socio-economic risk factors in Baringo County
3. To examine the dynamics associated with reporting and disclosure of intrafamilial elder abuse in Baringo County
4. To suggest plausible recommendations to address the prevalence of intrafamilial elder abuse

1.4 Research Questions

1. What are the most dominant types of intrafamilial elder abuse in Baringo County?
2. What are the dynamics of intrafamilial elder abuse with regard to the associated socio-economic risk factors in Baringo County?

3. What are the dynamics associated with reporting and disclosure of intrafamilial elder abuse in Baringo County?
4. What are the recommendations to address the prevalence of intrafamilial elder abuse?

1.5 Justification and Significance of the Study

With the increasing prevalence of intrafamilial elder abuse at global and national levels, an in-depth investigation into the socio-economic dynamics of IFEA, its prevalence, risk factors, and its reporting and disclosure rates, may be essential and significant to practitioners and policy makers through informing the design of policy interventions for addressing this type of domestic and family violence. In understanding this social problem, society will need to be more vigilant in reporting cases of elder abuse thus helping eradicate and prevent future incidences (WHO, 2017). In essence, it may assist in creating awareness and sensitization on elder abuse. Equally important, the results from the research might be significant to the existing body of information through contributing the much-needed literature on intrafamilial elder abuse, particularly in rural areas. Hence, the findings of the study might be of great significance to academicians, researchers, policymakers, and social gerontologists, among other practitioners. In essence, this study is important in informing the policy landscape and may provide important action directions for players in the field including the government of Kenya towards improving the lives of older persons whose demographic representation continues to increase both locally and globally.

1.6 Assumptions of the Study

i. Intrafamilial elder abuse is prevalent in Baringo County.

ii. There are specific and unique socio-economic risk factors that drive IFEA in Baringo County

iii. Intra familial elder abuse in Baringo County is treated as a reserved matter hidden from the public, yet it has significant personal, economic, and societal costs.

iv. Cases of IFEA are often unreported, underreported, and undisclosed in this area

v. There are possible interventions that can be put in place to address IFEA as one of the forms of family violence

1.7 Scope of the Study

The study explored the dynamics of intrafamilial elder abuse in Baringo County, as guided by Homan's social exchange theory. The study was carried out in Baringo North and Baringo Central Constituencies of Baringo County. The participants of this study were older men and women, who are aged 65 years and older from these two purposively selected Constituencies. While examining these dynamics, the study highlighted numerous challenges that the OPs encountered, particularly from abuse, from which the researcher drew recommendations for interventions that might be put in place to address IFEA. The primary focus of this research was to examine the socio-economic dynamics of IFEA in Baringo County.

1.8 Limitations of the Study

The overarching limitation of this research was that its findings and conclusions were largely based on self-reports of the older persons regarding their experiences with

intrafamilial elder abuse. This posed a challenge in ascertaining whether the reports gave a true representation of the socio-economic dynamics of intrafamilial elder abuse in Baringo County. To overcome this limitation, the researcher urged the respondents to give honest and truthful responses on their experiences on IFEA and related socio-economic dynamics, as the findings will be used solely for academic purposes. Another significant limitation of the study was that the participants were reserved to give their responses due to fear of judgment or worsening of situations. To resolve this, the researcher assured the respondents of their anonymity and confidentiality as far as the findings of the study were concerned.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents literature relevant to the socio-economic dynamics of intrafamilial elder abuse (IFEA). It included a survey of books, scholarly journal articles, and any other sources related to the topic. By so doing, it provided a depiction, summary, and critical assessment of these works in relation to IFEA, as well as identifying the significant gaps in the literature. This chapter also presented the theoretical framework and conceptual framework for the study.

2.1 Conceptual Definitions

2.1.1 Conceptualization of Old Age

Senescence or old age in human beings is the ultimate phase of the normal life span. It has been defined in diverse ways, in different contexts, and for dissimilar social groups from the standpoints of biology, employment, retirement, and demography. Ranges of studies have included the concept of old age among gender, race, culture, creed, ethnicity, and education, function, and personality differences. Old age is defined biologically, chronologically, culturally, and functionally. Biologically, old age refers to the gradual deterioration of the functional features in the human body. Functional old age is arrived at when a person is not capable to accomplish the tasks expected for her or him including paid labor. On the other hand, cultural or social old age ensues when an individual "looks old" according to the community's commonly accepted signifiers such as the value system of the community (Thane 2003). Lastly, Cognitive old age is arrived at when an individual, experiences reduced levels of cognitive functioning,

perceptual speed, and episodic memory, which in most cases increases their susceptibility to abuse and mistreatment (WHO, 2017). Nonetheless, for public administrative and statistical reasons, old age is commonly depicted as 60 or 65 years of age and older. For instance, the United Nations (UN) defines older persons as those aged 60 or 65 years or over (UNDESA Population Division, 2019).

However, where old age begins is not precisely defined, which makes generalizations difficult. For instance, in one community, old age begins at the retirement age, which is usually 60 years, others 65 years and even as late as 85 years in other societies (Jackson & Hafemeister 2014). For Torres Strait Islander and Aboriginal peoples from Australia, who have a considerably lesser life expectancy than other Australians do, old age is considered to start at 45–50 years (Cotterell, Leonardi, Coward, Thomson, & Walters, 2015). In sum, the ageing process in and of itself is subject to the social constructions by which each culture makes logic of old age (Gorman, 2017). In several regions of the developing countries, for instance, the chronological age has minimal or no significance in the definition and implication of senescence. Instead, other socially constructed senses of age are more substantial such as the roles and responsibilities allocated to older people; in some instances, however, it is the loss of such duties associated with cognitive and physical deterioration, which is weighty in describing old age (WHO, 2002). Hence, in divergence to the chronological indicators that mark life stages, old age in many developing countries, including Kenya, is viewed to start at the point when an individual's active involvement in the society is no longer probable or is diminished (Gorman, 2017).

2.1.2 The Scope and Demographics of Ageing

Ageing refers to the social process, constructed from the belief systems and expectations of the structural characteristics of a society (Matcha, 1997). Historically, the ageing process has, in many ways played a visible role in framing the future of our societies. The rapidly ageing of the world's population is changing the political, economic, and social dynamics of all nations (Schoeni, Martin, Andreski, & Freedman, 2005). For instance, many industrialized nations are experiencing growing costs associated with their ageing populations. Overall, ageing presents both opportunities, costs, and challenges. For instance, it will increase the necessity for long-term care and primary health care, intensifying the need for age-friendly environments, and demanding the need for a larger and better-trained workforce (Beard, Officer, de Carvalho, Sadana, Pot, Michel, & Thiyagarajan, 2016).

Ageing, therefore, is a profound transformation of the demographic structure, which all nations are experiencing. Although populations have been ageing over the past centuries, it is within the past century that industrialized societies have experienced significant growth in the percentage of their populations, who are termed as old (UN, 2011). The global populace aged 65 years or over totaled 962 million in the year 2017, more than twofold as large as it was in 1980 when there were 382 million older adults worldwide. The population of OPs is expected to double by 2050 when it is estimated to reach nearly 2.1 billion (UNDESA, 2015).

2.1.3 The Demographics of Ageing in Kenya

The growth of the OPs population is accelerating in developing countries including Kenya. According to the UN, (2015) the OP population in the developing countries will collectively account for 6.3 percent of the worldwide population aged 60 years or over in the year 2030. In Kenya, the population of old persons is estimated at 1.4 million people over 65 years of age. The following is the distribution of old persons in Kenya by gender and age group.

Table 2.1 Distribution of Old Persons in Kenya by Age Group and Gender

Age Group	Males	Females	Total
60-64	295,197	298,581	**593,778**
65-69	183,151	207,612	**390,763**
65-74	160,301	179,000	**339,301**
75-79	99,833	118,675	**218,508**
80+	159,125	224,576	**383,701**
Total	**897,607**	**1,028,444**	**1,926,051**

Source: 2019 Kenya Population and Housing Census (KNBS, 2020)

Kenya's Vision 2030 describes the older individuals as a vulnerable group faced with several challenges including high levels of poverty, health and economic insecurity, poor housing, need for care, and weak family and community support (social support system). With this rapidly growing population, questions about the wellbeing of the OPs in terms of healthcare, economic security in old age, social support, and living conditions are continually raised (Aboderin, 2012; NCPD, 2016). It is therefore important that the government formulate policies and legal frameworks that will target the necessities and wellbeing of older persons.

2.1.4 Conceptualization of the Nature and Extent of Intrafamilial Elder Abuse

IFEA is an extremely complex social problem both in developing and developed societies. It can be a deliberate or inadvertent act of omission or commission. Intrafamilial elder maltreatment refers to a form of family or domestic violence, whereby the OPs are the victims, and the family members, or others in a trust relationship are the perpetrators of the violence (Jackson & Hafemeister, 2013). Particularly, IFEA refers to a non-accidental deed of omission or commission, which occurs within a family context and undermines the life, the physical and psychological integrity of an OP consequently harming the progress of his or her personality and threatens his or her financial security (Anetzberger, 2005). As pointed out in the extant literature, elder abuse in domestic settings takes the following forms: physical, financial, psychological, and sexual as well as the more passive form of neglect. To get a clearer comprehension of IFEA based, it is important to note that it traverses with a range of other concerns including ageism, caregiving, family conflict and violence, sexuality and gender, economic status of the elderly, disability, and dependency living arrangements, culture, family relations, and social support systems (Patterson & Morrison, 2006).

Ageism refers to systematic stereotyping, negative attitudes, discrimination, and prejudice towards an individual on the grounds of their age (de Lima, Vergueiro, Gonzalez, Martins & Oliveira, 2018). Ageism and discernments of the age of a group of old people are in most instances related to their experiences of being mistreated, abused, or suffer from negligence (de Lima et. al., 2018). As noted by de Lima et al (2018), in most societies, some stereotypes and beliefs against older people are deeply rooted in

perceptions such as rigidity, low attractiveness, unproductiveness, senility, illness, difficulty in coping, and even poverty among the OPs. Such perceptions have evidenced the intersectionality between discrimination and elder abuse. Even so, to the best of my knowledge, these intersections in the lens of family relations remain complex, with a dearth of evidence in the Kenyan societal context. The study therefore sought to examine how the intricate interactions between stereotypes towards an OP in the family setting resulted in intrafamilial elder abuse.

In modern industrialized societies, family relations and roles, and social support systems are rapidly changing. Matcha (2007) argues that IFEA represents a global problem of growing proportion in family relationship. One of the major impacts of industrialization on the value of the OP in the family is that it diminished the importance of the property that many older family members used, as an influence relative to their children (Matcha, 2007). Nevertheless, it altered the workplace dynamics and led to massive displacement of older workers, leaving them economically insecure and dependent on others. These brought about a shift in power relations in the family, resulting in a greater abuse and mistreatment of the old persons. Based on this literature, the study was built on the notion as people age, they become more powerless, vulnerable and highly dependent on family members, - whom in this case are the cradle of their care -, which might then increase their susceptibility to intrafamilial elder abuse.

2.2 Profile and Categorization of the Dominant Types of Intrafamilial Elder Abuse

The consequences of IFEA for the older person can be just as harmful as abuse against children and/or women. Abuse of OPs in the family context is a complex issue, which can challenge the standpoints about the structures of families and the status of

older persons in our societies (Mysyuk, Westendorp, & Lindenberg, 2013). Often an individual who is trusted by the older adult, such as a family member, paid caregiver, or friend causes the IFEA. Abuse can take place in several family locations, including the older individual's home, or their children's homes (Bows & Penhale, 2018). While there are diverse ways in which intrafamilial elder abuse is manifested, extant literature points out to five major forms: physical, financial, psychological, and sexual as well as neglect (Yon, Mikton, Gassoumis, & Wilber, 2017). At the global level, the WHO (2017) recently described an estimated prevalence rate of IFEA in high- or middle-income nations ranging from 2% to 14%. Succinctly, the prevalence rates for the most common categories were as follows: financial abuse (1–9%); psychological abuse, above a threshold for severity or frequency (1–6%); physical abuse (0–5%); neglect (0–6%); and sexual abuse (0–1%) (WHO, 2017).

However, due to its dynamic nature, little is known about the prevalence rates of IFEA in the Kenya, and particularly in Baringo County, which is the study location for this research. Owing to this gap therefore, the main objective of this research was to examine the social phenomenon of intrafamilial elder abuse with a focused interest on the prevalent typologies and associated risk factors in a rural Kenyan setting. The following sub-sections discusses the different typologies of IFEA as evidenced in the extant literature and the behavioral correlates associated with each type of elder abuse as documented in the existing literature on elder abuse within domestic environments. This discussion is important as the study builds on these definitions and the different ways through which IFEA is manifested.

2.2.1 Financial Abuse

Financial abuse commonly referred to as material or financial exploitation is defined as the improper or illegal use of an older person's assets, money, or other property by family members or paid caregivers (Hamby, Smith, Mitchell, & Turner 2016). The common forms of financial exploitation of the OPs include improperly using the benefits of being their caregivers, guardian, conservator, or power of attorney, taking cash from the elder, forging their signature, coercing the OP to sign a document they do not comprehend, signing the elder's cheque books, and stealing their possessions or money (Collins, 2018). The indicators of financial exploitation of the older person often include the following. Modifications to legal papers, such as the will; using the older person bank card without their permission or consent; finding fake signatures on titles or other financial transactions; re-emergence of relatives claiming rights to the senior's possessions or affair among others are the common examples of financial exploitation of the older persons (Collins, 2018).

2.2.2 Psychological Abuse

Psychological abuse refers to the infliction of emotional distress, involving acts that cause fear of violence, deprivation, or isolation, and feelings of indignity, shame, or helplessness in an older person (ANPEA, 2018). The signs of psychological abuse in the senior persons include ambivalence towards a family member or caregiver, loss of interest in self, apathy, passivity, hesitancy to talk openly, sleep disorders, among other psychological problems (WHO, 2017). In the Kenyan context, the common actions that are considered psychological abuse include witchcraft allegations, intimidation, isolation from family members and friends, continuous discriminative and negative

attitudes towards the OP, and even infantilizing the old individual. In a study done by Yon et al. (2017), the prevalence rates of psychological abuse in communal settings including the family are at 6.8%.

2.2.3 Physical Abuse

This refers to the physical infliction of injury, coercion, or pain (ANPEA, 2018). Physical abuse of the OPs may take the forms of beating, hitting, kicking, burning, slapping, and pushing, and so on. It may also include physical restraining such as locking an individual in a room, tying them in a chair, putting them in a chair or bed that they cannot get out of, etc. Since the results of physical abuse are often visible, this can be one of the easiest forms of abuse to recognize (Cannell, Gonzalez, Livingston, Jetelina, Burnett & Weitlauf, 2019). The common indicators of physical abuse may include bruising and abrasions, missing teeth, facial swelling, discrepancies between injury and history, burns, unexplained injuries or accidents, and conflicting explanations between the family members and OP on the cause of physical injuries (Clarysse, Kivlahan, Beyer & Gutermuth, 2018).

2.2.4 Neglect

Neglect is a form of IFEA in which the caregiver or the family member fails to provide for the needs of the OP as expected of him or her (ANPEA, 2018). The neglect can be intentional in an attempt to inflict some sort of physical or emotional distress on the OP. This comprises of failure to provide for sufficient food, decent shelter, clothing, or medical attention (Yunus, Hairi & Choo, 2019). However, neglect is considered unintentional when a caregiver or a family member providing care for the OP does not have the knowledge or skills to provide care for a dependent person as expected (Yunus

et al., 2019). For instance, they may be unable to provide care, may not be cognizant of the available types of support, or they may be unwell themselves. Common causes of neglect of the older persons may include insufficient supervision mostly when taking care of an individual with dementia, whereby the individual is left unattended for long times or even left alone in the house without any close supervision (Yunus et al., 2019). Another example is the case where there is inadequate and/or inappropriate use of medication, such as over-sedation during the day. Besides, unmet physical needs and poor hygiene such as overgrown nails and decaying teeth can signify neglect of an older person.

2.2.5 Sexual Abuse

The final dominant type of IFEA is sexual abuse. However, it is not as prevalent as the other types of IFEA. Sexual Abuse refers to a forced, tricked, coerced upon, or threatened act of sexual involvement with a person who is not able to give consent, and in this case, an old person (ANPEA, 2018). According to Flores, Campo-Arias, Stimpson, Chalela and Reyes-Ortiz (2018), the prevalence of sexual abuse is greater among older women as compared to older men, and a caregiver or a family member with whom they share residence often perpetrates it. Forms of sexual abuse include rape, sexual harassment, indecent assault, or any act or behavior towards the OP that can be termed as sexually abusive. However, Flores et al., (2019) note that sexual abuse is often unreported and undisclosed due to feelings of embarrassment and fear of shame and judgment by the older victims.

2.3 The Dynamics of IFEA in Relation to the Associated Socio-Economic Risk Factors

Socio-economic risk factors (interaction between the social and economic habits of a group) of intrafamilial elder abuse are, in general, those characteristics (of an individual, familial, cultural, or social in nature) whose manifestation elevates the probability of the occurrence of IFEA (Pillemer et al., 2016). In particular, it refers to those variables that make individuals susceptible to violent attitudes and behaviors within the community and family setups. It is important however to note that the risk factors associated with IFEA are dynamic in the sense that they are both complex and concealed and they vary from one socio-economic set-up to another. In terms of individual issues, the risk factors that are presently under the greatest degree of research include age and gender of the victim, difficult behavior, substance abuse, victim dependence, and vulnerability due to physical and cognitive impairment (Storey, 2020). Interactive factors that have been associated with elder abuse as a form of family violence include trust relationships between the older person and family members, living arrangements, and financial dependence.

In terms of gender, several studies done in several countries including reports from Portugal (Gil et al., 2015), Mexico (Giraldo-Rodríguez & Rosas-Carrasco, 2013), Ireland (Naughton et al., 2010), Israel (Lowenstein et al., 2009), and India (Chokkanathan & Lee, 2005) point out that women are more probable than men to encounter intrafamilial elder abuse are; precisely, financial and psychological abuse. However, in recent ages, men also experience severe levels of abuse by their family members and paid caregivers (Jeon, Cho, Choi, & Jang, 2019). For instance, in a

community-centered dominance study, the WHO (2002) found that senior men were similarly at threat of being abused by partners, or other household and family members. Furthermore, in a needs assessment in Namibia, it was found that senior men rather than older women often tend to be targets of neglect and physical abuse in the household setups (Ananias, Salonika, Black, & Strydom, 2016).

Studies have also found that across nations, older persons' functional dependence or/and physical infirmity relates to a greater risk of intrafamilial elder abuse, particularly financial and emotional abuse (Fang, & Yan, 2018). Robson, Dong, and Simon (2010), carried out a study to assess whether the deterioration in physical function is linked to increased rates of elder abuse in a Chinese ageing population. The findings of their study indicated that greater diminishing in activities of daily living (ADLs) was related to an increased risk of elder abuse. In another study by Pillemer et al (2016), it was revealed that it was not the functional and physical dependence that amplified the risk of IFEA, but instead, the personality illnesses of the caregiver/perpetrator that predisposed the OPs to the increased risk of IFEA.

Extant body of works also point out to living arrangements as a risk factor for IFEA. Living arrangements refers to a concept that brings together both non-familial and familial relationships of a person to all the other individuals with whom they live together (Yon et al., 2017). A study by Bows, & Penhale (2018) indicated that living arrangements, mostly congested environments, and a lack of privacy have been linked with encounters within families, and in this case abuse and mistreatment of older persons. It is important to note that although IFEA can take place when the perpetrator

and the OP suffering abuse live apart, the OP more susceptible when living with the caregiver (Garre-Olmo et al., 2009).

Regarding financial dependence, studies although dearth in the Kenyan context have indicated that in many cases, IFEA committers are economically dependent on older persons for accommodation, maintenance, and other expenditures (Pillemer et al., 2016; Storey, 2020; Von et al., 2012; Yaffe & Tazkarji, 2012). This perspective might seem contradictory to the extensively held notion that older people are abused and mistreated when they are economically and health wisely insecure and need care from others (Liu, Conrad, Beach, Iris, & Schiamberg, 2017). What is evident, however, is that in many instances of IFEA, the victims and perpetrators are mutually dependent.

The risk factors for intrafamilial elder abuse, however, vary greatly from one typology of abuse to the other. In Kenya, there is lack of adequate empirical studies of intrafamilial elder abuse as a pervasive form of family violence. Additionally, the absence of authenticated abuse screening instruments has made it more challenging for elder abuse in domestic settings to be detected. This research study, therefore, sought to examine the risk factors associated with each typology of IFEA, which will be significant in contributing the much-needed knowledge to the existing body of literature, which would then be relevant in the enhancement of existing older adult protection policies.

2.4 Dynamics Associated with Reporting and Disclosure of Intrafamilial Elder Abuse

According to the WHO, elder abuse incidences are underreported by as much as 80% (WHO, 2017). Few references to dynamics influencing IFEA reporting and disclosure are found in the existing literature although the issue has been studied in some depth for the child, and intimate partner forms of domestic abuse (Roberto, 2016). Reports of purported elder abuse have constantly involved larger proportions of minority older people than would be expected from their numbers in the general populations. For example, the NCA approximates that 1 in 10 older American citizens (aged 65 and older) experience some type of abuse and neglect, and as many as 5 million older individuals are abused annually (NCA, 2015). These figures were based, in part, on the National Elder Abuse Incidence Study (NEAIS) of 1998. The NEAIS coined the "iceberg theory," which postulates that, for every reported elder neglect or abuse case, more than five cases go unreported (NCA, 2015). However, very limited studies have been conducted in Africa, and particularly in Kenya to examine the dynamics of IFEA concerning help-seeking, reporting, and disclosure.

2.4.1 Obstacles to IFEA Reporting and Help-Seeking

Intrafamilial elder abuse has remained a taboo and a hidden issue in Africa until quite recently. Elder abuse, in general, has not gained the same global and national ill repute, which would upraise it to a pressing public health and social issue that would demand combined support for addressing it as other typologies of family/domestic abuse and violence have attained (Mukherjee, 2011). According to research, there are several reasons why IFEA remains undisclosed and underreported in our societies today.

To begin with, barely any powerful social groups have taken up this issue as its foundation. For instance, in the United States, child maltreatment and abuse were impelled onto the national stage by professional and expert organizations such as the American Medical Association and Family Physicians. On the other side, intimate partner violence (IPV) as a type of family violence, was driven into the civic sphere by grassroots societies associated with the women's movement and other groups concerned about the prevalence and harm of IPV especially on women (Straus, Gelles & Steinmetz, 2017). Conversely, no influential advocacy groups have correspondingly taken up the gauntlet for intrafamilial elder abuse. The same case is witnessed in the Kenyan context whereby organizations such as the Child Welfare Society of Kenya and other popular women and social groups have championed the fight against child and intimate partner abuse (Mose & Gillum 2016). However, there exists no powerful activism for IFEA and the rights of the OPs in general. Nonetheless, the trends of underreporting maybe because in many instances social welfare and health care authorities lack knowledge and awareness on how to handle elder abuse and to make swift actions to safeguard the persons subjected to it (Baker, Francis, Hairi, Othman, & Choo, 2016). Equally important, rural-based individuals and those from culturally dissimilar backgrounds may have insufficient knowledge regarding accessibility to crucial help services.

Even though the publication of high nationwide prevalence and incidence rates of IFEA could impel this social vice into the state spotlight, the issue has been devoid of such studies until recent decades and continues to have a deficiency of a national data collection system. The consequence of this is that without these data and information, or

other means of comprehending the existence and prevalence of IFEA, the society, including the victims will fail to respond and report (Roger, Brownridge & Ursel, 2015). Secondly, ageism and discriminative attitudes have been found to contribute to the cases of undisclosed and underreported instances of IFEA. This is because negative attitudes toward the OPs can lead to apathy toward their victimization and helps to account for the nonexistence of a “moral panic” regarding IFEA (Adib, Esmaeili, Zakerimoghadam & Nayeri, 2019). Also, elder abuse, its symptoms, and signs can at times be confused with the changes accompanying the ageing process and can therefore be easily misunderstood thus ignored. Furthermore, as noted by Aday, Wallace and Scott, (2017), there are generational variances in perceptions, knowledge, and recognition of IFEA reporting. The study employed hypothetical scenarios, reporting barriers, ageist attitudes, facts on elder abuse, alongside other measures, to survey data from elderly attendees at multiple senior centers and university students (Burnes, Acierno & Hernandez-Tejada, 2018). In this case, age, attitudes, and knowledge, toward ageing, and opinions of elder abuse, were considered as the main influencers of elder abuse reporting trends (Aday et al., 2017).

Lastly, although inadequately studied and documented, the dynamics of the victim and perpetrator relationship, also plays an immense role in IFEA reporting and disclosure (Jackson & Hafemeister, 2015). For instance, the existence of a 'web of interdependency' and strong emotional attachment between the victim and perpetrator, has on many occasions hindered efforts of reporting, disclosure, and intervention for IFEA victims. In addition, the victims may be hesitant to pursue help because of their perceptions of elder abuse as a family matter especially when it involves family

member caregivers. The fear of community and family stigmatization and judgments also make the victims of IFEA reluctant in reporting their abuses (Jackson & Hafemeister, 2015). They may also fear consequences such as retribution from the abuser or fear destroying the existing family relationships (with both the perpetrator and family members). In some instances, the IFEA victim may also have apprehension about the consequences for the perpetrator thus becoming reluctant to disclose the abuse. Building on what is known about reporting and disclosure of IFEA from previous research, and the dynamic nature of IFEA as a social problem, the study sought to examine the dynamics associated with reporting and disclosure of IFEA in Baringo County, which to the best of the researcher's knowledge, has no specific studies on it.

2.5 Existing Legislative and Policy Frameworks

The importance of IFEA as a policy issue has been significantly acknowledged in recent decades. The majority of the countries, both developed and developing, have already established successful approaches to averting and responding to abuse and mistreatment of older persons. Given the complexity of the IFEA, nations need to pursue a holistic approach, through establishing integrated policy frameworks, laws, and institutional set-ups. As much as great weight has been laid on the prevention of IFEA, the remedial legal and therapeutic interventions should not be neglected. Generally, a continuum of service options needs to be provided for the OPs that balance the trade-off between safety and freedom (Norris, Fancey, Power, & Ross, 2013). Examples of these frameworks are The United Nations Vienna International Plan of Action in Ageing (UN-VIPAA) Madrid International Plan of Action on Ageing (MIPAA). African Union

Policy Framework and Plan of Action on Ageing, National Policy on Older Persons and Ageing, and Kenyan Constitution as discussed in the subsequent sections.

2.5.1 The United Nations Vienna International Plan of Action in Ageing

The Vienna International Plan of Action in Ageing (VIPAA) was the first set of guidelines for different stakeholders to help societies in adapting to population ageing. The VIPAA included many recommendations addressing research and classification, education, and training for specialists in different fields related to ageing (UN, 2011). The important sectoral areas outlined were protection of older person rights, nutrition and health, environment and housing, employment, income security, family, and social welfare, among other sectors. As validated by the UN General Assembly in Resolution 37/51, VIPAA contains 62 recommendations intended to strengthen the capacities of states to deal effectively with ageing populations (Doron, Brown & Somers, 2013). However, the UN policies in the VIPAA are not a legally enforceable instrument because they are non-binding.

2.5.2 The United Nations Madrid International Plan of Action on Ageing (MIPAA)

In April 2002, the Second World Assembly on Ageing was held in Madrid, whereby the MIPAA was adopted as a key policy document. The key objective of this policy framework was to aid member states to generate and implement policies on ageing by giving hands-on endorsements founded on national-level experiences (Doron, Brown & Somers, 2013). Besides, it was aimed at promoting an age-integrated method to the design and analysis of national programs and policies, including those protecting OPs from abuse, neglect, and mistreatment. Similar to the VIPAA, the MIPAA is not also a legally enforceable instrument by the signatory states.

2.5.3 The African Union Policy Framework and Plan of Action on Ageing

This is a regional policy framework developed by the AU in collaboration with Help Age International (HIA), which provides guidelines to all AU member nations to the designing, implementing, monitoring, and evaluating of relevant incorporated national policies and programs aimed at protecting the rights of the OPs in Africa (HAI, 2013). In this framework, Article 2 comprises of the obligations of state parties who are required to ensure that the 1991 UN principles of independence, dignity, self-fulfillment, care, and participation of OPs are included in their national legislative frameworks and are legally binding as a basis for ensuring human rights (Ferreira, 2005). Further, in Article 3 are the provisions for the eradication of all forms of discrimination against OPs including IFEA. In so doing, it requires that state parties should prohibit all forms of discrimination, social and cultural stereotypes against OPs, which marginalize them or rather, make them susceptible to abuse, and neglect (HIA, 2013). From this regional framework, the government of Kenya enacted the Sessional Paper No.2 of 2014 on Nation Policy on Older Persons and Ageing.

2.5.4 The National Policy on Older Persons and Ageing

An Act of Parliament endorsed the National Policy for Older Persons and Ageing in February 2009 and revised in 2014 to align it with the new Kenyan constitution. The policy offers a comprehensive framework to address the distinctive challenges that OPs in Kenya, face and acknowledgment their rights, as distinctive right holders and participants as per Article 57 of the Kenyan Constitution. Additionally, it recognizes that the OPs are an important fragment of the national populace, whose rights must be acknowledged, protected, valued, and promoted (Aboderin, 2012). With regard to

IFEA, the policy highlights the significance of balanced intergenerational relationships based on mutual respect. In essence, it provides an all-inclusive framework to address the exclusive challenges of long-term care for OPs, a greater population of older women, and elder abuse among other thematic issues regarding the country's ageing population (Bobitt, Carter, & Kuhne, 2018).

2.5.5 The Kenyan Constitution

The Kenyan Constitution of 2010 Chapter 6 (Bill of Rights), Article 57, outlines the rights and freedoms of the OPs. The core objectives of the Act are to offer a framework that upholds the rights of the senior members of the society as enshrined under the Constitution (Republic of Kenya (2010). Secondly, is to give a framework that promotes and protects the safety and security, status, and well-being, of the OPs. To IFEA, it provides a framework for combating the abuse of older members of society. Alongside other rights, the act recognizes that every OP has the right to access social and legal services for the enhancement of their protection under the Constitution, particularly the right to dignified and secure lives (the Republic of Kenya, 2010). More importantly, it outlines that every older member of society has a right to protection from physical and mental abuse and any form of discrimination and exploitation. Lastly, under this Act, the OPs have the right to receive equitable care, protection, and support from their families and the State.

2.6 Gaps in Literature

Varied conceptualizations of elder abuse and particularly IFEA are evident in human rights, social protection, and public health, sociological, medical, and gerontological perspectives. However, as far as IFEA in and of itself is a dynamic vice of the 21st

Century, very little is known about the related family-level socio-economic factors particularly among rural community-dwelling older populations especially in the developing nations. More so, limited studies, particularly in sub-Saharan Africa reflect on the role of family and household members in caring for the older persons, as well as the interplay between the greater complexity of family relations and intrafamilial elder abuse. The intersection of socio-economic dynamics and IFEA, therefore, deserves further examination particularly in Baringo County, which has no particular studies on it. Based on the emerging gaps and building from what is known in the existing literature, this study sought to examine the dynamics of intrafamilial elder abuse in Baringo County, through the lenses of social exchanges and transactions, social, economic, and cultural attitudes.

2.7 Theoretical Framework

A theory is the construction of explicit accounts in explaining empirical findings on a social phenomenon (Bengston, Rice, and Johnson, 1999). In other words, a theory provides us with an explanation of what we observe empirically, which then leads to the creation of a knowledge base that guides further research, and understanding of a phenomenon. Therefore, a theoretical perspective provides us with a framework in which knowledge can explain and understood (Glaser & Strauss 2017). A theory also produces testable hypotheses that can guide research. In summary, a theory can be termed as "a set of lenses through which we can view and make sense of what we observe in the inquiry." With this regard, this study was guided by the social exchange theory of ageing in understanding the socio-economic dynamics of intrafamilial elder abuse in Baringo County.

Social Exchange Theory

The Social Exchange Theory of is a sociological theory developed by George C. Homans in 1950. The theory supposes that persons in the social status quo choose actions that maximize their probability of fulfilling self-interests in those circumstances (Johnson, 1977). This supposition is based on three basic assumptions. Firstly, individuals are considered rational actors, who calculate the costs and benefits of social exchanges. Another assumption of the social exchange theory is that the people who engage in social interactions are logically seeking to maximize the rewards to be gained from those circumstances including material goods such as money, inheritance, and living arrangements, and non-material gains such as approval, status, and prestige (Gelles, 1999). Thirdly, exchange processes produce rewards for individuals, which lead to the modelling of social interactions that not only aid a person's needs but also restrain them in the way they may eventually seek to meet those needs (Gelles, 1999).

With regard to intrafamilial elder abuse, as individuals grow old, the proportion of rewards to costs linked with their social interactions might change based on their social statuses (e.g., being an older person) and individual possessions (e.g., power, money, wealth, and the ability to work and offer care to others) (Abolfathi, Momtaz, Hamid & Ibrahim, 2013). In this case as the resources of the OPs decline with age (including income, health, and loss of employment or community roles); OPs are more possible to be in uneven and imbalanced social exchanges. The key element of the theory in this view is dependency. Furthermore, it has been hypothesized that elder abuse results of family members or caregivers' financial dependence on the older person. In reference to

the SE theory, therefore, IFEA may ensue because of the victim's dependency on the perpetrator and vice versa. In this case, it is presumed that IFEA is the outcome of the older person’s increasing reliance on the caregiver, who in most cases is a family member. Therefore, as people grow old, they become more vulnerable, feeble, and reliant on household and family members for support, which may increase their susceptibility to intrafamilial elder abuse. In essence, the SE theory guided the understanding of how family-level socioeconomic factors fueled intrafamilial elder abuse in Baringo County.

2.8 Conceptual Framework

A conceptual framework refers to a methodical tool, used to make and organize conceptual distinctions and ideas in a subsequent presentation, to assist a researcher to interlink concepts of a study. The conceptual framework for this study therefore, was constructed based on the literature review and presented in Figure 2.1:

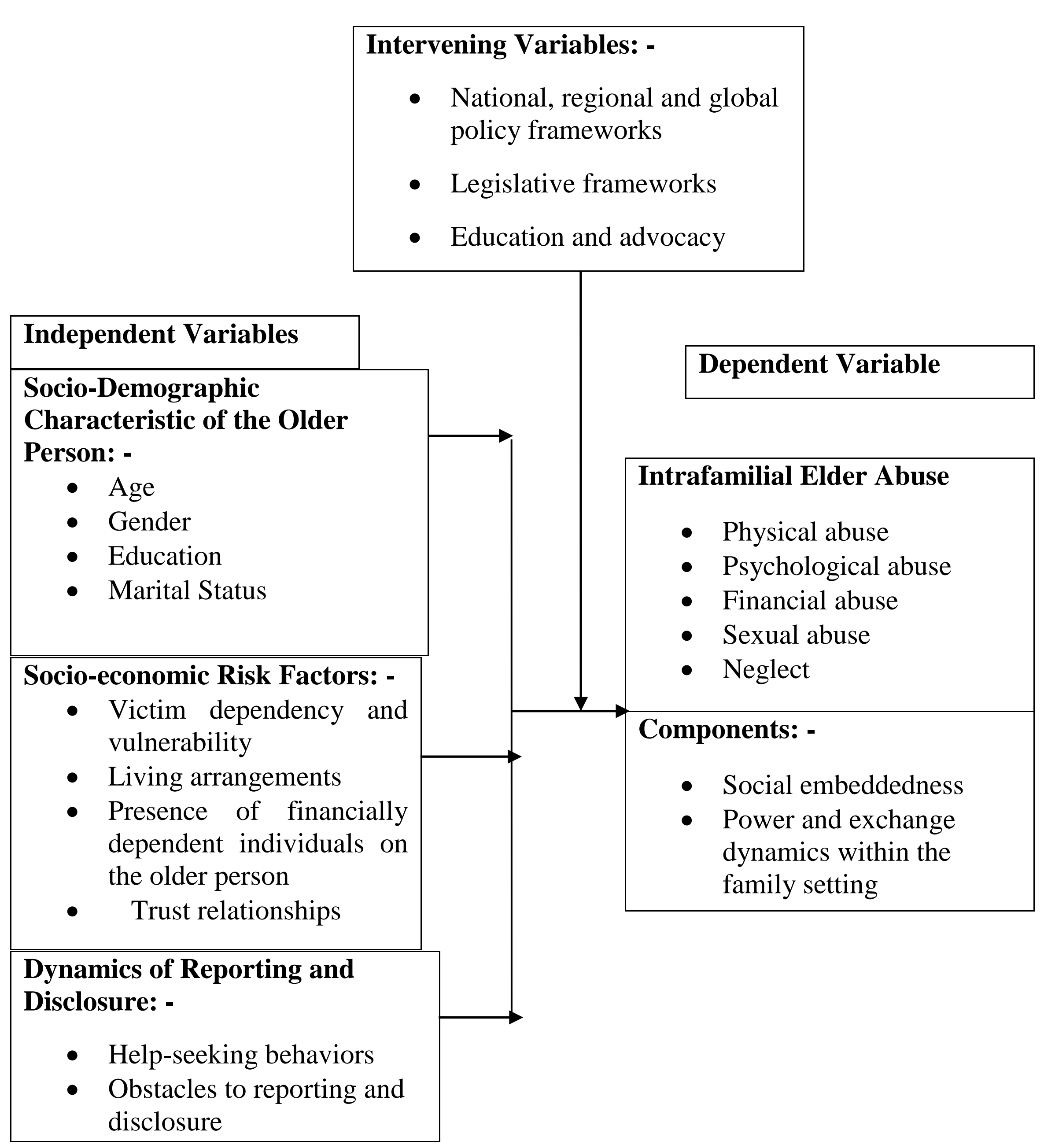


Figure 2.1: Conceptual Framework for the Study Source-Researcher

In this framework, the independent variables are socio-economic risk factors, and the dynamics of reporting and disclosure of IFEA. Each of these independent variables has particular sets of variables as presented in the conceptual framework above. The socio-economic risk factors are the variables that are responsible for driving the different types of intrafamilial elder abuse. The dependent variable is intrafamilial elder abuse, for which the socio-economic dynamics is examined. Policy and legislative frameworks as well as education and advocacy interventions are the intervening variables in the study.

CHAPTER THREE

RESEARCH METHOLOGY

3.1 Introduction

This chapter presents how the study was undertaken including the methods used. In particular, it discusses the research design, location and site description, explanation of the population or sampling, research instruments and validation, piloting, validity and reliability, data collection procedures, management and analysis of data, and ethical and logistical considerations of the research.

3.2 Research Design

This study adopted a mixed methods approach, in which empirical qualitative and quantitative viewpoints, inference techniques, and methods were used to study intrafamilial elder abuse in Baringo County. In particular, the study employed the cross-sectional survey design to collect both qualitative and quantitative data. The rationale for this design is that it was significant in examining intrafamilial elder abuse, and to analyze the questions of who, what, when, where, and how socio-economic dynamics are associated with intrafamilial elder abuse in Baringo County (Mario, 2011). In essence, it was used to establish the causal relationship between socio-economic factors and IFEA in Baringo County. With regard to the time dimension, there was a one-time interaction with the participants of the study

3.3 Location and Site Description

The study was conducted in Baringo County, one of the 47 counties in Kenya, located in the Northern region of the former Rift Valley Province. It borders West Pokot and Turkana Counties to the North, Nakuru County, and Kericho County to the South,

Samburu County and Laikipia County to the East, Elgeyo Marakwet County to the West and Uasin Gishu County to the South West. It covers an area of 8,655 square kilometres. The county has six constituencies: Baringo Central, Baringo South, Baringo North, Mogotio, Eldama Ravine, and Tiaty. The total population of Baringo County is 666,763 (GoK, 2020).

However, the actual study was carried out in Baringo North and Baringo Central Constituencies. It is also important to note that, Baringo North constituency is primarily rural, while Baringo Central both rural and urban, and because the study focuses on IFEA both in the rural and urban family setups, it is expected that sufficient data was gathered and which was generalized to the entire population. The total area of Baringo North Constituency is 1,653.50 square kilometers, with a population of 93,789. On the other hand, Baringo Central has a total area of 588.52 square kilometers and a total population of 81, 480.

3.4 Description of the population

3.4.1 Target Population

The target population of this study was older women and men, who are aged 65 years and older from Baringo North and Baringo Central Constituencies. The population of those aged 65 years and older in Baringo County is 25,746 (KNBS, 2020). The number of OPs in North Baringo constituency is estimated at 6357, and 4150 in Baringo Central Constituency. The aggregate population of this study was approximately 10,507.

3.4.2 Inclusion and Exclusion Criteria

With regard to the inclusion criteria for this study, the respondent must have been an older person (either male or female) from Baringo North and Central sub counties, who

are 65 years and older. In addition, the respondents must have been living in private residential areas or homes and they were voluntarily willing to participate in the study. Pertaining the marital status of the participants, both husband and wife were considered as participants in cases where they were both alive, provided they were 65 year and older. Therefore, older persons younger than 65years and those living in institutional care settings were excluded from the study. Additionally, older persons who were ill or unable to speak for themselves due to physical or mental disability were excluded. Also, those who declined to participate were excluded from the study.

3.4.3 Unit of Analysis

The units of analysis refer to the entity about which the study seeks to comprehend and draw conclusions while the units of observation refer to the sources of statistics about the issue being examined (Hays, 1973). The unit of analysis for this study was the older persons aged 65 years and older living within households in the various wards of Baringo North and Central Constituencies. In addition, the families were another unit of analysis, whereby it was used to determine the family setup that the older persons lived in.

3.5 Sample Size Determination

3.5.1 Sampling Technique

This study adopted a mixed sampling technique that comprised of both probability and non-probability sampling techniques. Baringo North and Baringo Central Sub Counties were purposively sampled as the studies areas. The rationale for the purposive selection of these study areas was that Baringo North constituency is primarily rural, while Baringo Central both rural and urban, and because the study focuses on IFEA both in

the rural and urban family setups, it was expected that sufficient data will be gathered and which could be generalized to the entire population. Baringo Central Sub-County on the other hand has five (5) wards namely Kabarnet, Sacho, Tenges, Ewalel, and Kapropita Wards. Baringo North Sub County has five (5) wards namely Kabartonjo, Barwessa, Saimo-Kipsaraman, Saimo-Soi, and Bartabwa.

Four wards were sampled using simple random sampling from both study sites. Two wards from Baringo North and another two from Baringo Central. Kabartonjo and Saimo-Soi wards were selected in Baringo North whereas Kabarnet and Kapropita wards were selected in Baringo Central study area. From each of the selected wards, two sub-locations were randomly sampled. Mosop and Kapkirwok Sub-Locations were selected in Kabartonjo Ward; Rondinin and Sibilo Sub locations in Saimo-Soi Ward; Seguton and Lelmen Sub locations were selected in Kabarnet Ward; and Riwo and Kaprogonya sub locations were selected in Kapropita Ward.

Proportionate sampling was used to apportion the study sample, where the sample was proportionately distributed across the two sub-counties, the four wards, and the eight sub-locations. Lists of the older persons in the selected sub-locations was obtained from the from the Old Persons Cash Transfer (OPCT) Funds office in each sub-county. The sample frame for the study, therefore, was older persons receiving OPCT funds. There were 4,130 older persons from Baringo North and 2,415 from Baringo Central in these lists. Simple random sampling was used to select the respondents for the study from these lists. The usage of simple random sampling technique guaranteed representativeness of the data that was obtained. It is important to note that to obtain

100% response rate, the researcher used sampling without replacement. Where a selected respondent was not able to take part in the study, he/she was excluded and another respondent was selected from the sample frame. Key informants were purposively selected. Similarly, convenience sampling was used to select the older persons for the focus group discussions, who the researcher thought would have the information regarding the matter under investigation.

3.5.2 Sampling Size Determination

The sample for this study was determined using the Black and Champion sample size determining formula, which assumes a descriptive statistic whose values from random sampling techniques would be normally distributed (Black & Champion, 1976). The formula is as follows:

$$N = \left[\frac{Z\delta}{\chi}\right]^2$$

Where:

N: - is the desired sample size

Z**: -** is the standard score appropriate at 95% confidence interval

χ**: -** is the desired descriptive statistic

δ**: -** Is the estimate of the population standard deviation (estimated at 3.841 from literature of previously reviewed studies)

$$\therefore \mathbf{N} = \left[\frac{(1.96)(3.841)}{0.5}\right]^2$$

= 226 older persons

Besides the older persons as respondents of the study, fourteen (14) key informants were also involved in the study. They comprised of two assistant county commissioners from each of the two sub counties, six assistant chiefs each from six randomly selected sub locations, two social workers, two officers from the OPCT office, and two health care personnel from the sub-county hospitals. With respect to the focus group discussions, four (4) focus group discussions, two in each sub county were conducted. The FGDs consisted of eight members each, who were older persons aged 65 years and older and they were gender-inclusive.

3.6 Research Instruments and Data Collection Procedures

The credibility and reliability of a study relies on the research instruments used. This study used primary data collection tools. The study used both quantitative and qualitative research methods namely: semi-structured interviews, focus group discussions, and key informant interviews. These tools are discussed in detail below.

3.6.1 Semi-Structured Interview Schedule

After the participants were identified and informed consent given to them, survey questionnaires were administered to them using a semi-structured interview schedule to collect both qualitative and quantitative data (see Appendix II). In particular, this method was used on the older persons as the primary unit of analysis for this study. In this case, the researcher used semi-structured interview schedules to determine the

degree to which the respondents held a particular attitude or perception on intrafamilial elder abuse.

3.6.2 Focus Groups Discussions (FGDs)

As part of the data collection process, four (4) focus group discussions, two in each sub county were conducted. The FGDs consisted of eight members each, who were older persons aged 65 years and older and they were gender-inclusive. The intention of using FGDs was to gain in-depth understanding of the dynamics of IFEA and to obtain narrative information regarding the OPs opinions, beliefs and experience related to it. They key themes discussed in the focus groups include prevalence of abuse in the area, the common forms of elder abuse within the domestic context, risk factors related to the abuse, as well opinions about reporting and disclosure among other emerging issues. Consent to record the proceedings of the discussion was sought from the participants. The participants of focus group discussions were identified through convenience to single out members of the local community who had the information that the study sought. Each group discussion took approximately forty (40) minutes. The FGD guide was used to collect this data (see Appendix III).

3.6.3 Key informant interviews (KIIs)

The researcher using an interview guideline, interviewed few identified key informants (see Appendix IV). The key informant interviews provided an opportunity for soliciting relevant information for the in-depth understanding of the socio-economic dynamics of intrafamilial elder maltreatment. The key informants for this study were chiefs, religious leaders, healthcare providers, OPCT officers and social service authorities among other potential participants with significant information about IFEA in the areas.

3.7 Pilot Study

A pilot study refers to an initial study conducted in order to assess feasibility, time and cost and adversative events, and improve on the research design preceding to the actual field study. Furthermore, a pilot study is important in the pre-testing the research instruments in preparation of the main research. It is expected that the pilot study will improve on the internal validity of the study instruments. For this study, 10 respondents, both older men and women were interviewed using the semi-structured interview guide, as a way of pre-testing these research instruments in two different locations in the neighboring Elgeyo Marakwet County. The results from the pilot study indicated that the main study was feasible with few changes to the questionnaire, which would improve it.

3.8 Validity and Reliability

3.8.1 Validity

Validity refers to the integrity of the findings generated from a research process (Bryman, 2016). In order to ensure validity, the data collection tools used in the study were developed in consultation with the supervisors to ensure that the data collection approaches were credible. The research instruments were organized in consistency with the study objectives and other parameters of interest in the study. The tools were pretested for both construct and content validity.

3.8.2 Reliability

Reliability in research pertains the question of whether the findings of a study are repeatable (Bryman, 2016). To institute the reliability of the data collection tools, the researcher used the test-retest technique. Furthermore, the research assistants who

assisted in conducting interviews with the older persons were trained and sensitized on the goal of the study, their roles as research assistants, data collection procedures, and more importantly the ethical principles to be adhered to during the data collection process.

3.9 Analysis and Management of data

Since this study adopted a mixed method approach, quantitative and qualitative data were analyzed separately. The quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) Version 21 to generate both inferential and descriptive statistics that helped answer the topic and the objectives of the study. Chi-square tests were run using SPSS v.21 to assess the relationship between the socio-economic risk factors and the prevalence of each type of intrafamilial elder abuse at a p-value <0.05. Qualitative data from the answers of open-ended questions in the data from the KIIs and the FGDs were coded and the repeated themes identified. The thematic analysis was used in line with the study objectives. The quantitative data was presented in the form of tables, while the qualitative in verbatim quotes.

Research data management, involves the researcher's decision about organization, storage, preservation, and sharing of data collected and used during the study. With regard to this therefore, the data collected in this study was stored electronically, with restricted access in order to prevent information loss and duplication, and to optimize the efficiency of the research.

3.10 Ethical and Logistical Considerations

This study involved an interaction with human subjects thus had some ethical implications. Upon approval by the department's Board of Postgraduate Studies,

research approval and authorization were sought for from the Graduate School at Kenyatta University (See Appendix VI), and the Kenyatta University Ethical Review Committees [KUERC] (See Appendix VII). A research permit was also sought for from the National Council for Science and Technology [NACOSTI] (See Appendix VIII) and later from Baringo County Commissioner (See Appendix IX), and County Director of Education (See Appendix X). Before carrying out the study, the researcher sought appropriate informed consent from the research participants prior to the actual study (See Appendix I). Informed consent was also obtained when audio recording the participants in any way. Secondly, the research process and purpose, and how the results will be disseminated were carefully explained to them. Before the actual field work, all the research assistants were adequately trained for quality assurance. Although the duty of care of the researcher towards research participants was limited, the researcher took some steps to prevent re-victimization of the older participants by those they lived with. Firstly, anonymity and confidentiality of the participants was maintained throughout the study. Secondly, during the interviews, auditory and visual privacy was maintained by conducting them in places that were out-of-reach of other individuals. Lastly, the older participants were advised not to discuss with others the fact that the interview included questions on abuse and to consider how they would respond to anyone who asks about the content of the interviews.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study as generated from data gathered from the fieldwork. In the first part of the chapter, a summary of the background characteristics of the older persons studied to include their demographic and economic characteristics are presented. The chapter then presents the study findings based on the research objectives and questions. The study sought to: profile the prevalent types of intrafamilial elder abuse in Baringo County; examine the dynamics of intra- familial elder abuse in relation to the associated socio-economic risk factors; and to examine the dynamics associated with the reporting and disclosure of intra familial elder abuse. Data were collected through Semi-Structured Interviews (SSI) from 226 older persons, who were proportionately sampled from two sub-counties: Baringo North and Baringo Central. In addition, data was collected from 14 key informants, and four Focus Group Discussions (two in Baringo North and two in Baringo Central).

4.2 Background Characteristics of Respondents

This section presents the socio-demographic and economic characteristics of the respondents.

4.2.1 Social and Demographic Characteristics of the Respondents

As presented in Table 4.1, a range of social and demographic characteristics of the respondents was observed in the study and they include age, gender, education, and marital status.

Table 4.1: Demographic Characteristics of the Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	109	48.2
	Female	117	51.8
	Total	226	100
Age	65-79 years	138	61.1
	80-89 years	73	32.3
	90 years and above	15	6.6
	Total	226	100
Marital Status	Never married	16	7.1
	Married	105	46.5
	Widowed	78	34.5
	Divorced/separated	27	11.9
	Total	226	100
Level of Education	No formal education	112	49.6
	Primary	50	22.1
	Secondary	30	13.3
	Tertiary	34	15.0
	Total	226	100

In terms of gender composition, most (51.8%) of the respondents were female, while the male constituted 48.2 percent of the respondents. This finding indicates that, slightly majority of the older persons in the study were women. The finding is consistent with those of studies by HelpAge International (2013) and Näre, Walsh and Baldassar (2017) which reported that, the global population of the older persons is rapidly growing, with majority of them being older women. More specifically, the HelpAge International

report indicated that in the age group of 60 years and over, the global gender ratio is estimated at 85 men per 100 women and only 60 men per 100 women in the age group of 80 years and older. The high number of older women can be attributed to the fact that women in general, have higher life expectancies hence, tend to live longer than men do (HelpAge International, 2013).

With regards to age, out of the 226 participants in the study, majority (61.1%) were aged between 65 and 79 years old, with 32.3 percent in the age group of 80 -89 years and the least (6.6%) being 90 years and older. This statistic represents the “inverted population pyramid” typical in developing countries and this, demographically, implies that with increase in age, the older persons’ population decreases in size. For their marital status, slightly below half (46.6%) of the respondents in the study were married, 34.5 percent were widowed and with the least (7.1%) having never married.

In terms of their educational attainment, about half (49.6%) of the respondents had no formal education at all and 22.1 percent had primary education. Only 15.0 percent had tertiary education and another 13.3 percent had attained secondary education. This finding is consistent to that of a study by the United Nations (2011) which found that more than half of the older population in Africa had no formal education.

4.2.2 Economic Characteristics of the Respondents

Table 4.2: Economic Characteristics of the Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Monthly income	Below 1,000	23	10.2
	1,001-5,000	88	38.9
	5,001-10,000	62	27.4
	Over 10,000	53	23.5
	Total	226	100
Sources of Income	Support from children	152	67.3
	Cash transfer funds	144	63.7
	Business income	84	37.2
	Farm income	83	36.7
	Pension	49	21.7
	Rental income	30	13.3

** This variable required multiple responses where the participants had to indicate multiple sources of their income*

In terms of their monthly income, the least (10.2%) of the participants had a monthly income below Ksh. 1,000, with 23.5 percent earning over Ksh. 10, 000 monthly, and another 27.4 percent reported to be earning between Ksh. 1,000 and 5,000 while most (38.9%) earned a monthly income of below Ksh 5000.

The main sources of income identified in the study include pension, social support from kin, cash transfer from government and subsistence farming they engage in. With respect to their sources of income, majority (67.3%) of participants in the study indicated that their income came primarily from the support given to them by their adult

children. This implies that majority of the older persons in the study area were dependent on their children for financial support. This finding agrees with that of a study by Kim & Cook (2009) which found that most OPs in Korea, received economic and financial familial support from their adult children. The study revealed that financial support from grown-up children directly improved the overall well-being of the aged parents by providing them with ways to purchase material needs, permitted them to exit the workforce, and instilled a general sense of social security in them, hence playing a significant role in alleviating old age poverty (Kim & Cook, 2009).

In addition, another 63.7 percent of the respondents indicated that their income came from the cash transfer funds that they received through the Older Persons Cash Transfer (OPCT) programme, which is funded by the Government of Kenya and donors. This shows that besides the support they got from their children, older persons also relied on the cash transfer funds to meet their financial needs. This finding is in accordance to that of a study by Hassan and Sakwa (2018) conducted in Garissa County, which reported that besides support of older children, most of the older persons in Garissa were enrolled in the OPCT programme and relied on the cash transfer funds to sustain their livelihoods. Other sources of income reported by the respondents included business income (37.2%), farm income (36.7%), pension (21.7%), and rental income (13.3%). It is important to note that in the study, this variable required multiple responses where the participants had to indicate multiple sources of their income.

In conclusion, therefore, it is evident that most of the older persons relied on at least two sources of income, which majority of which were support from adult children and the OPCT funds to meet their economic needs and sustain their livelihoods. The following section presents the dominant types of intrafamilial elder abuse in the study area and the different ways in which each type of abuse was manifested.

4.3 Dominant Types of Intrafamilial Elder Abuse

There are five dominant types of elder abuse identified in the literature, which include physical, financial, psychological, sexual abuse, and the passive form of neglect (Cotterell et al., 2015; Yon et al., 2017). According to the WHO (2017), the prevalence rates of these typologies vary significantly across a wide range of factors. Thus, the first objective of the study was to identify the dominant types of intrafamilial elder abuse in Baringo County. This section presents the prevalence rates of the dominant types of intra familial elder abuse in the study area, and the forms (i.e., how each type of abuse was manifested) of each type of abuse as was reported in the study by the respondents.

Table 4.3: Prevalent Types of Intrafamilial Elder Abuse in Baringo County

Type of abuse	Frequency (n)	Percentage (%)
Psychological abuse	179	79.2
Financial abuse	166	73.5
Neglect	142	62.8
Physical abuse	115	50.9
Sexual abuse	45	19.9

**This question required multiple responses*

The most prevalent types of IFEA among the older persons in the study area are psychological abuse (79.2 %), financial abuse (73.5%), neglect (62.8%), physical abuse (50.9%), and sexual abuse (19.9%). This finding indicates that most of the older persons in the study area encountered psychological abuse, and the least encountered sexual abuse. From the focus group discussions, P3 reported that:

"Older people are abused every time. Some are being physically injured, some neglected by their family members, some have had their property forcefully taken away from them ... some have even been threatened to be killed. However, who really cares that much about the welfare of an old folk in the village? But if there is any care, then it is so little that its impact cannot be accounted for by the victims of these incidences"

As reported by P1,

"The most common ways in which the older people in our community are being mistreated include physical buttering, material exploitation, and of course the less talked about issues about mental torture which I bet, almost all of us experience. I only heard about sexual abuse once, some two years ago, but I do not know how that issue went about because it was disregarded just like that"

From the key informant interview, the area chief from one of the locations in the study area reported that:

"We have heard about a few cases here and there regarding older people in our community being mistreated. Most of the incidences we hear about pertain land conflicts between the older person and his/her family and material exploitation

generally. Few cases are being reported regarding physical abuse and the other types of abuse you have mentioned about. Even so, majority of these cases end in the hands of the family members as most of the victims resort to solving them with the family, thus, cannot really be recorded, or even be accounted for in our office"

In order to get an in-depth comprehension and insights on how each of these types of IFEA were manifested in the study area, various forms and indicators of each type of abuse were examined. The following section presents the different forms of each category of intrafamilial elder abuse as reported by the respondents in the study area.

a) Forms of psychological abuse

Table 4.4: Forms of Psychological Abuse

Forms of psychological abuse	Frequency (n)	Percentage (%)
Have you ever been called names e.g., witch	105	46.5
Ever been threatened with deprivation, institutionalization or punishment	101	44.7
Are you scared of anyone at home	77	34.1

**This question required multiple responses*

Most (46.7%) of the respondents who had reported to have experienced psychological abuse, stated that they were accused of practicing witchcraft. 44.7% of the respondents reported to have been threatened with deprivation, institutionalization (taken to the home for the elderly) or punishment, and 34.1 % of the respondents indicated that they were scared of individuals in their families. From the FGDs, most of the participants

reported being threatened with deprivation, reprimanding, being sent to the OPs institutions, or other punishments. As reported by P4:

> *"One extended family member wanted to take away my piece of land, so he threatened to send me to a home for the elderly so that he can do that; thank God he did not succeed"*
>
> P2 added that:
>
> *"My son in-law has been insisting to my daughter on sending me to a home of the elderly in the neighboring town so that I will stop being a burden to them"*
>
> A female participant stated that:
>
> *"…there is time that we had an unfortunate situation in our home and one of my grandsons passed on after a very short illness. The most devastating thing is that both my son and my daughter in-law (his wife) accused me that I am the one who bewitched the child since I had opposed their marriage. Till date, they still call me a witch and that stresses me to the core…"*

These findings are consistent to the findings of a study by Kabole, Kioli, and Onkware, (2013), which revealed that the most common forms of psychological abuse reported in their study included witchcraft allegations, intimidation, isolation, and continued threatening of the older persons.

b) Forms of financial abuse

Table 4.5: Forms of Financial Abuse

Forms of financial abuse	Frequency (n)	Percentage (%)
Has anyone forced you to sign a property transfer document, cheque, title deed or financial document against your will?	147	65.0
Has anyone forced you to give him/her possessions (personal items and property)/money against your will?	120	53.1

**This question required multiple responses*

Of the respondents who had reported to have experienced financial abuse, most (65.0%) indicated that they were forced by a family member(s) to sign property transfer documents, title deed or financial documents against their will, while 53.1 percent reported to have been forced by their perpetrators to give them money and possessions against their will. From the qualitative responses in the semi-structured interview (SII), one of the respondents indicated that:

> *"My land was forcefully taken from me and was sold to an unknown individual by my son and the money never reached me- they later forced me to surrender the title deed or they will 'eliminate' me"*

Another respondent added that:

> *"My grandson locked me inside a room for quite some hours and took the money I had forcefully. Some other time, my sons forced me to sell my piece of land to support my medical bill, because they did not want to offset it using their own money"*

These findings are congruent with literature by Collins (2018) which indicates that the common forms of financial abuse of the older persons within the family setting include

coercing the older person to sign financial and property transfer documents, and forcing them to give property or stealing their possessions.

c) Forms of Neglect

Table 4.6: Prevalent Forms of Neglect

Forms of neglect	Frequency (n)	Percentage (%)
Were you not given medical attention when you were ill	58	25.7
Have you ever been denied water, food, or good clothing	47	20.8
Has someone at any point refused to take care of you	87	38.5
Have you ever been denied prescribed medication	68	30.1
Have you ever been left alone for lengthy periods	74	32.7

**This question required multiple responses*

Regarding the various forms of neglect as a passive form of Intrafamilial Elder Abuse (IFEA), the study found out that 38.5 percent of the respondents at some point, had their family members and/or caregivers refuse to take care of them, while 32.7 percent reporting to have been left unattended for lengthy periods of time. Moreover, 30.1 percent of the study participants, reported to have been denied prescription medicine, while 25.7 percent indicated that they were not given medical attention when they were ill. On the other hand, 20.8 percent of the respondents, reported to have been denied basic needs, including water, food and proper clothing. These findings are consistent with those of a study by Yunus, Hairi and Choo (2019), which revealed that the most prevalent forms of neglect include failure to provide basic needs for the OP, refusal of

family members to look after the OP especially those with physical infirmities and denying them necessary medical attention.

d) Forms of physical abuse

Table 4.7: Prevalent Forms of Physical Abuse

Forms of physical abuse	Frequency (n)	Percentage (%)
Ever been slapped, struck or kicked	106	46.9
Has anyone ever threatened to kill you	72	31.9
Ever been locked in a room or tied down	39	17.3

**This question required multiple responses*

Concerning the prevalent forms of physical abuse in the study, most (46.9%), of the respondents indicated that they have ever been slapped, struck, or kicked by a family member and/or caregiver, while 31.9 percent reporting to have been threatened to be killed. Besides, 17.3 percent indicated that they have ever been physically restrained by being locked in a room or tied down. This finding is constant with the findings from a study by Clarysse and others (2018) which indicated that the common forms of physical abuse include physical restraining of the older person and other actions that inflict physical pain such as slapping, beating among others.

P5 in one of the FGDs stated that:

"For a long time now, we have had physical confrontations with my daughter in-law because of our arguments over my property and my household. The last time this happened, she slapped me and I fell to the ground and ended up feeling so much pain in my left year for a whole week…"

P7 added that:

"My grandson locked me inside a room for quite some hours and took my money ... later on when I confronted him, he threatened to kill me so that I stop being a bother to his life yet this is a child that I have raised since his mother passed on when he was so young."

e) Forms of sexual abuse

Table 4.8: Prevalent Forms of Sexual Abuse

Forms of sexual abuse	**Frequency (n)**	**Percentage (%)**
Has anyone in your family touched you in a way that you felt sexually uncomfortable?	30	13.3
Has anyone in your family showed you pornographic material against your will?	18	8.0
Has anyone in your family or someone you live with had sexual intercourse with you against your will	35	15.5

**This question required multiple responses*

As the least prevalent type of elder abuse reported in the study area, 15.5% percent of the respondents who reported to have experienced some form of sexual abuse indicated that, individuals in their families or someone they live with had non-consensual sexual intercourse with them. As another form of sexual abuse, 13.3 percent of the respondents indicated that at one point, individuals in their families touched them ways that made them feel sexually uncomfortable. In addition, 8.0 percent reported to have been shown pornographic materials by a family member or caregiver against their will. From the SII qualitative responses, one of the respondents in the study reported that:

"A neighbor's son used to come to my house, and because I stay alone during the day, he forces me into watching weird things on his phone; he attempted to

rape me two times, but I reported him to my children and I think he was disciplined well because he never showed up again"

Another female respondent revealed that:

"After separating with my ex-husband, he would often come and force me to have sex with him against my will. That was hurting me but I had no option…"

These findings agree with the results from a study by Flores et al., (2019) which reported that the most prevalent ways in which sexual abuse manifested include: rape, indecent assault, sexual harassment or any behaviour and/or act towards the OP that is sexually abusive. In conclusion, the prevalence of intrafamilial abuse in the study area varied across each type of abuse with psychological abuse being the most prevalent type and sexual abuse being the least prevalent. Additionally, each type of abuse was manifested in different ways. In the following section, the socio-economic factors that drive IFEA are presented.

4.4 Socio-Economic Risk Factors of Intrafamilial Elder Abuse

A number of factors drive elder abuse presented in the preceding section indicating the various types and manifestations of intrafamilial elder abuse. Thus, this section will explore the factors that drive IFEA, which is the second objective of the study. The section will examine the dynamics of intrafamilial elder abuse in relation to the associated socio-economic risk factors. The socio-economic risk factors examined were the victim risk factors and victim-perpetrator relationship risk factors. These will include: gender of the victim, victim dependency and vulnerability, living

arrangements, trust relationships, and the presence of financially dependent individuals in the older persons' households.

4.4.1 Gender as a Risk Factor of Intrafamilial Elder Abuse

The study examined the relationship between gender of the older persons and their experience with the various types of IFEA that they had encountered within their family settings in the study area. Table 4.9 shows how gender is associated with the different types of IFEA as found out in the study.

Table 4.9: Gender as a risk factor for Intrafamilial Elder Abuse

Type of Abuse		**Gender of the victim** Male	Female	**Total**	
Physical	Yes	59 (51.3%)	56 (48.7%)	115	$\chi 2=0.886$ $p=0.346$
	No	51 (45.0%)	61 (55.0%)	112	
Psychological	Yes	83 (46.4%)	96 (53.6%)	179	$\chi 2=1.194$ $p=0.274$
	No	26 (55.3%)	21 (44.7%)	47	
Financial	Yes	76 (45.8%)	90 (54.2%)	166	$\chi 2=1.499$ $p=0.221$
	No	33 (55.0%)	27 (45.0%)	60	
Sexual	Yes	16 (35.6%)	29 (64.4%)	45	$\chi 2=3.615$* $p=0.047$
	No	93 (51.4%)	88 (48.6%)	181	
Neglect	Yes	72 (50.7%)	65 (49.3%)	142	$\chi 2=0.937$ $p=0.333$
	No	37 (44.0%)	47 (56.0%)	84	

***$p<0.001$; **$p<0.01$; *$p<0.05$; †$p<0.1$
N=226; df=1 for all chi-square values

It is important to note that the relationship between gender and abuse, was established to be statistically significant with only sexual abuse, while the others had no statistical significance.

From *Table 4.9*, slightly more than half (51.3%) of the respondents who reported to have experienced physical abuse were male, with 48.7 percent of the female older persons reporting physical abuse within their family settings. On the other hand, of those who reported no physical abuse, majority (55.0%) were older women, with 45.0 percent being male. The finding indicates that older men in the study area experienced higher rates physical abuse as compared to the older women. From the focus group discussion, a male participant P8 reported that:

> *"...It depends. Most of the older men suffer forms of abuse such as beating, financial exploitation, and physical assault as compared to older women. This is the case especially if the older man is sick, disabled, or too old. Although it happens to older women also, I think older men suffer physical assault more than their female counterparts"*

Although, there was no statistically significant relationship at a *p*-value of 0.346, literature indeed shows that older men are physically abused in higher proportions as compared to older females. These findings are consistent with those reported in a needs assessment study in Namibia by Ananias et al., (2016), which revealed that senior men, rather than older women tend to be the primary victims of physical abuse in the household settings.

Regarding the relationship between gender and psychological abuse, the study established that of those who had experienced psychological abuse, most (53.6%) were female older persons as compared to 46.4 percent of the male older persons. Similarly, of those not psychologically abused, majority (55.3%) were male, with female comprising of 44.7 percent. This finding indicates that older women in the study area were victims of psychological abuse as compared to their male counterparts.

With a *p*-value of 0.274, the study concludes that the association between psychological abuse and gender is not statistically significant. Even so, literature indeed shows that older women are more probable to encounter psychological abuse as likened to older men. For instance, studies by Gil et al. (2015), Giraldo-Rodriguez and Rosas-Carrasco (2016), Naughton et al., (2010), and Lowenstein et al., (2009), revealed that women are more probable than men to experience psychological abuse as a prevalent type of elder abuse. According to WHO (2019), older women tend to experience psychological abuse more than senior men, owing to their inferior social status within their families. Even so,

In terms of financial abuse, the study found that of those who were financially abused, most (54.2%) were older females, with 45.8 percent of older men indicating financial abuse. For those not financially abused on the other hand, 55.0 percent were male and 45.0 percent female. The implication of this finding is that most of older females in the study experienced financial abuse as compared to their male counterparts. At the study's confidence level of 95% and *p*-value of 0.221, the study established that the relationship between gender of the older person and financial abuse was not statistically

significant. Although the relationship was not statistically significant, existing literature acknowledges that older women are more susceptible to financial abuse in comparison with their male counterparts.

Reports from previous studies by Gil and colleagues (2015), Giraldo-Rodriguez and Rosas-Carrasco (2016), Naughton and colleagues (2010), and Lowenstein and colleagues (2009), which revealed that elderly women are more probable to experience financial abuse as a prevalent type of IFEA than elderly men are. Additionally, the finding is constant with a study by Yon et al. (2017) which revealed that in most cultures around the world where women generally have inferior or lower social status, older women are at higher risks of financial exploitation, especially being disinherited off their matrimonial property when they are widowed.

For those who indicated to have experienced sexual abuse, the study established that most (64.4%) were older women, with 35.6 percent of older men being victims of sexual abuse. Similarly, for those not sexually abused in the study, slightly above half (51.7%) were older males and 48.6 percent being older females. Given the study's confidence level of 95% and p-value of 0.047, the study established that there was a significant relationship between gender of the older person and sexual abuse. These findings indicate that senior women rather than senior men in the study area were likely to be victims of sexual abuse within the familial set-up. The finding is similar to those of Bows (2018) and WHO (2019), which found that senior women are more likely to be the sufferers of sexual abuse, with more than 65.0 percent of sexual elder abuse victims in their study being older women

Lastly, in terms of neglect, slightly above half (50.7%) of the respondents who reported to have experienced neglect were males, with females comprising of 49.3 percent. Of those who did not experience neglect, majority (56.0%) were older females with older males comprising of 44.0 percent. The findings imply that most of older men in the study area experience neglect as compared to the older women. Although the relationship between gender and neglect is not statistically significant at a *p*-value of 0.333, literature shows that older men are more likely to be neglected within the financial setting as compared to older women. This finding is consistent with findings from studies by Ananias et al (2016) and WHO (June 2020), which indicated that senior men, rather than older women tend to be targets of neglect.

4.4.2 Victim Dependency and Vulnerability and Intrafamilial Elder Abuse

The study also examined the relationship between victim dependency and vulnerability of the older persons and the various types of elder abuse reported within the family settings. It is important to note that victim dependency and vulnerability as independent variables in the study were measured with respect to the older persons' need for assistance with carrying out their activities of daily living (ADLs), due to physical and mental infirmities that made them dependent on their family members and/or caregivers. Table 4.10 presents this data on how assistance with ADLs is associated with the different types of IFEA as found out in the study.

Table 4.10: Victim Dependency and Vulnerability and Intrafamilial Elder Abuse

Type of Abuse		Assistance with ADLs		Total	
		Yes	No		
Physical	Yes	47 (40.9%)	68 (59.1%)	115	$\chi2$= 2.130 *p*=0.144
	No	35 (31.5%)	76 (68.5%)	111	
Psychological	Yes	61 (34.1%)	118 (65.9%)	179	$\chi2$=1.180 *p*=0.178
	No	21 (44.7%)	26 (55.3%)	47	
Financial	Yes	62 (37.3%)	104 (62.7%)	166	$\chi2$=0.037 *p*=0.579
	No	20 (33.3%)	40 (66.7%)	60	
Sexual	Yes	14 (31.1%)	31 (68.9%)	45	$\chi2$=0.650 *p*=0.420
	No	68 (37.6%)	113 (62.4%)	181	
Neglect	Yes	54 (38.0%)	88 (62.0%)	142	$\chi2$=0.503 *p*=0.478
	No	28 (33.3%)	56 (66.7%)	84	

***p<0.001; **p<0.01; *p<0.05; †p<0.1
N=226; df=1 for all chi-square values

Briefly, study found that the relationship between functional dependency and/or physical frailty among the older persons and presence of physical, psychological, financial, sexual abuse and neglect was not statistically significant.

As observed in Table 4.10, majority (59.1%) of those physically abused needed no assistance in carrying out their activities of daily living (ADL), while 40.9 percent of those physically abused needed assistance. Correspondingly, for those who experienced no physical abuse, most (68.5%) needed no assistance in ALDs with 31.5 percent

indicating that they needed assistance. Succinctly, majority of those who were physically abused needed no assistance in ADLs and at the same time, majority of those who did not experience physical abuse needed no assistance in carrying out their ADL. These findings reveal that whether the respondents needed assistance with ADLs or not, it did not have a direct implication on their possibility of being physically abused. At the study's confidence level of 95% and a *p*-value of 0.144, the study concludes that there is no statistically significant association between the OPs need for assistance in ADLs and their possibility of experiencing physical abuse. This finding contrasts with the finding of a study by Fang and Yan (2018), which indicated that, across different societies, physical infirmity, and functional dependence among the older persons, has constantly been found to be associated with greater risk of abuse, particularly physical abuse.

Regarding the relationship between assistance in ADLs and the presence of psychological abuse, the study found that majority (65.9%) of the respondents who reported psychological abuse, did not require assistance in their ADLs, with only 34.1 percent of the psychologically abused requiring assistance. Similarly, for those who were not psychologically abused, it was found that more than half (55.3%) did not need assistance in ADLs with 44.7 percent of this cohort needing assistance in their ADLs. In essence, majority of those who experienced psychological abuse needed no assistance in ADLs and at the same time, majority of those who did not experience this form of abuse needed no assistance in carrying out their ADLs.

These findings reveal that whether the respondents needed assistance with ADLs or not, it did not have a direct implication on their possibility of experiencing psychological abuse. At the study's confidence level of 95% and a *p*-value of 0.178, the study therefore, concludes that there is no statistically significant relationship between the OPs need for assistance in ADLs and their possibility of experiencing psychological abuse. Therefore, these findings indicate that functional dependency and/or physical frailty among the older persons is not directly associated with higher risks of experiencing psychological abuse. This finding agrees with those of Pillimer and colleagues (2016), which indicated that the functional dependence of the OP did not increase their risks of being vulnerable to psychological elder abuse. It however contrasts with the findings of a study by Fang and Yan (2018), which indicated that, across different societies, physical infirmity and functional dependency among the older persons has constantly been associated with higher risk of abuse, and in this case, psychological abuse.

In terms of financial abuse, most (62.7%) of the respondents who were financially exploited needed no assistance in ADLs while 37.3 percent of them were needing assistance. For those who did not experience any form of financial abuse, majority (66.7%) indicated that they did not need assistance in ADLs, with 33.3 percent indicating that they needed assistance. These findings reveal that whether the respondents needed assistance with ADLs or not, it did not have any implication on their possibility of experiencing financial abuse. At the study's confidence level of 95% and a *p*-value of 0.579, the study therefore, concludes that there is no statistically significant relationship between the OPs need for assistance in ADLs and their

possibility of experiencing financial abuse. The implication of this finding is that the deterioration in physical function, thus the need for assistance with ADLs, among older persons is not associated with increased risks of experiencing financial abuse as a prevalent type of IFEA. This, contrasts with the findings from studies by Fang and Yan (2018), Robson and colleagues (2010), and WHO (2020) which reported that physical infirmity and functional dependence as individual risk factors among the older persons are associated with greater risks of financial abuse.

In regards to sexual abuse, the study established that majority (68.9%) of the older persons who experienced sexual abuse did not need any assistance in carrying out their ADLs, with only 31.1 percent of those who were sexually abused needing assistance in ADLs. Likewise, for those who were not sexually abused, most (62.4%) reported that they did not need assistance in ADLs, while 37.6 percent needed assistance. These findings indicate that whether the respondents needed assistance with ADLs or not, it did not have any association with their possibility of experiencing sexual abuse.

At the study's confidence level of 95% and a p-value of 0.420, the study therefore, concludes that there is no statistically significant relationship between sexual abuse and the OPs need for assistance in ADLs as a risk factor for IFEA. The implication of this finding is that the deterioration in physical function and increased functional dependency among older persons is not associated with increased risks of experiencing sexual abuse as a prevalent type of IFEA. This finding contrasts those of a study by Bows (2018), which indicated that an increased level of functional dependence results

in increased possibility of older persons being victims of sexual abuse, especially for older persons who require help for self-care and other complex ADLs.

In Table 4.10, it is observed that most (62.0%) of the respondents who reported neglect, needed no assistance in carrying out their ADLs, while only 38.0 percent of those who experienced neglect needed assistance in ADLs. Similarly, for those who reported no experienced with neglect, majority (66.7%) indicated that they did not require assistance in their ADLs, with 33.3 percent needing assistance. The finding indicates that majority of those who experienced neglect needed no assistance in ADLs and at the same time, majority of those who did not experience this type of abuse needed no assistance in carrying out their ADL. These findings reveal that regardless of their need of assistance in ADLs, there was no direct implication on their possibility of experiencing neglect as a passive type of IFEA.

At the study's confidence level of 95% and a *p*-value of 0.478, the study concludes that there is no statistically significant association between the OPs need for assistance in ADLs and their possibility of experiencing neglect. This finding is contrary to findings from a study by Faustino, Gandolfi and Moura, (2014), which indicated that an increased level of functional dependence often caused by physical and cognitive infirmity results in increased probability of older persons being neglected especially when the relationship between the OP and the caregiver or relatives is not good.

4.4.3 Living arrangements and intrafamilial elder abuse

The study also examined the relationship between the living arrangements of the older persons and the various types of elder abuse reported within the family settings. It is

important to note that living arrangements as an independent variable in the study was measured with respect to the older persons' "ownership of residence" and "availability of private spaces/rooms" in their residences. The independent variable was tested against the dependent variable, which are the various typologies of abuse as discussed in the following sections.

4.4.3.1 Ownership of Residence and Intrafamilial Elder Abuse

The study examined whether there was a relationship between the ownership status of residence of the older persons and the various types of elder abuse reported within the family settings in the study area. Table 4.11 shows the association between ownership of residence and the different types of IFEA.

Table 4.11: Ownership of Residence and Intrafamilial Elder Abuse

Type of Abuse		Ownership of Residence			Total	
		Own	Rented	Someone Else's		
Physical	Yes	88 (76.5%)	12 (10.4%)	15(13.0%)	115	$\chi2$= 0.151
	No	87 (78.4%)	10 (9.0%)	14(12.6%)	111	p=0.927
Psychological	Yes	134 (74.9%)	19 (10.6%)	26(14.5%)	179	$\chi2$=3.344
	No	41(87.2%)	3 (6.4%)	3(6.4%)	46	p=0.188
Financial	Yes	129(77.7%)	15 (9.0%)	22(13.3%)	166	$\chi2$=0.406
	No	46(76.7%)	7 (11.7%)	7(11.7%)	60	p=0.816
Sexual	Yes	29(64.4%)	7 (15.6%)	9(20.0%)	45	$\chi2$=5.430†
	No	146(80.7%)	15 (8.3%)	20(11.0%)	181	p=0.066
Neglect	Yes	105(73.9%)	15 (10.6%)	22(15.5%)	142	$\chi2$=2.979
	No	65(83.3%)	7(9.7%)	7(12.8%)	84	p=0.225

***p<0.001; **p<0.01; *p<0.05; †p<0.1
N=226; df=2 for all chi-square values

Overall, the study found that only sexual abuse had a statistically significant relationship with the ownership status of residence of the older persons. There was no statistical significance between ownership of residence and physical, psychological, financial abuse and neglect.

As seen in the table, most (76.5%) of those who were physically abused lived in their own residences, 10.4 percent in rented residences, and 13.0 percent resided in someone else's homes (i.e. relative, adult child etc.). For those not physically abused, majority (78.4%) resided in their own homes, 9.0 percent in rented homes, and 12.9 percent in someone else's residential place. This finding indicates that ownership of residence has no effect on the older persons' experiences with physical abuse since there is no statistically significant difference in experiences with abuse between those who reported abuse and those who reported no abuse across the three ways of living arrangements as identified in the study area. At a *p*-value of 0.927, the study concludes that there is no statistically significant relationship between ownership of residence and prevalence of physical abuse. This implies that ownership of residence, as a component of living arrangements is not associated with increased risks of experiencing physical abuse among the older persons. This finding is contradictory to the findings of a study by Pillimer and colleagues (2016), which found out that generally, residing in someone else's residence is a major risk factor for elder abuse, with OPs living in own homes being at lowest risk.

Additionally, majority (74.9%) of those who were psychologically abused resided in their own homes, with 14.5 percent residing in someone else's homes and 10.6 percent

in rented homes. Of those did not experience psychological abuse, most (87.2%) owned their residences and 6.4 percent each residing in rented and someone else's residences. This finding indicates that ownership of residence has no direct implication on the older persons' experiences with psychological abuse since there is not statistically significant difference in experiences with abuse between those who reported abuse and those who reported no abuse across the three ways of living arrangements as identified in the study. At a *p*-value of 0.188, the study concludes that there is no statistically significant relationship between ownership of residence and prevalence of psychological abuse. This implies that ownership of residence, as a component of living arrangements is not associated with increased risks of experiencing psychological abuse among the older persons. This finding contradicts with the literature by National Council of Ageing (2015), Pillimer and colleagues (2015), and Yaffe and Tazkarji (2012), which indicate that generally, older persons living in someone else's or residences that they do not own are at a greater risk of abuse, with OPs living in their own residences being at lowest risk.

Regarding financial abuse, the study established that majority (77.7%) of those who were financially abused resided in their own homes, with 13.3 percent residing in someone else's homes and 9.0 percent in rented homes. Of those did not experience psychological abuse, most (76.7%) owned their residences and 7.0 percent each residing in rented and someone else's residences. This finding indicates that ownership of residence has no direct implication on the older persons' experiences with financial abuse since there is not statistically significant difference in experiences with abuse between those who reported abuse and those who reported no abuse across the three

ways of living arrangements as identified in the study. At a *p*-value of 0.816, the study concludes that there is no statistically significant relationship between ownership of residence and prevalence of financial abuse, thus ownership of residence, as a component of living arrangements is not associated with increased risks of experiencing financial abuse among the older persons. This finding controverts with the literature by National Centre of Abuse (NCA) (2015), Pillimer and colleagues (2015), and Yaffe and Tazkarji (2012), which indicate that generally, older persons living in someone else's or residences that they do not own are at a greater risk of psychological abuse, with OPs living in their own residences being at lowest risk.

In terms of sexual abuse, Table 4.10 shows that of the respondents who reported sexual abuse, majority (64.4%) resided in their own homes, with 20.0 percent residing in someone else's homes and 15.6 percent in rented homes. Of those did not experience sexual abuse, most (80.7) owned their residences, 11.0 percent resided in someone else's residences and 8.3 percent in rented homes. These findings indicate that older persons experienced sexual abuse regardless of the status of ownership of residence, and there were not statistically significant difference in experiences with abuse between those who reported abuse and those who reported no abuse across the three ways of living arrangements as identified in the study. However, at a *p*-value of 0.066, the study found that there is a weak statistical significance in the relationship between ownership of residence and prevalence of sexual abuse. This finding refutes with the literature by NCA (2015), Pillimer and colleagues (2015), and Yaffe and Tazkarji (2012), which indicate that generally, older persons living in someone else's or residences that they do

not own are at a greater risk of abuse, with OPs living in their own residences being at lowest risk

Lastly, for those who experienced neglect, majority of them (73.9%) resided in their own homes, with 15.5 percent residing in someone else's homes and 10.6 percent in rented homes. Of those did not experience neglect, most (87.2%) owned their residences and 7.0 percent each residing in rented and someone else's residences. This finding indicates that ownership of residence has no direct implication on the older persons' experiences with neglect since there is not statistically significant difference in experiences with abuse between those who reported neglect and those who reported no neglect across the three ways of living arrangements as identified in the study. At a *p*-value of 0.225, the study concludes that there is no statistically significant relationship between ownership of residence and prevalence of neglect. This implies that ownership of residence, as a component of living arrangements is not associated with increased risks of experiencing neglect among the older persons. This finding contradicts with the literature by WHO (2019), Pillimer and colleagues (2015), and Yaffe and Tazkarji (2012), which indicate that generally, older persons living in someone else's or residences that they do not own are at a greater risk of abuse, with OPs living in their own residences being at lowest risk.

4.4.3.2 Availability of Private/Personal Room and Intrafamilial Elder Abuse

The study also examined the relationship between availability of a private/personal room for the older persons and the various types of elder abuse reported within the family settings. Table 4.12 shows the association between availability of private room and the different types of IFEA.

Table 4.12: Availability of Private/Personal Room and Intrafamilial Elder Abuse

Type of Abuse		Has a Personal Room		Total	
		Yes	No		
Physical	Yes	57 (49.6%)	58 (50.4%)	115	χ2= 0.658 *p*=0.417
	No	61 (55.0%)	50 (45.0%)	111	
Psychological	Yes	90 (50.3%)	89 (49.7%)	179	χ2=1.289 *p*=0.256
	No	28 (59.6%)	19 (40.4%)	47	
Financial	Yes	87 (52.4%)	79 (47.6%)	166	χ2=0.010 *p*=0.921
	No	31 (51.7%)	29 (48.3%)	60	
Sexual	Yes	23 (51.1%)	22 (48.9%)	45	χ2=0.027 *p*=0.869
	No	95 (52.5%)	86 (47.5%)	181	
Neglect	Yes	64 (45.1%)	78 (54.9%)	142	χ2=7.810** *p*=0.005
	No	54 (64.3%)	30 (47.8%)	84	

***$p<0.001$; **$p<0.01$; *$p<0.05$; †$p<0.1$
N=226; df=1 for all chi-square values

Generally, the study established that only neglect had a statistically significant relationship with the availability of a private room for the older persons. There was no statistical significance between ownership of residence and physical, psychological, financial, and sexual abuse.

As seen in Table 4.12, slightly above half (50.4%) of the respondents who experienced physical abuse, lacked a private/personal room with slightly below half (49.6%) of them having personal rooms. On the other hand, most (55.0%) of the OPs who did not experience physical abuse had personal rooms with 45.0 percent indicating lack of

personal rooms. This finding indicates that physical abuse was experienced by the older persons regardless of whether they had or lacked private rooms within their residences. Therefore, it is concluded that the presence of a personal room for the older person is not associated with increased or lower risks of physical abuse. This is evidenced by the relationship between presence of a private room and prevalence of physical abuse which is not statistically significant, at a *p*-value of 0.417. This finding is contrary with findings from a study by Bows and Penhale (2018) which indicated that living arrangements, mostly lack of privacy for the older person has been associated with conflict in families and more so intrafamilial elder abuse.

In terms of psychological abuse, the study established that more than half (50.3%) of the respondents who reported abuse had private rooms with 49.7 percent having no personal rooms. Similarly, for those who did not encounter psychological abuse most (59.6%) had personal rooms with 40.4 percent indicating lack of personal spaces. This finding indicates that psychological abuse was prevalent among older persons with a personal room. This implies that availability or lack of a private/personal room for the older person is not directly associated with the prevalence of psychological abuse. Given the study's confidence level of 95% and *p*-value of 0.256, the study established that there was no statistically significant relationship between availability of a private/personal room and psychological abuse. This finding contradicts literature by Pillimer and colleagues (2016) and WHO (2019) which indicates that living arrangements, more specifically lack of privacy for the OP, is associated with conflict within families and more so prevalence of domestic elder abuse.

On financial abuse, the study found that majority (52.4%) of the respondents who experienced financial abuse had personal rooms with 47.6 percent lacking the private rooms. For those who did not experience financial abuse, most (51.7%) had personal/private rooms while 48.3 percent indicated lack of private rooms. This finding indicates that financial abuse was prevalent among older persons, with a personal room. This implies that availability or lack of a private/personal room for the older person is not directly associated with the OPs experiences with financial abuse. Given the study's confidence level of 95% and *p*-value of 0.921, the study established that there was no statistically significant relationship between availability of a private/personal room and financial abuse. This finding is contrary with findings from a study by Bows and Penhale (2018) which indicated that living arrangements, mostly lack of privacy for the older person has been associated with increased vulnerability to financial elder abuse.

On the relationship between presence of a personal room for the OPs and their experiences with sexual abuse, it was established in the study that majority (51.1%) of those who reported abuse lacked personal spaces, with 48.9 percent of those sexually abused indicating that they had private rooms. Similarly, for those who reported no sexual abuse, most (52.5%) had a personal room while 47.5 percent indicated lack of it. This finding indicates that sexual abuse was prevalent among older persons, without a personal room. Given the study's confidence level of 95% and *p*-value of 0.869, the study established that there was no statistically significant relationship between availability of a private/personal room and sexual abuse. This implies that availability or lack of a private/personal room for the older person is not directly associated with the OPs experiences with sexual abuse. This finding contradicts research by Mose and

Gillum (2016), NCA (2016) and the WHO (2019) which indicates that living arrangements, more specifically lack of privacy for the OP, is associated with conflict within families and more so prevalence of sexual abuse within the family settings.

In reference to neglect, it was established that most (54.9%) of the older persons in the study who experienced neglect, lacked personal rooms, while 45.1 percent of those neglected had a personal space. On the other hand, of those who indicated no neglect cases, majority (64.3%) had personal rooms with 47.8 percent lacking the private rooms in their homes. This finding indicates that cases of neglect were higher among older persons, who did not have a personal room, as compared to those who had a personal room. The implication of this finding is that, availability or lack of a private/personal room for the older person is associated with their experiences with neglect. At a *p*-value of 0.005, the study concludes that there is a highly statistically significant relationship between availability of a personal room for the OP and possibility of experiencing neglect. This finding is consistent with findings from a study by Bows and Penhale (2018) which indicated that living arrangements, mostly lack of privacy for the older person has been associated with increased risks of intrafamilial elder abuse and in this case neglect.

4.4.4 Trust Relationships and Intrafamilial Elder Abuse

The study examined the association between the trust relationships between the older persons and the people they lived with and the various types of elder abuse reported within the family settings. This variable was measured by asking the respondents in the

study whether they trusted the individuals they lived with. Table 4.13 shows the association between trust relationships and the different types of IFEA.

Table 4.13: Trust Relationships and Intrafamilial Elder Abuse

Type of Abuse		Trust the People Living With		Total	
		Yes	No		
Physical	Yes	78 (67.8%)	37 (32.2%)	115	$\chi2= 6.001$* $p=0.014$
	No	91 (82.0%)	20 (18.0%)	111	
Psychological	Yes	127 (65.9%)	52 (29.1%)	179	$\chi2=6.691$** $p=0.010$
	No	42 (89.4%)	5 (10.6%)	47	
Financial	Yes	123 (74.1%)	43 (25.9%)	166	$\chi2=0.154$† $p=0.0694$
	No	46 (76.7%)	14 (23.3%)	60	
Sexual	Yes	29 (64.4%)	16 (35.6%)	45	$\chi2=3.182$† $p=0.074$
	No	140 (77.3%)	41 (22.7%)	181	
Neglect	Yes	95 (66.9%)	47 (33.1%)	142	$\chi2=12.565$*** $p<0.001$
	No	74 (88.1%)	10 (11.9%)	84	

***$p<0.001$; **$p<0.01$; *$p<0.05$; †$p<0.1$
N=226; df=1 for all chi-square values

Generally, the study established that there were statistically significant relationships between trust relationships between the older persons and the people they lived with and all the types of elder abuse reported within the family settings.

As shown in Table, most (67.8%) of the respondents who experienced physical abuse trusted the people they lived with, while 32.2 percent reported lack of trust. For those

who did not experience physical abuse, majority (82.0%) indicated that they trusted the people they lived with and 18.0 percent indicated mistrust. At a confidence level of 95% and a *p*-value of 0.014, the study established that there is a statistically significant association between trust relationship between the OP and the family members and their experience with physical abuse. This implies that trusting people they lived with had higher risks of being physically abused. This finding is consistent with those of a study by Ervin and Henderson (2020) which revealed that abuse occurs when a family member or caregiver who is trusted by the older person to have control over his/her medical and financial decisions, takes advantage of the position by abusing the OP. It also agrees with literature by Pillimer and colleagues (2016), which show that caregivers and family members often abuse the older persons whom have been entrusted to take care of and protect.

On psychological abuse, majority (65.9%) of the respondents who experienced psychological abuse trusted the people they lived with, while 29.1 percent reported lack of trust. For those who did not experience psychological abuse, majority (89.4%) indicated that they trusted the people they lived with and 18.0 percent indicated mistrust. At a confidence level of 95% and a *p*-value of 0.010, the study established that there is a high statistical significance in the association between trust relationship between the OP and the family members and their experience with psychological abuse. This implies that trusting people they lived with had higher risks of being psychologically abused. This finding agrees with literature by Bows and Penhale (2018), which pointed out that in most instances, elder abuse often takes place where a

person trusted by the OP, such as family member, and paid caregiver becomes abusive towards them.

Regarding financial abuse, the study established that most (74.1%) of the respondents who experienced psychological abuse trusted the people they lived with, while 25.9 percent indicated lack of trust. For those who did not experience financial abuse, majority (76.7%) indicated that they trusted the people they lived with and 18.0 percent indicated mistrust. Given a confidence level of 95% and a *p*-value of 0.069, the study established that there is a statistical significance in the association between trust relationship between the OP and the family members and their experience with financial abuse. This implies that trusting people they lived with exposed them to risk of financial exploitation. This is consistent with findings from studies by Ervin and Henderson (2020) and WHO (2019) which revealed that abuse occurs when a family member or caregiver who is trusted by the older person to have control over his/her medical and financial decisions, takes advantage of the position by abusing the OP.

In terms of sexual abuse, most (64.4%) of the respondents who experienced sexual abuse trusted the people they lived with, while 35.6 percent reported lack of trust. For those who did not experience sexual abuse, majority (77.3%) indicated that they trusted the people they lived with and 22.7 percent indicated mistrust. At a confidence level of 95% and a *p*-value of 0.074, the study established that there is a statistically significant association between trust relationship between the OP and the family members and their experience with sexual abuse. This implies that trusting people they lived with had higher risks of being sexually abused. This finding agrees with those of Ananias and

Strydom (2014) and International Network for the Prevention of Elder Abuse (INPEA) (2016), which pointed out that in most instances, elder abuse often takes place where a person trusted by the OP, such as family member, and paid caregiver becomes abusive towards them.

Lastly, in examining the association between trust and neglect, the study established that most (66.9%) of the older persons who reported cases of neglect, indicated that they trusted the people they lived with while 33.1 percent reported mistrust. For those who did not indicate neglect, majority (88.1%) indicated that they trusted the people they lived with and 11.9 percent indicated mistrust. At a confidence level of 95% and a *p*-value <0.001, the study established that there is a highly statistically significant association between trust relationship between the OP and the family members and their experience with neglect as a passive type of abuse. This implies that trusting people they lived with increased their risks of being neglected. This finding is consistent with those of a study by Ervin and Henderson (2020) and Pillimer and colleagues (2016) which revealed that elder abuse manifests when a family member or caregiver who is trusted by the older person to have control over his/her medical and financial decisions and to care and protect them, takes advantage of the position by abusing the OP.

4.4.5 Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse

The study explored the association between the presence of economically dependent individuals on the older person within the family setting and the various types of elder abuse reported within the family settings. Table 4.14 shows the association between the

presence of economically dependent individuals on the older person and the different types of IFEA.

Table 4.14: Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse

Type of Abuse		Presence of Financially Dependent Persons on the OP		Total	
		Yes	No		
Physical	Yes	82 (71.3%)	33 (28.7%)	115	χ2= 0.029 *p*=0.864
	No	78 (65.3%)	33 (29.7%)	111	
Psychological	Yes	120 (67.0%)	59 (33.0%)	179	χ2=5.877* *p*=0.015
	No	40 (85.1%)	7 (14.9%)	47	
Financial	Yes	133 (80.1%)	33 (19.9%)	166	χ2=26.292*** *p*<0.001
	No	27 (45.0%)	33 (55.0%)	60	
Sexual	Yes	29 (64.4%)	16 (35.6%)	45	χ2=1.097 *p*=0.295
	No	131 (72.4%)	50 (27.6%)	181	
Neglect	Yes	93 (65.5%)	49 (34.5%)	142	χ2=5.198* *p*=0.023
	No	67 (79.8%)	17 (20.2%)	84	

***$p<0.001$; **$p<0.01$; *$p<0.05$; †$p<0.1$
N=226; df=1 for all chi-square values

The study found the relationship between presence of financially dependent persons on the OPs and psychological, financial abuse and neglect to be statistically significant, whereas it was insignificant for physical and sexual abuse.

On the relationship between presence of financially dependent persons on the OPs and their experiences with physical abuse, it was established in the study that majority

(71.3%) of those who reported abuse had financially dependent individuals, with 28.7 percent of those physically abused indicating that they had no financially dependent persons in the family. Similarly, for those who reported no physical abuse, most (65.3%) had financially dependent individuals while 29.7 percent indicated no financially reliant persons. This finding indicates that physical abuse was prevalent among older persons, with financially dependent individuals. Given the study's confidence level of 95% and *p*-value of 0.864, the study established that the relationship between presence of financially dependent persons on the OP and physical abuse is not statistically significant. This implies that presence of a financially dependent person the older person is not directly associated with the OPs experiences with physical abuse. This finding contradicts with of a study by Roberto (2016), which revealed that in most instances; abusers are economically reliant of the victims (the OPs) for accommodation, maintenance and other financial expenditures. According to the study, the existence of a web of interdependency between the perpetrator and the victim increase the risks of elder abuse, particularly physical abuse, and financial abuse.

In Table 4.14, it is also evident that majority (67.0%) of those who reported psychological abuse had financially dependent individuals, with 33.0 percent of those psychologically abused indicating that they had no financially dependent persons in the family. Similarly, for those who reported no psychological abuse, most (85.1%) had financially dependent individuals while 14.9 percent indicated no financially reliant persons. Given the study's confidence level of 95% and *p*-value of 0.015, the study established that there was a statistically significant relationship between presence of financially dependent persons on the OP and psychological abuse. This implies that the

presence of a financially dependent person the older person increased the OPs possibility to experience psychological abuse. This finding is consistent with those of a systematic review by Kabole and colleagues (2013), Yaffe & Tazkarji (2012), and Pillimer and colleagues (2016) which reported that evidence suggests that financial dependence of family members or caregiver on the older person is linked to abuse and neglect.

Regarding financial abuse, it was established that majority (80.1%) of those who reported financial abuse had financially dependent individuals on them; with 19.9 percent indicating that they had no financially dependent persons in the family. On the other hand, for those who reported no financial abuse incidences, most (55.0%) had no financially dependent individuals while 45.0 percent indicated presence financially reliant persons. Given the study's confidence level of 95% and p-value of <0.001, the study established that there was a highly statistically significant relationship between presence of financially dependent persons on the OP and financial abuse. This implies that the presence of a financially dependent person the older person as a risk factor of IFEA increased the OPs possibility to experience financial abuse. This finding is congruent with of a study by Santos et al., (2020), which revealed that in most instances; abusers are economically reliant of the victims (the OPs) for accommodation, maintenance and other financial expenditures. According to the research findings, the existence of a web of interdependency between the perpetrator and the victim increase the risks of elder abuse, particularly financial and physical abuse. In most of the cases of their study, it was found out that the abuser was financially dependent on the abused. Findings of studies by Straus and colleagues (2017), Von, and colleagues (2012) which

reported that elder abuse perpetrators were considerably more dependent on the victim for financial assistance and housing also confirm this finding.

Regarding the relationship between presence of financially dependent persons on the OPs and their experiences with sexual abuse, it was established in the study that most (64.4%) of those who reported abuse had financially dependent individuals, with 28.7 percent of those sexually abused indicating that they had no financially dependent persons in the family. Similarly, for those who reported no sexual abuse, majority (72.4%) had financially dependent individuals while 27.6 percent indicated no financially reliant persons. At a confidence level of 95% and *p*-value of 0.295, the study concludes that there is no statistically significant relationship between presence of financially dependent persons on the OP and sexual abuse. This implies that presence of a financially dependent person the older person is not directly associated with the OPs experiences with sexual abuse. This finding is contradictory to those of Kabole and colleagues (2013), Norris and colleagues (2013) and Pillimer and colleagues (2016) which reported that financial dependence of family members or caregiver on the older person is linked to elder abuse.

From the findings in the study, it is also evident that majority (65.5%) of those who reported neglect had financially dependent individuals within their households, with 34.5 percent of those neglected indicating that they had no financially dependent persons in the family. Similarly, for those who reported no neglect incidences, most (79.8%) had financially dependent individuals while 20.2 percent indicated no financially reliant persons. Given the study's confidence level of 95% and *p*-value of

0.023, the study established that there was a statistically significant relationship between presence of financially dependent persons on the OP and neglect. This implies that the presence of a financially dependent person the older person increased the OPs possibility to experience neglect within the family setting. This finding is consistent with those of a systematic review by Kabole and colleagues (2013), WHO (2019) and Pillimer and colleagues (2016) which reported that evidence suggests that financial dependence of family members or caregiver on the older person is linked to abuse and neglect.

Generally, regarding the socio-economic risk factors of IFEA, the study found that the prevalence rates of abuse varied across different risk factors including gender, victim vulnerability, living arrangements, financial dependence of family members on the older persons and trust relationships. The key risk factors for physical abuse included the Ops need for assistance with ADLs and the trust relationships between the OP and family members and/or caregivers. For psychological abuse, the primary socio-economic risk factors included the Ops need for assistance with ADLs, the trust relationships between the OP and family members and/or caregivers and the presence of financially dependent individuals within the family setting on the OP. In respect to the risk factors associated with financial abuse, the study found trust relationships and presence of financially dependent individuals as the key factors. Additionally, the key risk factors for sexual abuse included ownership status of the gender of the victim, older person’s residence and trust relationships. Lastly, for neglect, the study established that the key risk factors related to it included availability of a private or personal room for

the OP, trust relationships, and presence of financially dependent individuals within the family setting on the OP.

4.5 Dynamics Associated with Reporting and Disclosure of Intrafamilial Elder Abuse

The last objective of the study was to examine the dynamics associated with reporting and disclosure of intrafamilial elder abuse. The dynamics that were examined included the following. The possibility of the OPs to report abuse incidences discussed in the preceding section; the relationship between the possibility of reporting and gender; the possibility of reporting the different types of IFEA; to whom the older persons were likely to report the abuse cases; the possible reasons for reporting the abuse incidences; and the obstacles to abuse reporting.

4.5.1 The Possibility of the Older Persons to Report Abuse Incidences

The study examined the possibility of the respondents to report the intrafamilial elder abuse incidences that they indicated within their families and households as shown in Table 4.15.

Table 4.15: Possibility of Reporting the Abuse Incidences

Reporting the Abuse Incidences	Frequency (N)	Percent (%)
Yes	114	50.4
No	112	49.6
Total	226	100

Slightly above half (50.4%) of the respondents indicated that they were likely to report the abuse incidences, while slightly below half (49.6%) indicated they were not likely to disclose their experiences with elder abuse within their family settings. This finding shows that in the study area, most of the older persons were likely to report and disclose the intrafamilial elder abuse situations they had encountered. From the FGDs, most of the participants indicated that they were likely to tell someone about abuse incidences particularly physical abuse, sexual abuse, and financial exploitation. One of the participants indicated that *"I would definitely report them especially if one threatens to take my land or physically assault me."*

4.5.2 Relationship between the Possibility of Reporting the Abuse Incidences and Gender of the Respondents

The study assessed the relationship between the possibility or reporting the IFEA incidences and gender with the aim of understanding gender differences in reporting and disclosure as shown in Table 4.16

Table 4.16: Relationship Between Reporting Abuse Incidences and Gender

Reporting the Abuse Incidences	**Gender**		
	Male	Female	Total
Yes	52 (45.6%)	62 (54.4%)	114
No	57 (50.9%)	55 (49.1%)	112

$\chi 2=4.631^*$; N=226; df=1; $p=0.027$

$^{***}p<0.001$; $^{**}p<0.01$; $^{*}p<0.05$; $^{\dagger}p<0.1$

In the study, most (54.4%) of those who indicated that they were likely to disclose and report the abuse incidences were female, while 45.6 percent of male indicated that they would report the encountered abuse incidences. Of those who indicated that they would not report the abuse incidences, most (50.9%) were older male respondents, with 49.1 percent of older females indicating that they would not disclose them. The finding reveals that most of the female older persons were likely to report abuse while most male older persons were likely not to report the abuse incidences. This can be attributed to the socialization of male and females in the community in a way male are generally expected to be strong and not express feelings of "weakness" while females are generally viewed as "emotionally weak." These gender cultural expectations of men to be emotionally resilient may therefore hinder help-seeking behaviours for IFEA among the older males.

This finding is consistent to those of studies by Dow and colleagues (2019) which revealed that stereotypes including the man being the protector and provider for the family, and socio-cultural norms that necessitate men to demonstrate strength and resilience could dissuade older men from conceding, seeking help, and reporting cases of abuse that they have encountered in the family setting. It is also congruent to literature by Cohen and colleagues (2007) which indicates that even when older men report elder abuse incidences, there are not always sufficient social care services to support them.

4.5.3 Possibility of Reporting the Different types of IFEA

The study also examined the possibility of the respondents to report the different types of intrafamilial elder abuse reported in the study as shown in Table 4.17.

Table 4.17: Possibility of Reporting the various types of IFEA

Type of Abuses		Reporting the Abuse Incidences		Total	
		Yes	No		
Physical	Yes	48 (41.7%)	67 (58.3%)	115	χ2= 7.095** *p*=0.008
	No	66 (59.5%)	45 (40.5%)	111	
Psychological	Yes	86 (48.0%)	93 (52.0%)	179	χ2=1.980 *p*=0.159
	No	28 (59.6%)	19 (40.4%)	47	
Financial	Yes	91 (54.8%)	75 (45.2%)	166	χ2=4.792* *p*=0.029
	No	23 (38.3%)	37 (61.7%)	60	
Sexual	Yes	19 (42.2%)	26 (57.8%)	45	χ2=1.519 *p*=0.218
	No	95 (52.5%)	86 (47.5%)	181	
Neglect	Yes	57 (40.1%)	85 (59.9%)	142	χ2=16.219*** *p*<0.001
	No	57 (67.9%)	27 (32.1%)	84	

***$p<0.001$; **$p<0.01$; 58.3%*$p<0.05$; †$p<0.1$
N=226; df=1 for all chi-square values

Of those who experienced physical abuse, majority (58.3%) indicated that they were not likely to report the abuse incidences while 41.7 percent who were physically abused indicated that they were likely to report. On psychological abuse, the study established that most of the respondents who reported to have encountered psychological abuse (52.0%) indicated that they were not likely to report the abuse incidences, with 48.0 percent indicating that they would report the abuse situations. Additionally, as shown in the table, most of the respondents who were financially abused indicated that they were likely to report the abuse, while 45.2 percent indicated that they were not likely to

report them. Of those sexually abused, majority (57.8%) reported that they were not likely to disclose their experiences, while 42.2 percent indicated that they would report the abuse cases. Lastly, for those who encountered neglect by family members and/or caregivers most (59.9%) indicated that they were likely to report the encounters while 40.1 percent indicating that they would probably not disclose the abuse.

From these findings, it is evident that the majority of the respondents, who encountered financial abuse, were likely to report and disclose their encounters with abuse. Majority of those who experienced physical, psychological, sexual abuse and neglect indicated that they were not probably to report the abuse cases. These findings agree with those of literature by Jackson and Hafemeister (2018) and HealthLink BC (2020) which indicates that financial abuse is the most commonly reported type of elder abuse. This is because majority of the OPs are vulnerable to financial abuse, they rely on family and caregivers to assist them with financial matters, and most of them lack knowledge on their finances.

4.5.4 Whom the older persons are likely to report the abuse cases

The study probed further on whom the respondents were likely to report the IFEA incidences that happened to them as presented in Table 4.20. The significance of this data to the study is to determine whom the older persons preferred most to report their encounters to and whom they concealed.

Table 4.18: Whom to Possibly Report the Abuse Incidences to

Whom to Possibly Report to	Frequency	Percentage
Family member	95	83.3
Trusted friend	80	65.1
Religious leader	49	43.0
Police/law enforcement	48	42.1
Healthcare provider	38	36.8
Adult Protection Services	44	33.3

*This question required multiple responses thus the total would exceed 226 respondents

Of the 114 older persons who indicated that they were likely to report the IFEA incidences they had experienced, most (83.3%) indicated that they would report the abuse to a family member, 65.1 percent indicated to report to a trusted friend and 43.0 percent indicated that they would report the incidences to a religious leader. In addition, 42.1 percent indicated that they would report the abuse cases to the police, 36.8 percent indicating to report to a medical provider and the least (33.3%) indicated that they would report to the adult protection services.

From the FGDs some of the participants pointed out that, they would report incidences to a relative or a trusted friend and not to the authorities (i.e. police, adult protective services, or healthcare provider). According to P2,

> *"Misunderstandings and conflict within a family is a common thing and even our mistreatment. Why should I rush to the police or offices for the*

older persons when the issue can be solved at home? It is also shameful for a whole man like me to report that I was beaten my daughter in law or son hmm… as much as they do not kill you, then it remains a family matter."

These findings reveal that as much as the main perpetrators of IFEA are family members and caregivers within the family setting, most of the OPs still prefer to resolve the matter with a family member than to report the cases to the police or even the adult protective agencies. These findings are consistent with findings from a study by Jackson and Hafemeister (2015) that the victims of elder abuse are hesitant to seek for help because they see the abuse incidences as family matters especially when it involves a family member or caregiver.

In the FGDs, the researcher also probed the participants' awareness of the existence of any state-based, or non-governmental elder abuse response contacts and help-center. It was established that most of the participants were not aware of any. P6 said that,

"I have never heard of any, maybe only the offices that give us the monthly money."

This finding implies that, most of the older persons in the study area are not aware of the presence of the adult protective services, where they can seek help. This finding is consistent to those of Baker and colleagues (2016), which indicated that most of the rural-based older individuals and those from culturally diverse backgrounds have little or no knowledge on how to access help services.

4.5.5 Reasons for Reporting the Abuse Incidences

The study probed the reasons why some of the respondents indicated that they would report the abuse incidences as shown in Table 4.18.

Table 4.19: Reasons for Reporting Abuse Incidences

Reasons for Reporting Abuse Incidences	Number of Respondents	Percentage
Would feel confident that my decision will be supported by others	100	87.7
Would feel a sense of relief	98	86.0
Might live in a safer environment	98	86.0
Benefits of telling someone will outweigh the potential costs	95	83.3
Know whom to turn to for help	91	79.8
I think an injustice occurred	80	65.1

*This question required multiple responses thus the total would exceed 226 respondents

It is important to note that in probing this, the participants in the study were to select multiple responses from a given set of options. Out of the 114 older persons who indicated that they were likely to report the IFEA incidences they had experienced, majority of them (87.7%) indicated that they would do so because they would feel confident that others would support their decision. In addition, 86.0 percent indicated that they would report because they would feel a sense of relief, and another 86.0 percent indicating that they might live in a safer environment if they report abuse incidences. Moreover, 83.3 percent indicated that they believed that the benefits of

telling someone about the abuse cases would outweigh the potential costs; while 79.8 percent indicated that they would report abuse incidences because they know whom to turn to. Lastly, 65.1 percent of the older persons who indicated that they were likely to report the IFEA incidences they had experienced reported that they would do so because they thought an injustice occurred.

From the FGDs, most of the participants indicated that they were likely to tell someone about abuse incidences due to a number of reasons. A female participant P4 stated that,

> *"I think I would report anyone who takes away my property, threatens to kill me or even to rape me because, it will teach them a lesson and my property will be protected and I will be assured of my safety."*

A male participant P1 added,

"I would definitely report financial and physical abuse because it is a crime and by reporting, I will be sure of my safety…" he added that, *"If you don't report abuse then you will always live in fear and distress."*

4.5.6 Reasons for not reporting the abuse incidences

The study further probed the reasons why some of the respondents indicated that they would not report the abuse incidences as shown in Table 4.19

Table 4.20: Reasons for not Reporting Abuse Incidences

Reasons for not Reporting Abuse Incidences	Frequency	Percentage
Would fear that my judgements will be questioned by others	111	99.1
May ruin my relationship with family	110	98.2
May worsen the situation	110	98.2
Would fear the potential consequences	108	96.4
Do not know whom to turn to for help	107	95.5
Would feel embarrassed and ashamed about it	106	94.6
Do not think an injustice occurred	77	68.8

*This question required multiple responses thus the total would exceed 226 respondents

It is also important to note that in probing the reasons for not reporting abuse incidences, the participants in the study were to select multiple responses from a given set of options. Of the 112 older persons who indicated not to report abuse, most (99.1%) indicated that they would not report because they would fear that others would question their judgements. Moreover, 98.2 percent of the respondents cited that they would not report since it might ruin their relationships with their families and another 98.2 percent indicating that they would not report abuse incidences since it might worsen their situations. Additionally, 96.4 percent indicated that they would not report since they would fear the potential consequences of disclosing, with 95.5 percent citing that they

would not report since they did not know whom to turn to for help. 94.6 percent of the respondents indicate that they would not report the IFEA incidences they had experienced since they would feel embarrassed and ashamed about it and 68.8% indicating that they would not report abuse incidences since they did not acknowledge the incidences as abusive.

From the FGDs, most of the participants who were not likely to report IFEA cases hinted that, they would not do so due to the fear that it may end up ruining their relationships with their family members and caregivers thus worsening their situations. As P10 accounted for her reporting experience,

> *"I once told my son about how my daughter in-law mistreated me and his response made it worse. They clearly told me that if I reported the case to the authorities then there would be no one to take care of me and that the issue will just be solved as a family matter. When my daughter in-law learned about it, she even became crueler towards me and I still cannot do anything about it. I am just living by mercies."*

P6 added that,

> *"I love my children so much to report them as much as they are financially, emotionally, and sometimes physically abusing me ... I just have to accept some of the things they do because I do not want to be alone."*

These findings are conformable to findings from a study by Jackson and Hafemeister (2015) which revealed that the natures of the victim and abuser relationships play a

significant role in EA reporting and disclosure. From their study, they found out that the web of mutual dependency and emotional attachment between the victim and the perpetrator has in many occasions hindered the older persons from reporting their experiences of abuse by family members and caregivers. The study found that the victims of elder abuse are hesitant to seek for help because they see the abuse incidences as family matters especially when it involves a family member or a caregiver.

Regarding the status of IFEA cases reporting, the study established that few cases of IFEA have been reported to the police and to the adult protective services. According to a key informant who is an adult protection advocate in the area,

> *"Generally, elder abuse in this area remains underreported and undisclosed. Very few cases arrive at our table with most being solved at a family level. Also, we do not have adequate social welfare personnel who have adequate knowledge and awareness on how to respond to cases of abuse. I accept that we are still way behind in addressing the matter and more needs to be done from our end."*

4.6 Conclusion

This chapter discussed the results of the analysis and connects the results to the research questions, and exhibits reliability of the analysis to the research methodology. Data were collected through Semi-Structured Interviews (SSI) from 226 older persons, who were proportionately sampled from two sub-counties: Baringo North and Baringo Central. In addition, data was collected from 14 key informants, and four Focus Group Discussions (two in Baringo North and two in Baringo Central), which comprised of 7

members each. The study participants were older male and females who were aged 65 years and above from the aforementioned sub-counties. The key themes resulting from this study summarize the socio-economic dynamics of intrafamilial elder abuse: the prevalent types of intrafamilial elder abuse; the dynamics of intra- familial elder abuse in relation to the associated socio-economic risk factors; and the dynamics associated with the reporting and disclosure of intra familial elder abuse.

Intrafamilial elder abuse is a highly complex social problem in the Kenyan societies today. From the findings in the study, it is evident that IFEA, in all its types and forms is prevalent among the older persons in Baringo County. The prevalent types of IFEA reported in the study area were physical abuse, financial abuse or exploitation, sexual abuse, psychological or emotional abuse, and neglect. The most prevalent form of intrafamilial abuse reported in the study is psychological abuse while sexual abuse was the least prevalent type of IFEA. However, the study established that there were certain underlying socio-economic risk factors that had a significant role in influencing in the definitions, attitudes, dynamics, and help-seeking behaviors associated to IFEA. The study found out that gender of the victim, victim dependence and vulnerability, living arrangements, trust relationships, social isolation and financial dependency on the older person influenced the older persons' experiences with the different types of abuse reported in the study. However, it is important to note that, the influence of each of these factors varied according to the type of abuse reported by the respondents as seen in the preceding sections.

Based on George C. Homans' conception of social exchange, it is evident that as individuals in the society grow older, the proportion of rewards to costs with their social interactions with members of the family shift based on their social status (i.e., being an old person) and personal resources (such as power and control, wealth, health, and the ability to work and make decisions). Concisely, as the resources of the older persons decline with age (health, wealth, income and loss of family and community roles), older persons are more likely to be in unequal and imbalanced social exchanges, and aspect that increases their susceptibility to intrafamilial elder abuse. Therefore, based on the social exchange theory, in order to get an in-depth insight into the prevalence and impact of intrafamilial elder abuse, it is crucial that we understand the power and exchange dynamics that exist between the victims (the older persons) and the perpetrators (family members and paid caregivers).

The findings from this study share the perspective by Anetzberger (2012) that older persons often become vulnerable to family violence because of their increased dependence on caregivers, who in most cases are family members due to physical, cognitive, and emotional limitations, which are inherent to the ageing processes. Based on the tenet of relative power of the social exchange theory of ageing, this study builds on the notion that as people age, they become more powerless, vulnerable and highly dependent on family members, - whom in this case are the cradle of their care -, which might then increase their susceptibility to intrafamilial elder abuse.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The main objective of the study was to examine the socio-economic dynamics of intrafamilial elder abuse in Baringo County. The study sought to identify the dominant types of intrafamilial elder abuse, to examine the dynamics of intrafamilial elder abuse in relation to the associated risk factors, and to examine the dynamics of intrafamilial elder abuse in relation to reporting and disclosure. It is worth noting that the study achieved all the research objectives. This chapter includes a summary of the study findings. It also includes conclusions of the study based on the social exchange theory. The chapter concludes by presenting the recommendations of the study and suggestions on areas for future research.

5.1 Summary of the Findings

5.1.1 Dominant types of intrafamilial elder abuse

There are five dominant types of elder abuse identified in the existing literature and they include physical, financial, psychological, sexual abuse, and the passive form of neglect (Yon et al., 2017). The prevalence rates of these typologies of IFEA as found out in the study are as follows: psychological abuse (at 79.2%), financial abuse (73.5%), neglect (62.8%), physical abuse (50.9%), and sexual abuse (19.9%). In order to get an in-depth comprehension and insights on how each of these typologies of IFEA were manifested in the study area, various forms and indicators of each type of abuse were examined.

Based on the different forms of psychological abuse identified in the study, the study found that most of the respondents experienced witchcraft allegations, threats with

deprivation and institutionalization, as well as intimidation by individuals in their families. These forms of psychological abuse establish in the study are consistent with what is documented in existing literature regarding psychological elder abuse. Kabole, Kioli, and Onkware (2013) referred to the most common forms of psychological abuse reported which included witchcraft allegations, intimidation, isolation, and continued threatening of the older persons.

The study established that financial abuse included the OPs being coerced a family member(s) and/or caregiver to sign a property transfer document, title deed or financial documents against their will, land grabbing, and forceful taking or misusing of the older persons' money and other material possessions. Existing literature has also pointed out similar forms of elder abuse within the domestic settings. Collins (2018) indicated that the common forms of financial abuse of the older persons within the family include coercing the older person to sign financial and property transfer documents forcefully, forcing them to give property or stealing their possessions.

In addition, the study also established that the most prevalent forms of neglect abuse as a type of IFEA in the study area include refusal by family members to take of the OPs, denying the older persons their prescribed medication, and OP being left unattended for too long. In addition, the study also established other forms of neglect including not being given medical attention when they are ill and although not very prevalent, the denial of basic needs including proper clothing, food, and water. Previous empirical studies undertaken referred to failure to provide basic needs for the OP, refusal of family members to look after the OP, especially those with physical infirmities and

denying them necessary medical attention as the most prevalent forms of neglect of the older persons in domestic settings (Yunus, Hairi & Choo, 2019).

For physical abuse, the study found that the most prevalent forms included actions that inflicted physical pain on the victim such as slapping, striking or hitting as well as physical restraining through being locked up in a room or being tied down. This finding conforms with the literature regarding the common forms of physical abuse which include physical restraining of the older person and actions that inflict physical pain such as slapping and so on (Clarysse et al., 2018).

Lastly, the study examined sexual abuse, and it was found that the prevalent forms of this type of IFEA included sexually abusive acts such as touching the OP in a sexually abusive manner, being shown pornographic materials against their will and non-consensual sex. This finding agrees with the literature by Flores and colleagues (2019) which points out that the most prevalent forms of sexual abuse as a type of elder abuse include rape, indecent assault, sexual harassment or any behaviour and/or act towards the OP that is sexually abusive.

5.1.2 Socio-economic risk factors of intrafamilial elder abuse

In the existing literature, it is widely acknowledged that a number of socio-economic risk factors drive the prevalence of elder abuse. The commonly cited risk socio-economic risk factors for intrafamilial elder abuse included those that range from victim risk factors to perpetrator risk factors. Various studies on elder abuse have also pointed out on the role played by victim-perpetrator relationships in increasing the susceptibility

of the older persons to abuse. These factors include gender of the victim, victim dependence and vulnerability, living arrangements, trust relationships, and financial dependency on the older person among others (Bows & Penhale, 2018; Fang & Yan, 2018; Gil et al., 2015; Jeon et al., 2019; Santos et al., 2020, 2016).

5.1.2.1 Gender as a Risk Factor of Intrafamilial Elder Abuse

The study found that gender was one of the risk factors associated with the prevalence of IFEA in the study area. Based on the findings in the study, it was found out that the experiences of IFEA varied across gender with some types of IFEA being more prevalent among the older male population and others among the older female population. It was found that older men in the study were more susceptible to physical abuse and neglect as compared to the older women. This finding agrees with what is in literature that older men, rather than older women tend to be targets of neglect and physical abuse in the household settings (Ananias, et al. 2016).

On the other hand, the study established that older women rather than senior men in the study area tend to be targets of psychological, financial, and sexual abuse within the household setups. This finding is consistent with existing literature. Gil and colleagues (2015), Giraldo-Rodriguez and Rosas-Carrasco (2016), Lowenstein et al., (2009), and Naughton and colleagues (2010) pointed out that women are more probable than men to experience psychological, sexual, and financial abuse as prevalent types of intrafamilial elder abuse. Additionally, the finding aligns with literature by Yon et al. (2017) which revealed that in most cultures around the world where women generally have inferior or

lower social status, older women are at higher risks of sexual abuse and financial exploitation, especially seizing of their property when they are widowed.

5.1.2.2 Victim Dependency and Vulnerability and Intrafamilial Elder Abuse

The study examined victim dependency and vulnerability as risk factors for IFEA in terms of the older persons' need of aid in carrying out their activities of daily living (ADLs). The study established that victim dependency and vulnerability majorly due to physical infirmity and functional dependency did not increase the older persons' susceptibility to the various typologies of abuse in their domestic settings. Majority of the respondents who experienced the different types of abuse needed no assistance with ADLs. These findings reveal that whether the respondents needed assistance with ADLs or not, it did not have a direct implication on their possibility of encountering elder abuse within their family settings. This finding agrees with those of Pillimer and colleagues (2016), which indicated that the functional dependence of the OP did not increase their risks of being vulnerable to elder abuse. It however contrasts with the finding of a study by Fang and Yan (2018), Robson and colleagues (2010), and WHO (2020) which indicated that, across different societies, physical infirmity and functional dependency among the older persons has constantly been found to be associated with greater risk of abuse.

5.1.2.3 Living Arrangements and Intrafamilial Elder Abuse

In the study, living arrangements as a likely risk factor was examined in terms of the older persons' ownership of residence and availability of private spaces/rooms in their residences. On ownership status of the OPs residence, the study examined prevalence of abuse among older persons who lived in three categories of residences i.e., own, rented,

and someone else's. Based on these categories, the study established that ownership of residence was not directly associated with the older persons' experiences with intrafamilial elder abuse since, regardless of the ownership status of the older persons' places of residence, physical abuse, psychological abuse, sexual abuse; financial abuse and neglect were significantly prevalent among the older persons in the study. In essence, the study found that ownership of residence has no effect on the older persons' experiences with IFEA since there is no statistically significant difference in experiences with abuse between those who reported abuse and those who reported no abuse across the three ways of living arrangements as identified in the study area.

In terms of the availability of private rooms for the older persons in their residences, the study established that that most of the older persons who had a private or personal room, did not experience physical abuse as compared to those who had no personal room, whom majority had experienced this type of abuse. In the contrary, the study also established that cases of neglect were higher among older persons, who did not have a personal room, as compared to those who had a personal room. These findings align with the literature that living arrangements, mostly lack of privacy for the older person has been associated with conflict in families and more so intrafamilial elder abuse (Bows & Penhale, 2018).

On the other hand, the study found that availability or lack of a private/personal room for the older person was not directly associated with the prevalence of psychological abuse, sexual abuse and financial abuse in Baringo County. This is based on the finding that these typologies of IFEA were prevalent among older persons with a personal

room. This implies that availability or lack of a private/personal room for the older person is not directly associated with the prevalence of psychological abuse. This finding contradicts literature by Mose and Gillum (2016), NCA (2016) and WHO (2019) which indicates that living arrangements, more specifically lack of privacy for the OP, is associated with conflict within families and more so prevalence of elder abuse within the family settings.

5.1.2.4 Trust Relationships and Intrafamilial Elder Abuse

Existing literature has evidenced that trust relationships between the older persons and the people they live with as a risk factor associated with the prevalence of elder abuse within the family contexts (Ervin and Henderson, 2020; Bows and Penhale, 2018). In examining the association between trust and IFEA the study established that most of the older persons who reported cases of physical abuse, psychological, financial, sexual abuse, and neglect, indicated that they trusted the people they lived. This finding is consistent with those of a study by Ervin & Henderson (2020) and Pillimer and colleagues (2016) which revealed that elder abuse manifests when a family member or caregiver who is trusted by the older person to have control over his/her medical and financial decisions and to care and protect them, takes advantage of the position by abusing the OP. In conclusion, that trusting people they lived with increased the older persons' risks of being abused by the family member and/or caregiver.

5.1.2.5 Presence of Financially Dependent Persons on the Older Person and Intrafamilial Elder Abuse

In the study, the presence of economically dependent individuals on the older persons was established to be a risk factor for psychological, financial and neglect and not a

likely risk factor for physical abuse and sexual abuse. This is based on the findings that most of the older persons, who had financially dependent individuals within their family settings, had experienced these typologies of IFEA as compared to those who did not. This finding is congruent with of a study by SANTOS ET AL., 2020 (2016), which revealed that in most instances; abusers are economically reliant of the victims (the OPs) for accommodation, maintenance and other financial expenditures.

According to the research findings, the existence of a web of interdependency between the perpetrator and the victim increase the risks of elder abuse. In most of the cases of their study, it was found out that the abuser was financially dependent on the abused. Findings of studies by Straus and colleagues (2017), Von, and colleagues (2012) which reported that elder abuse perpetrators were considerably more dependent on the victim for financial assistance and housing also confirm this finding. The study therefore concludes that the presence of a financially dependent person the older person is a risk factor associated with the OPs experiences with intrafamilial elder abuse.

5.1.3 Dynamics of Intrafamilial Elder Abuse in Relation to Reporting and Disclosure

The study examined the dynamics of IFEA in relation to reporting and disclosure. These dynamics included: the possibility of the OPs to report abuse incidences identified in the previous section; the relationship between the possibility of reporting and gender; the possibility of reporting the different types of IFEA; the possible reasons for reporting the abuse incidences; the obstacles to abuse reporting; and to whom the older persons were likely to report the abuse cases.

To begin with, the study established that majority of the older persons in the study were likely to report the IFEA situations they had experienced within the family settings. In examining the relationship between the possibility or reporting the IFEA incidences and gender with the aim of understanding gender differences in reporting and disclosure, the study found that most of the female older persons were likely to report abuse while most male older persons were likely not to report the abuse incidences.

This can be attributed to the socialization of male and females in the community in a way male are generally expected to be strong and not express feelings of “weakness” while females are generally viewed as “emotionally weak.” These gender stereotypes and cultural expectations may therefore hinder help-seeking behaviours for IFEA among the older males. This finding is consistent to those of studies by Dow and colleagues (2019) which revealed that stereotypes including the man being the protector and provider for the family, and socio-cultural norms that necessitate men to demonstrate strength and resilience could dissuade older men from conceding, seeking help, and reporting cases of abuse that they have encountered in the family setting. It is also congruent to literature by Cohen and colleagues (2007) which indicates that even when older men report elder abuse incidences, there are not always sufficient social care services to support them.

Moreover, in examining the possibility of the respondents to report the different types of intrafamilial elder abuse reported in the study, it was found that the majority of the respondents who encountered financial abuse, were likely to report and disclose their encounters. Majority of those who experienced physical, psychological, sexual abuse

and neglect indicated that they were not probably to report the abuse cases. These findings agree with those of literature by Jackson and Hafemeister (2018) and HealthLink BC (2020) which indicates that financial abuse is the most commonly reported type of elder abuse. This is because majority of the OPs are vulnerable to financial abuse, they rely on family and caregivers to assist them with financial matters, and most of them lack knowledge on their finances.

Regarding the possible reasons for reporting, the participants in the study pointed out a number of reasons. They include the feeling of being confident that they will be supported and helped, the sense of relief after reporting, the hope of living in safer environments and the belief that the benefits of telling someone about the abuse cases would outweigh its potential costs. Others pointed out that they would report because they thought an injustice had occurred to them, and others would report because they know whom to turn to for help.

Concerning the potential obstacles and reasons for not reporting IFEA incidences, the study established a number of reasons. Most of the respondents indicated that they would not report due to the fear that it might ruin their relationships with their families, the fear of judgement, and the fear that situations might get worse after reporting. Additionally, the study also established that victims of IFEA were not likely to report and disclose their experiences since they were not aware of where or whom to turn to for help as well as the fact that they would fear the potential consequences of disclosing. These finding is consistent with Jackson & Hafemeister's (2015) arguments that the dynamics of the victim and abuser relationships play a significant role in EA reporting

and disclosure. Both studies reveal that the web of mutual dependency and emotional attachment between the victim and the perpetrator has in many occasions hindered the older persons from reporting their experiences of abuse by family members and caregivers.

Lastly, regarding whom to report the abuse incidences to, the study found that most of the respondents indicated that they would report the abuse to a family member, with others indicating to report to a trusted friend, a religious leader, the police, a medical provider and the least indicating to report to the adult protection services. These findings reveal that as much as the main perpetrators of IFEA are family members and caregivers within the family setting, most of the OPs still prefer to resolve the matter with a family member than to report the cases to the police or even the adult protective agencies. These findings are consistent with findings from a study by Jackson and Hafemeister (2015) that the victims of elder abuse are hesitant to seek for help because they see the abuse incidences as family matters especially when it involves a family member or caregiver.

5.2 Conclusions of the Study

The study on the socio-economic dynamics of intrafamilial elder abuse captured data on the older person's experiences of psychological, physical, sexual, financial abuse and neglect within intrafamilial relationships by family members and paid caregivers. In profiling the prevalence of these typologies of abuse, it was established that psychological abuse was the most prevalent followed by financial abuse, neglect, physical abuse, and the least prevalent was sexual abuse. The study found that the prevalence of abuse varied across different risk factors including gender, victim

vulnerability, living arrangements, financial dependence of family members on the older persons and trust relationships. The specification of risk factors of IFEA in objective two is significant in providing a rational basis for elder abuse prevention programs and strategies.

The significant risk factors for physical abuse included the Ops need for assistance with ADLs and the trust relationships between the OP and family members and/or caregivers. For psychological abuse, the primary socio-economic risk factors included the Ops need for assistance with ADLs, the trust relationships between the OP and family members and/or caregivers and the presence of financially dependent individuals within the family setting on the OP. In respect to the risk factors associated with financial abuse, the study found trust relationships and presence of financially dependent individuals as the key factors. Additionally, the key risk factors for sexual abuse included ownership status of the gender of the victim, older person's residence and trust relationships. Lastly, for neglect, the study established that the key risk factors related to it included availability of a private or personal room for the OP, trust relationships, and presence of financially dependent individuals within the family setting on the OP.

Additionally, in examining the dynamics of intrafamilial elder abuse in relation to reporting and disclosure, the study concludes that given the right platforms, older persons are more likely to report incidences of abuse. It is important to note that in examining reporting and disclosure, it was a question of "possibility" of reporting and this does not reflect the true representation of IFEA cases reported in the study area.

However, for this to be achieved, various effective mechanisms ought to be put in place to address the possible barriers to reporting and disclosure, thus protecting the older persons from the severe effects of elder abuse.

Majority of the older individuals the study lived in multi-generational extended households and got informal care from their partners, adult children, and other members of the family. Moreover, it was evident that elder abuse was difficult to be talked about by the victims especially where the perpetrators are family members. Overall, based on the findings of this study, the study concludes that IFEA is a severe public health, economic, and social issue affecting many older persons across all socio-economic groups in the society. This study findings contributed to an understanding of the experiences of the older persons with elder abuse within the family settings.

5.3 Recommendations arising from the Study

Drawing from the findings of the study, the following are the suggested recommendations to address the prevalence of intrafamilial elder abuse in Kenya:

i. The study recommends a critical evaluation of existing range of interventions aimed at addressing elder abuse as a form of family violence in order to ensure their efficacy in addressing the issue. Examples of existing interventions include legal interventions such as state adult protection; community-based interventions such as medical and psychosocial needs programs; and education and abuse prevention interventions like empowerment and advocacy campaigns.

ii. The study also recommends that governments, both at national and county level to initiate evaluations of their existing reporting laws that address elder abuse to determine how early case uncovering of IFEA leads to improved outcomes for the victims.

iii. Due to poor record keeping practices observed in the study, it is recommended that adult social service providers need to develop safeguards to reinforce their documentation of intrafamilial elder abuse both in group and individual records, notwithstanding to whether the abuse incidences are reported to the authorities.

iv. The study also recommends social work extension services to include the protection of older adults who are victims of IFEA, as it has been proven in existing literature as one of the most promising interventions for elder abuse in domestic settings.

v. The study recommends that elder abuse should be declared a public health issue and strategies should be developed to protect abuse victims and encourage them to seek help.

5.4 Suggested Areas for Further Research

The study makes the following suggestions on areas for further research:

i. Research on the relationship of caregiver stress and burnout as a primary risk factor for intrafamilial elder abuse.

ii. Studies that evaluate the efficacy of the existing social protection policies and strategies in addressing intrafamilial elder abuse.

iii. Cross-issues studies that examine the interrelationship between issues related to intrafamilial elder abuse, gender-based abuse and child abuse, as prevalent types of family violence

REFERENCES

Aboderin, I. (2012). Ageing Africa: opportunities for development. *Global Population Ageing: Peril or Promise?*, *161*(242), 69.

Abolfathi Momtaz, Y., Hamid, T. A., & Ibrahim, R. (2013). Theories and measures of elder abuse. *Psychogeriatrics*, *13*(3), 182-188.

Acierno, R., Lawyer, S. R., Rheingold, A., Kilpatrick, D. G., Resnick, H. S., & Saunders, B. E. (2007). Current psychopathology in previously assaulted older adults. *Journal of Interpersonal Violence*, *22*(2), 250-258.

Aday, R. H., Wallace, J. B., & Scott, S. J. (2017). Generational differences in knowledge, recognition, and perceptions of elder abuse reporting. *Educational Gerontology*, *43*(11), 568-581.

Adib, M., Esmaeili, M., Zakerimoghadam, M., & Nayeri, N. D. (2019). Barriers to help-seeking for elder abuse: A qualitative study of older adults. *Geriatric Nursing*.

Ananias, J., & Strydom, H. (2014). Factors contributing to elder abuse and neglect in the informal caregiving setting. *Social Work*, *50*(2), 268-284.

Ananias, J., Salonika, L. A., Black, N., & Strydom, H. (2016). Social work engagement in the community-based care of older people in Namibia. *The Handbook of Social Work and Social Development in Africa*, 145.

Anetzberger, G. J. (2005). The reality of elder abuse. *Clinical Gerontologist*, *28*(1-2), 1-25.

Australian Network for the Prevention of Elder Abuse (2018). Psychological Abuse. Retrieved from: https://www.eapu.com.au/uploads/ANPEA/ANPEA

Baker, P. R., Francis, D. P., Hairi, N. N., Othman, S., & Choo, W. Y. (2016). Interventions for preventing abuse in the elderly. *Cochrane Database of Systematic Reviews*, (8).

Beard, J. R., Officer, A. M., & Cassels, A. K. (2016). The world report on ageing and health.

Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., & Thiyagarajan, J. A. (2016). The World report on ageing and health: a policy framework for healthy ageing. *The Lancet*, *387*(10033), 2145-2154.

Bengtson, V. L., Rice, C. J., & Johnson, M. L. (1999). Are theories of ageing important? Models and explanations in gerontology at the turn of the century. *Handbook of theories of ageing*, 3-20.

Berger, R. (2017). Ageing in America: Ageism and general attitudes toward growing old and the elderly. *Open Journal of Social Sciences*, *5*(08), 183.

Black, J. A., & Champion, D. J. (1976). *Methods and issues in social research*. John Wiley & Sons.

Bobitt, J., Carter, J., & Kuhne, J. (2018). Advancing national policy on elder abuse. *Public Policy & Ageing Report*.

Bows, H., & Penhale, B. (2018). Elder abuse and social work: Research, theory and practice.

Bryman, A. (2016). *Social research methods*. Oxford university press.

Burnes, D., Acierno, R., & Hernandez-Tejada, M. (2018). Help-seeking among victims of elder abuse: findings from the National Elder Mistreatment Study. *The Journals of Gerontology: Series B*.

Burston, G. R. (1975). Granny-battering. *British Medical Journal*, *3*(5983), 592.

Cannell, B., Gonzalez, J. M. R., Livingston, M., Jetelina, K. K., Burnett, J., & Weitlauf, J. C. (2019). Pilot testing the detection of elder abuse through emergency care technicians (DETECT) screening tool: results from the DETECT pilot project. *Journal of elder abuse & neglect*, 1-17.

Chokkanathan, S., & Lee, A. E. (2005). Elder mistreatment in urban India: A community based study. Journal of Elder Abuse & Neglect, 17, 45–61. doi:10.1300/J084v17n02_03

Clarysse, K., Kivlahan, C., Beyer, I., & Gutermuth, J. (2018). Signs of physical abuse and neglect in the mature patient. *Clinics in dermatology*, *36*(2), 264-265.

Cohen, M., Levin, S. H., Gagin, R., & Friedman, G. (2007). Elder abuse: disparities between older people's disclosure of abuse, evident signs of abuse, and high risk of abuse. *Journal of the American Geriatrics Society*, *55*(8), 1224-1230.

Collins, J. (2018). Financial abuse of older persons: A criminal law perspective. In *Ageing, Gender and Family Law* (pp. 61-75). Routledge..

Conrad, K. J., & Conrad, K. M. (2018). Abuser risk measure: Reports by alleged victims to adult protective services. *The Gerontologist*.

Cotterell, E., Leonardi, S., Coward, D., Thomson, J., & Walters, A. (2015). Elder abuse in the ACT: A literature review. *Canberra: COTA (Council on the Ageing) ACT*.

de Lima, M. P., Vergueiro, M. E., Gonzalez, A. J., Martins, P., & Oliveira, J. G, (2018). Relations between Elder Abuse, Ageism and Perceptions of Age. Retreived from: https://www.researchgate.net/publication/324394124

Di Rosa, Melchiorre, Quattrini, & Lamura. (2015). Mistreatment of older persons in Europe and in Italy Results from the ABUEL study. CAREGIVER DAY 2015 Prevenire l'Abuso verso gli Anziani Carpi (MO). Carpi. Available online at: http://www.combatingelderabuse.eu/ wp-content/uploads/2014/02/Di_Rosa_EN.pdf

Doron, I., Brown, B., & Somers, S. B. (2013). International protection for the human rights of older people: History and future prospects. In *Ageism and mistreatment of older workers*(pp. 165-179). Springer, Dordrecht.

Dow, B., Gahan, L., Gaffy, E., Joosten, M., Vrantsidis, F., & Jarred, M. (2019). Barriers to Disclosing Elder Abuse and Taking Action in Australia. *Journal of Family Violence*, 1-9.

Ervin, S., & Henderson, E. (2020). Elder Abuse Victimization: What We Know from Research- and Practice-Based Evidence.

Ezeh, A., Chepngeno, G., Kasiira, A., & Woubalem, Z. (2006). The situation of older people in poor urban settings: the case of Nairobi, Kenya. *Ageing in sub-Saharan Africa: Recommendations for furthering research*, 189-213.

Fang, B., & Yan, E. (2018). Abuse of older persons with dementia: a review of the literature. *Trauma, Violence, & Abuse*, *19*(2), 127-147.

Ferreira, M. (2005). Elder abuse in Africa: What policy and legal provisions are there to address the violence?. *Journal of Elder Abuse & Neglect*, *16*(2), 17-32.

Flores, R. J., Campo-Arias, A., Stimpson, J. P., Chalela, C. M., & Reyes-Ortiz, C. A. (2018). The association between past sexual abuse and depression in older adults from Colombia. *Journal of geriatric psychiatry and neurology*, *31*(1), 13-18.

Fowler, J. (2018). *Preparing Psychology Doctorate Students to Identify and ReportSuspected Elder Abuse: Evaluating the Effectivenessof Elder Abuse Training* (Doctoral dissertation, The Wright Institute).

Garre-Olmo, J., Planas-Pujol, X., López-Pousa, S., Juvinyà, D., Vilà, A., Vilalta-Franch, J., & Frailty and Dependence in Girona Study Group. (2009). Prevalence and risk factors of suspected elder abuse subtypes in people aged 75 and older. *Journal of the American Geriatrics Society*, *57*(5), 815-822.

Gelles, R. (1999). Through a sociological lens: Social structure and family violence. *Sociology of Families*, 299-308.

Gil, A. P., Kislaya, I., Santos, A. J., Nunes, B., Nicolau, R., & Fernandes, A. A. (2015). Elder abuse in Portugal: Findings from the first national prevalence study. Journal of Elder Abuse & Neglect, 27, 174–195. doi:10.1080/08946566.2014.953659

Giraldo-Rodríguez, L., & Rosas-Carrasco, O. (2013). Development and psychometric properties of the Geriatric Mistreatment Scale. Geriatrics & Gerontology International, 13, 466–474. doi:10.1111/j.1447-0594.2012.00894.x

Glaser, B. G., & Strauss, A. L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. Routledge.

Gorman, M. (2017). Development and the rights of older people. In *The ageing and development report* (pp. 21-39). Routledge.

Hamby, S., Smith, A., Mitchell, K., & Turner, H. (2016). Poly-victimization and resilience portfolios: Trends in violence research that can enhance the understanding and prevention of elder abuse. *Journal of Elder Abuse & Neglect*, *28*(4-5), 217-234.

Hassan, A. M., & Sakwa, M. (2018). Effects of Cash Transfer Programme on Older Persons' wellbeing in Garissa County, Kenya'. *International Journal of Social Sciences and Information Technology*, *4*(3).

Hays, W. L. (1973). Statistics for social scientists. *SF: Holt, Rinehart & Winston*.

Heale, R., & Forbes, D. (2013). Understanding triangulation in research. *Evidence-Based Nursing*, ebnurs-2013.

HealthLink BC (2020). Abuse and Neglect of Older Adults: Understanding Gender Differences. *Elder Abuse Prevention Series 93c.* Retrieved from: https://www.healthlinkbc.ca/healthlinkbc-files/older-adult-abuse-gender

Help Age International, 2013. Sustainable Development in an Ageing World: A call to UN Member States on the development agenda beyond 2015.

International Network for the Prevention of Elder Abuse (INPEA) (2016). Abuse of the Elderly. Retrieved from: http://www.inpea.net/images/Elder_Abuse_Fact_Sheet.pdf

Jackson, S. L., & Hafemeister, T. L. (2015). The impact of relationship dynamics on the detection and reporting of elder abuse occurring in domestic settings. *Journal of elder abuse & neglect*, *27*(2), 121-145.

Jackson, S. L., & Hafemeister, T. L. (2018). Detecting and Reporting Four Types of Elder Abuse: How Official Adult Protective Services Reports Obscure Older Adults' Self-Efficacy. *J Ageing Gerontology Res*, *1*(1), 101.

Jeon, G. S., Cho, S. I., Choi, K., & Jang, K. S. (2019). Gender differences in the prevalence and correlates of elder abuse in a community-dwelling older population in Korea. *International journal of environmental research and public health*, *16*(1), 100.

Jeon, G. S., Cho, S. I., Choi, K., & Jang, K. S. (2019). Gender differences in the prevalence and correlates of elder abuse in a community-dwelling older population in Korea. *International journal of environmental research and public health*, *16*(1), 100.

Johnson, W. T. (1977). Exchange in perspective: the promises of George C. Homans. *Behavioral theory in sociology*, 49-90.

Kabole, A. L., Kioli, F. N., & Onkware, K. (2013). The social context of abuse of elderly people in Emuhaya District, Kenya. *Sociology and Anthropology*, *1*(2), 76-86.

Kenya National Bureau of Statistics (2020). 2019 Kenya Population and Housing Census. Nairobi: Government Printers.

Kim, E. H. W., & Cook, P. J. (2009). Child-to-parent financial transfers and their contribution to reducing elder poverty in Korea. *Family Support Networks and Population Ageing*, 61.

Levy, S. R., & Macdonald, J. L. (2016). Progress on understanding ageism. *Journal of Social Issues*, *72*(1), 5-25.

Liu, P. J., Conrad, K. J., Beach, S. R., Iris, M., & Schiamberg, L. B. (2017). The importance of investigating abuser characteristics in elder emotional/psychological abuse: results from adult protective services data. *The Journals of Gerontology: Series B*.

Lowenstein, A., Eisikovits, Z., Band-Winterstein, T., & Enosh, G. (2009). Is elder abuse and neglect a social phenomenon? Data from the first national prevalence survey in Israel. Journal of Elder Abuse & Neglect, 21, 253–277. doi:10.1080/08946560902997629

Matcha, D. A. (2007). *The sociology of ageing: An international perspective*. Sloan Publishing.

Mba, C. J. (2007). Elder abuse in parts of Africa and the way forward. *Gerontechnology*, *6*(4), 230-235.

Melchiorre, M. G., Chiatti, C., Lamura, G., Torres-Gonzales, F., Stankunas, M., Lindert, J., ... & Soares, J. F. (2013). Social support, socio-economic status, health and abuse among older people in seven European countries. *PloS one*, *8*(1), e54856.

Mose, G. B., & Gillum, T. L. (2016). Intimate partner violence in African immigrant communities in the United States: Reflections from the IDVAAC African women's round table on domestic violence. *Journal of Aggression, Maltreatment & Trauma*, *25*(1), 50-62.

Mukherjee, D. (2011). Organizational structures of elder abuse reporting systems. *Administration in Social Work*, *35*(5), 517-531.

Mysyuk, Y., Westendorp, R. G., & Lindenberg, J. (2013). Added value of elder abuse definitions: a review. *Ageing research reviews*, *12*(1), 50-57.

Näre, L., Walsh, K., & Baldassar, L. (2017). Ageing in transnational contexts: transforming everyday practices and identities in later life. *Identities*, *24*(5), 515-523.

National Council for Population development, (2016). A Policy Brief on the Increasing Number of Old People. Retrieved from: http://www.ncpd.go.ke/wp-content/uploads/2016/11/Policy-Brief-54

National Council of Ageing (2015). Prevalence and Underreporting of Elder Abuse in the United States. Retrieved from: https://www.ifa-fiv.org/partner-profiles/national-council-for-the-elderly-ncoa/

National Social Protection Secretariat (2016). Retrieved from: http://www.socialprotection.or.ke/

Norris, D., Fancey, P., Power, E., & Ross, P. (2013). The critical-ecological framework: advancing knowledge, practice, and policy on older adult abuse. *Journal of elder abuse & neglect*, *25*(1), 40-55.

Ondigi, A. N., & Ondigi, S. R. (2012). The influence of poverty and well being of the elderly people in Nyanza Province, Kenya. *Asian Social Science*, *8*(2), 211.

Ostan, R., Monti, D., Gueresi, P., Bussolotto, M., Franceschi, C., & Baggio, G. (2016). Gender, ageing and longevity in humans: an update of an intriguing/neglected scenario paving the way to a gender-specific medicine. *Clinical science*, *130*(19), 1711-1725.

Patterson, M., & Malley-Morrison, K. (2006). A cognitive-ecological approach to elder abuse in five cultures: human rights and education. *Educational Gerontology*, *32*(1), 73-82.

Perkins, N. H., Spira, M., & Key, J. E. (2018). Intergenerational Transmission of Physical and Emotional Sibling Violence: A Potential Connection to Elder Abuse. *Families in Society*, *99*(3), 256-268.

Pillemer Karl, David Burnes, Catherine Rifn and Mark S. Lachs (2016). Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies, Gerontologist, Vol. 56, No. 2, pp. 194–205co.

Republic of Kenya (2010). The Kenyan Constitution: Care and Protection of Older Members of Society Bill. Government Press.

Republic of Kenya (2014). Sessional Paper No. 2 of 2014 on the National Policy on Older Persons and Ageing. Government Press.

Roberto, K. A. (2016). The complexities of elder abuse. *American Psychologist*, *71*(4), 302.

Robson, M. G., Dong, X., & Simon, M. A. (2010). Is impairment in physical function associated with increased risk of elder mistreatment? Findings from a community-dwelling Chinese population. *Public Health Reports*, *125*(5), 743-753.

Roger, K. S., Brownridge, D. A., & Ursel, J. (2015). Theorizing low levels of reporting of abuse of older immigrant women. *Violence against women*, *21*(5), 632-651.

Santos, A. J., Nunes, B., Kislaya, I., Gil, A. P., & Ribeiro, O. (2019). Elder abuse victimization patterns: latent class analysis using perpetrators and abusive behaviours. *BMC geriatrics*, *19*(1), 117.

Santos, M. A. B. D., Moreira, R. D. S., Faccio, P. F., Gomes, G. C., & Silva, V. D. L. (2020). Factors associated with elder abuse: a systematic review of the literature. *Ciência & Saúde Coletiva*, *25*, 2153-2175.

Schoeni, R. F., Martin, L. G., Andreski, P. M., & Freedman, V. A. (2005). Persistent and growing socioeconomic disparities in disability among the elderly: 1982–2002. *American journal of public health*, *95*(11), 2065-2065..

Small, Mario L. 2011. "How to Conduct a Mixed Method Study: Recent Trends in a Rapidly Growing Literature." Annual Review of Sociology 37:55-84

Storey, J. E. (2020). Risk factors for elder abuse and neglect: A review of the literature. Aggression and violent Biolent behaviorBehavior, 50, 101339.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (2017). *Behind closed doors: Violence in the American family*. Routledge.

Thane, P. (2003). Social histories of old age and ageing. *Journal of Social History*, *37*(1), 93-111.

UNDESA, 2013. World Population Prospects: the 2012 revision.

UNDESA. 2014. Population ageing and sustainable development. UNDESA Population Division. 2012. Population Ageing and Development 2012, Wall Chart.

UNFPA and Help Age International, 2012. Ageing in the Twenty-First Century: A Celebration and a Challenge. London, 2012.

United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Ageing 2019: Highlights (ST/ESA/SER.A/430).

United Nations, U. (2011). Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide. *New York*.

Von Heydrich L. Schiamberg L. B., & Chee G. (2012). Social-relational risk factors for predicting elder physical abuse: An ecological bi-focal model. International Journal of Ageing & Human Development, 75, 71–94. doi:10.2190/AG.75.1.f [PubMed]

World Health Organization (2019). What is elder abuse? *Action on Elder Abuse Bulletin,* 125-145. Retrieved from: https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap5.pdf

World Health Organization (June 2020). Elder abuse. *Global Strategy and Action Plan on Ageing and Health.* Retrieved from: https://www.who.int/news-room/fact-sheets/detail/elder-abuse

World Health Organization, (2002). Proposed working definition of an older person in Africa for the MDS Project. Retrived from: https://www.who.int/healthinfo/survey/ageingdefnolder/en/

World Health Organization. (2017). *WHO clinical consortium on healthy ageing: topic focus: frailty and intrinsic capacity: report of consortium meeting, 1–2 December 2016 in Geneva, Switzerland* (No. WHO/FWC/ALC/17.2). World Health Organization.

Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Canadian family physician*, *58*(12), 1336-1340.

Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: a systematic review and meta-analysis. *The Lancet Global Health*, *5*(2)e147-e156.

Yunus, R. M., Hairi, N. N., & Choo, W. Y. (2019). Consequences of elder abuse and neglect: a systematic review of observational studies. *Trauma, Violence, & Abuse*, *20*(2), 197-213.

Appendix I: Respondents' Informed Consent

My Name is Consolata Chesang Jepkemei, I am a Masters student from Kenyatta University. I am conducting a study on ``the Socio-Economic Dynamics of Interfamilial Elder Abuse in Baringo County''. The information will be used by relevant authorities to put in place measures that may be significant in addressing the issues of elder abuse in Baringo County as well as other regions of the country.

Email: consosang@gmail.com

Telephone: 0724 643 099

1. Participant Selection and Purpose of the Study

You are requested to participate in this research, as a senior adult living in this community. Before you decide to take part in the research, it is essential that you know why the study is being conducted and what it will encompass. Kindly read the following info prudently. If anything is not clear to you or you feel like you need more information, please ask the researcher. Please take that your partaking in this study is voluntary and you may choose to partake or not. In addition, you are free to pull out from the study at any time. The purpose of this study is to examine and to bring an understanding into the nature and scope of intrafamilial elder abuse in the area from a social and economic perspective.

2. Study Procedure

You will be asked to take part in a survey, which will be made up of questions seeking your views on the issue. The interview will take approximately 40 minutes and it will be

noted down in a notebook and a questionnaire. Audio recording may also be part of the study procedure.

3. Risks

The study process will be free from harm and any other risks. However, if you will feel uncomfortable at any point in the progression of the interview, you are free to let me know or alert any person in our research team. You may also contact the persons whose contacts are given below. In this case, you may refuse to answer any of, or all questions and you may dismiss your participation at any time of your choice.

4. Paybacks

There will be no direct benefits/remunerations to you from partaking in this study. No payment or rewards of any form will be given for contributing in this study. Nevertheless, the findings of this study may help local and national authorities in formulating policies that will be significant in addressing intrafamilial elder abuse

5. Confidentiality

Your replies to this study will be anonymous. Do not include any personal information on the questionnaire. In addition, contributor information will be kept confidential except in circumstances where the researcher will legally obliged to report specific instances. These cases may include, but may not be limited to, cases of suicide risk and abuse.

6. **Contact**

In case you will have any enquiries at any point about this research study, you may contact the researcher through the contact details provided on the first page. If you have queries concerning your rights as a study participant, or if difficulties arise which you will feel that you cannot discuss with the primary researcher, kindly contact Dr. Samuel Mwangi (0718 164 726), or Dr. Parvin Moloo on 0717696246 or the Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke.

Participant's Statement

I have read and comprehended the information provided and have had the chance to ask questions. I recognize that my participation will be voluntary and that I will free to pull out at any time, without giving a reason and devoid of any cost whatsoever. I also understand that I will be given a copy of this consent form. I voluntarily approve to take part in this study.

Participant's Signature __________________

Date________

Investigator's Statement

I, the undersigned, I have explained to the volunteer in a language she/he understands, the procedures to be followed in the study and the risks and benefits involved.

Name of interviewer

____

Interviewer signature ______________ Date ________________

Appendix II: Semi-Structured Interview Schedule for the Older Person

Serial No ---

Date and Place of Survey ---

The intent of this semi-structured interview is to generate data that will help the researcher in understanding the socio-economic dynamics of intrafamilial elder abuse, examine the nature of these dynamics, and implications of the said dynamics. Please take note that this is an exercise of collecting information that will help in addressing the problem of intrafamilial elder abuse in this area and not a test. Therefore, your involvement in this research is important and you are kindly asked to provide the investigator with accurate and correct information. Please know that all answers are important. Your response will be treated as confidential.

Section 1: Socio-Economic and Demographic Characteristics

1. Gender Male ( ) Female ( )
2. Kindly specify your age -------------------------------------
3. Which of the following specifies your marital status
    i. Single ( )
    ii. Married ( )
    iii. Widowed ( )
    iv. Divorced ( )
4. Locality
    i. Autonomous Community ---
    ii. Ward --

iii. Constituency ---

5. Number of Children --

6. Employment status

    i. Employed ( )

    ii. Retired from work ( )

    iii. Self-employed ( )

    iv. Unable to work due to illness or injury ( )

    v. Any other specify ( )

7. What was the uppermost level of education you ever achieved?

    i. Not any formal education ( )

    ii. Primary education ( )

    iii. Secondary education ( )

    iv. College ( )

    v. University ( )

8. Do you receive a pension or any cash transfer funds? Yes ( ) No ( )

9. (a) Is your pension or cash transfer funds the only source of income for your family?

Yes ( ) No ( )

(b) If the answer is No on question 9 above, what are your other bases of income?

    i. Business ( )

    ii. Rent ( )

    iii. Support from adult children ( )

iv. Other; specify ---

(c) What is your mean monthly income from these sources (in Ksh)?

i. Below 1000 ( )

ii. 1000- 5000 ( )

iii. 5000- 10 000 ( )

iv. Over 10 000 ( )

10. Do you own any piece of land? Yes ( ) No ( )

a) If yes, which of the following show how you use this land?

i. I own and cultivate the land ( )

ii. I own but do not cultivate this land ( ). In this case, who cultivates the land? Please explain --
----

----

b) What is the status of the title deed of this land?

i. With title deed ( )

ii. Lacking title deed ( )

iii. Customary/inherited ( )

iv. Unaware ( )

c) If your land has a title-deed, who possesses it? -----------------------------

Section 2: Housing and Living Arrangements

11. The place you usually live in is

i. Own ( )

ii. Rented ( )

iii. Someone else's: ( ) specify whose? --------------------------------------

iv. Other: Specify ---

12. Whom do you live with? (Several answers can be given)

i. Alone ( )

ii. Partner ( )

iii. Son ( )

iv. Daughter ( )

v. Son-in-law ( )

vi. Daughter-in-law ( )

vii. Grandson ( )

viii. Granddaughter ( )

ix. Other member of the family (specify):

_________________________Sex _______

x. A non-family caregiver (specify): _________________Sex _______

xi. Periodically changing caregivers (specify): _________________

13. How can you rate the living condition in your place of residence?

i. Excellent ( )

ii. Good ( )

iii. Fair ( )

iv. Poor ( )

v. Very poor ( )

14. The place where you usually live (multiple answers allowed)...

i. Has proper air conditioning Yes ( ) No ( )

ii. Is comfy Yes ( ) No ( )

iii. Has spaces you cannot easily access (e.g. narrow doors and steps) Yes ( ) No ( )

iv. Is usually clean and arranged Yes ( ) No ( )

v. Has a personal room for you alone Yes ( ) No ( )

15. I would also like to ask you about your trust on the people you live with them in this homestead/house.

a) Do you trust the people you live with? Yes ( ) No ( )

b) If yes, please state the extent of your trust

1) Very much ( )

2) Much ( )

3) Little ( )

4) Very little ( )

c) State the reason for your answer--

----

d) If the answer is NO, please give the reason for it--------------------------

----

Section 3: Physical and Mental Health

16. How could you describe your physical health?

    i. Excellent ( )
    ii. Good ( )
    iii. Fair ( )
    iv. Poor ( )
    v. Very poor ( )

17. Do you have any physical health problems? (multiple answers possible)

    i. Cardiovascular problems Yes ( ) No ( )
    ii. Musculoskeletal complications Yes ( ) No ( )
    iii. Diabetes Yes ( ) No ( )
    iv. Cancer Yes ( ) No ( )
    v. Eye problems Yes ( ) No ( )
    vi. Physical disability Yes ( ) No ( ) Specify----------------
    ----
    vii. Other (specify): --

18. Do you have any neurological or psychological disorders? (multiple answers possible)

    i. Brain illnesses (injuries, dementia, or tumors) Yes ( ) No ( )
    ii. Affective disorders (bipolar disorders and depression) Yes ( ) No ( )
    iii. Anxiety disorders (phobias, panic attacks, generalized anxiety,) Yes ( ) No ( )
    iv. Others (specify): --

19. If yes to any of the physical and mental health problems, please explain how it/they have affected you ---

----

20. Do you have access to adequate medical care to your sicknesses? Yes ( ) No ( )

If yes, who pays for you medical care? --

----

21. Have you had any health checkup in the past one year? Yes ( ) No ( )
22. Do you need aid to carry out activities of daily living (moving around, going outside, going to the restroom, preparing food, etc.) or to take your medicines?

    i. Yes ( )

    – How many hours per each day? ---

    – Who is/are the individual/s assisting you? -------------------------------

    ----

    ii. Are there other people assisting you or helping that person? -----------

    ----

    iii. No ( )

Section 4: Specific questions to determine if abuse is occurring or has occurred in last one year

Here, I will ask you very private questions and I would like to give you an assurance that every response you are giving me is highly and stringently confidential and will not be shared with anybody else. I have a list of things I would like to ask you if any of them has ever occurred to you in the last one year. If your answer is yes, I would like to know who the perpetrator is and why he/she did that to you.

23. Physical Abuse

i. Are you scared of or frightened by anyone at home? Yes ( ) No ( )

If the answer is yes, who is this person?---

----

ii. Have you been slapped, struck, or kicked? Yes ( ) No ( )

iii. Have you been locked in a room or tied down? Yes ( ) No ( )

iv. Has anyone ever threatened to kill you Yes ( ) No ( )

Please explain what happened in these incidences ------------------------------------

----

----

24. Psychological Abuse

i. Do you always feel lonely? Yes ( ) No ( )

ii. Have you been threatened with deprivation, institutionalization, or punishment? Yes ( ) No ( )

iii. Has anyone ever destroyed something belonging to you without your permission? Yes ( ) No ( )

iv. Has anyone ever called you a witch? Yes ( ) No ( )

v. Have you ever received the "silent treatment"? Yes ( ) No ( )

vi. Have you ever been force-fed? Yes ( ) No ( )

vii. Has anyone ever shouted or yelled at you? Yes ( ) No ( )

viii. What happens when you and your family member or caregiver disagree? ---

----

Please explain what happened in these incidences ------------------------------------

----

----

25. Financial Exploitation

i. Does your caregiver or any other family members depend on you for financial support or shelter?

Yes ( ) No ( )

ii. Has money and other possessions been stolen from you?

Yes ( ) No ( )

iii. Has anyone forced you to sign a property transfer document, a cheque, or any other financial document against your will?

Yes ( ) No ( )

iv. Has anyone ever forced you to give him or her title deeds for your house or land? Yes ( ) No ( )

v. Has anyone forced you to him or her possessions or money against your will? Yes ( ) No ( )

Please explain what took place in these incidences ------------------------------

----

----

26. Sexual Abuse

i. In the last year, did anyone ever made you feel uncomfortable?

Yes ( ) No ( )

ii. Has anyone ever touched you in a manner that you felt sexually uncomfortable? Yes ( ) No ( )

iii. Has anyone showed you pornographic material against will?

Yes ( ) No ( )

iv. Has anyone had sexual intercourse with you against your will?

Yes ( ) No ( )

27. Neglect

i. Do you lack aids such as hearing aids, eyeglasses, or false teeth?

Yes ( ) No ( )

ii. Have you been left alone for lengthy periods? Yes ( ) No ( )

iii. Were you ever not treated when you were ill Yes ( ) No ( )

iv. Have you ever been denied water, food, and good clothing?

Yes ( ) No ( )

v. Has someone at any point refused to take care of you?

Yes ( ) No ( )

vi. Have you ever been denied prescribed medication? Yes ( ) No ( )

Section 5: Reporting and Disclosure

28. Using this scale, please rate the likelihood that you would tell someone about any of the abuse situations answered in the previous section:

    a) Definitely would not tell ( )

    b) Probably would not tell ( )

    c) Probably would tell ( )

    d) Definitely would tell ( )

29. Why WOULD YOU NOT TELL ANYONE about the incidences? (multiple answers possible) (only if you ticked a or b above)

    a) I did not feel or think any injustice occurred ( )

    b) I do not know to whom I could turn to for help ( )

    c) I would fear the potential consequences of reporting/disclosing the incidence to anyone ( )

    d) I would feel embarrassed and ashamed about it ( )

    e) I would fear that my judgements would be questioned by others/fear what others may say about me ( )

    f) I may worsen the situation ( )

    g) I would fear that it may ruin my relationship with my family members and I could lose my independence ( )

    h) Others (specify) ---

    ----

30. Why WOULD YOU TELL ANYONE about the abuse incidences mentioned in the previous section? (multiple answers possible) (only if you ticked c or d above)

   a) I think an injustice had occurred ( )
   b) I would feel a sense of relief by reporting or disclosing the incidence ( )
   c) I feel confident that my decision will be supported by others ( )
   d) I think the benefits of telling someone would outweigh the potential costs ( )
   e) I know whom I can turn to for help ( )
   f) If I tell someone, I might live in a safer environment ( )
   g) I might prevent something worse from happening ( )
   h) Others (Please specify)--

   ----

31. If you indicated that you WOULD TELL SOMEONE about the situation, whom would you possibly tell? (multiple answers possible)

   a) Family member
   b) Trusted friend
   c) Minister/Sheikh/Priest/Pastor
   d) Police
   e) Medical provider
   f) An official agency such as adult protective services
   g) Other professionals such as attorney or banker

h) Other (Please specify) --

Section 6: Older Persons Attitudes towards own Ageing

32. Lastly, I will ask you about your own view and attitude about ageing and experience of being a senior adult in this community. Please tick where appropriate.

    a) Are you as happy now as you were when you were younger?

       Yes ( ) No ( )

    b) As I get older things are (better/worse/same) as I thought they would be

    c) Things keep getting worse as a grow older Yes ( ) No ( )

    d) As I grow older, I am less useful in the society Yes ( ) No ( )

We have reached the end of the questionnaire and I would like to thank you for assenting to take part in this study.

Appendix III: Focus Group Discussion Interview Schedule for Intrafamilial Elder Abuse

The goal of this focus group discussion is to examine the dynamics of intrafamilial elder abuse, from the older people's views and knowledge of abuse, beliefs and attitudes, their role within the community, pervasiveness of abuse in the community and the dynamics of reporting and disclosure from their standpoints.

1. Introduction
    i. Clarification of the purpose of the study to the members of the FGD
    ii. Explanation of how the discussion will take place
    iii. Member's introduction
    iv. Discussing the important roles the older persons play in the society or community
2. Understanding IFEA
    i. What do you regard as intrafamilial elder abuse in this community?
    ii. Probe: How prevalent are the incidences of abuse against the older persons within the family setup?
    iii. What types of intrafamilial elder abuse are you aware of or are common in this community?
    iv. Why do you think intrafamilial elder abuse in this community occurs?
3. Risk factors associated with intrafamilial elder abuse
    i. Which group of older persons do you think are more vulnerable to abuse?

ii. Which people in a family do you think mostly abuse the older persons?
iii. Are there any circumstances that may increase the likelihood of occurrence of intrafamilial elder abuse in this community?
iv. What broader societal factors that are so particular to this community do you think are responsible for the increased prevalence of abuse of the older adults in this community?

4. Non-Disclosure, underreporting and lack of reporting of intrafamilial elder abuse
    i. How common is it for the victims of intrafamilial elder abuse to speak about it?
    ii. Which form of abuse is the most reported and which is least reported?
    iii. Who do you think are the first ones to be reported to: Relatives or authorities?
    iv. Why do you think the victims of the abuse hardly talk about the abusive situations they face?
    v. Are you aware of any state-based or local elder abuse helplines that you can contact in a situation of abuse?
5. Suggestions for Interventions
    i. What kind of things do you think can be done to help the victims of intrafamilial elder abuse in this community?

ii. Where do you think an abused older person can seek help from in this community?

iii. What other suggestions do you have for helping the victims of intrafamilial elder abuse

Our interview discussion has ended. Thank you for your participation.

Appendix IV: Interview Guide for Key Informants

SECTION A: BIO-DATA

1. Gender Male ( ) Female ( )
2. Higher level of education
   i. Primary ( )
   ii. Secondary ( )
   iii. College ( )
   iv. University ( )
3. What is your working experience
   i. Less than 5 years ( )
   ii. 6-10 years ( )
   iii. 11-15 years ( )
   iv. More than 15 years ( )

Section B:

4. Are you cognizant of any cases/incidences of intrafamilial elder abuse in this community/ward/county?

----

5. How many incidences of intrafamilial elder abuse have been reported to your office in the last one year?

----

6. What are the common challenges you face when investigating and addressing issues of intrafamilial elder abuse in this area?

----

7. Are risk factor or abuse screen instruments employed when probing an alleged intrafamilial elder abuse case report in your service area?

----

8. Do the same investigators review elder abuse and child abuse reports in your service area?

----

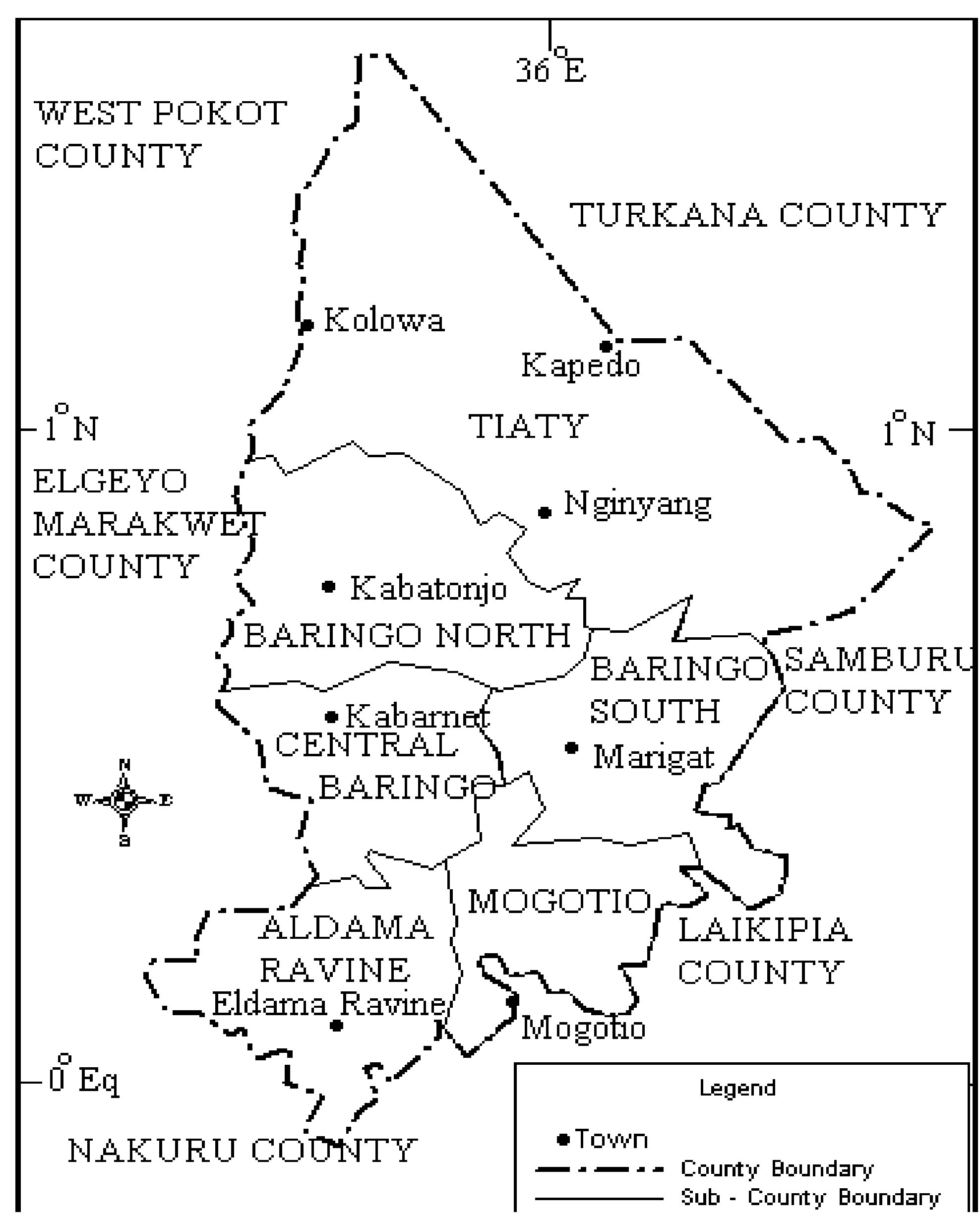
9. Of the cases reported and investigated, who were the perpetrators in most of the instances?

----

10. Lastly, what elder abuse interventions and investigation strategies can be used to address the situation in this area?

We have come to the close of our interview and I would like to thank you for partaking in this study

Appendix V: Map of Baringo County



Appendix VI: Research Authorization – Kenyatta University Graduate School

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 020-8704150

Our Ref: C50/38141/2017

DATE: 11th September, 2019

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MS. CHESANG' CONSOLATA JEPKEMEI – REG. NO. C50/38141/2017

I write to introduce Ms. Chesang' Consolata Jepkemei who is a Postgraduate Student of this University. She is registered for M.A. degree programme in the **Department of Sociology, Gender & Development Studies**

Ms. Chesang' intends to conduct research for a M.A. thesis Proposal entitled, **"Socio-Economic Dynamics of Intra-Familial Elder Abuse in Baringo County, Kenya."**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL

Appendix VII: Ethical Approval – Kenyatta University Ethical Review Committee

Kenyatta University
P.O Box 43844-00100
Nairobi-Kenya

REF: KU/ERC/APPROVAL/VOL1/1

Date: 28th October, 2019

Chesang' Consolata Jepkemei
P.0 Box 43844-00100
NAIROBI

Dear Ms. Jepkemei

RE: APPLICATION NUMBER: PKU/2007/I1155 SOCIO-ECONOMIC DYNAMICS OF INTRA- FAMILIAL ELDER ABUSE IN BARINGO COUNTY, KENYA

This is to inform you that ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** has reviewed and approved your above research proposal. Your application approval number is **PKU/2007/I1155.** The approval period is ***28th October, 2019-28th October, 2020.***

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE***.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE***.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://oris.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely

Prof. Judith Kimiywe

CHAIRPERSON- KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE.

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN
30 OCT 2019
ETHICS REVIEW COMMITTEE

Appendix VIII: Research License- NACOSTI

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 254770

Date of Issue: 25/September/2019

RESEARCH LICENSE

This is to Certify that Miss.. CONSOLATA CHESANG' of Kenyatta University, has been licensed to conduct research in Baringo on the topic: SOCIO-ECONOMIC DYNAMICS OF INTRAFAMILIAL ELDER ABUSE IN BARINGO COUNTY, KENYA for the period ending : 25/September/2020.

License No: NACOSTI/P/19/1764

254770

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearence from relevant Government Agencies
5. The License does not give authority to tranfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

Appendix IX: Research Authorization- Baringo County Commissioner

OFFICE OF THE PRESIDENT

Telephone. 053-21285
Fax. (053)-21285
E-Mail:
baringocountycommissioner@yahoo.com
baringocountycommissioner@gmail.com

When replying please quote:

MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

COUNTY COMMISSIONER'S OFFICE,
BARINGO COUNTY,
P.O. BOX 1 - 30400
KABARNET.

REF.NO: **ADM.18/1 VOL.II/132**

6TH NOVEMBER, 2019

All Deputy County Commissioners
BARINGO COUNTY

RE: RESEARCH AUTHORIZATION

Reference is made to licence No.NACOSTI/P/19/1764 dated 25th September, 2019 from the Director General – NACOSTI.

This is to confirm that **Miss. Consolata Chesang** of **Kenyatta University** has been authorized to carry out research on **"Socio-economic dynamics of Intrafamilial elder abuse in Baringo County",** for the period ending **25th September, 2020**.

Please accord her the necessary support.

HENRY WAFULA
COUNTY COMMISSIONER
BARINGO COUNTY

COUNTY COMMISSIONER
BARINGO COUNTY
P O. Box 1 - 30400, KABARNET

Appendix X: Research Authorization- Baringo County Director of Education

REPUBLIC OF KENYA

MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING & BASIC EDUCATION

OFFICE OF THE COUNTY DIRECTOR
(BARINGO COUNTY).

Our Email:countyedubaringo@gmail.com
Tel / Fax: 053/21282

P.O. BOX 6
KABARNET

REF: CDE/BAR/RESEARCH.GEN/VOL.II /182

05/11/2019

Consolata Chesang
NACOSTI/P/19/1764
Kenyatta University

RE: RESEARCH AUTHORIZATION

Reference is made to research authorization letter Ref. No. 254770 dated 25/09/2019 on the above subject.

This is to inform you that you have been authorized to carry out research on **"Socio – Economic dynamics of intrafamilial elder abuse in Baringo County"** for a period ending **25/09/2020.**

The authorities concerned are therefore requested to give maximum support so that this research is completed within schedule.

I take this opportunity to wish you well during this research in our county.

COUNTY DIRECTOR OF EDUCATION BARINGO
05 NOV 2019
BOX 664 - 30400, KABARNET

Karati Moses N.
County Director of Education
Baringo County