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From lived silence to patterned gender-based violence among child survivors in South Mugirango Sub-County, Kisii County, Kenya

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Abstract
Gender-based violence (GBV) against children remains a significant concern with implications for child protection, human rights, and social development. Despite the presence of legal and policy frameworks in Kenya, cases continue to occur, particularly in rural settings where reporting remains limited. Existing studies have largely emphasized prevalence, with less attention to how child survivors experience and interpret violence in their daily lives. This study examined the nature of GBV among child survivors in South Mugirango Sub-County, Kisii County, Kenya. The study was guided by a phenomenological orientation within explanatory design to capture both patterns and lived experiences. A proportionate sample of 154 child survivors aged 8-15 years was derived using Cochran's formula, alongside 103 parents or guardians. The study further included 2 Sub-County Children Officers, 2 Probation Officers, 4 Gender Desk Police Officers, 1 Deputy County Commissioner, 2 Chiefs, 3 Assistant Chiefs, 13 Clan Elders, 3 Social Workers, 3 Community Health Promoters, 3 Child Protection Volunteers, and 3 Kenya Children's Assembly (KCA) officials. Quantitative data were collected using structured questionnaires and analyzed using descriptive statistics, while qualitative data from interviews and focus group discussions were analyzed thematically. Findings indicate that GBV occurs in multiple forms, including physical, sexual, and emotional abuse, often across home, school, and community settings. Distinct gender patterns emerged, with girls more exposed to sexual and emotional forms of violence, while boys experienced more physical and peer-related abuse. Survivors described coping through silence, avoidance, and peer support, influenced by fear, stigma, and limited trust in formal systems. The study concludes that GBV among child survivors is patterned and shaped by social and environmental contexts. It recommends strengthening reporting mechanisms, enhancing community awareness, and promoting child-centered interventions. The study contributes to social work by informing practice and policy with evidence grounded in survivors' experiences.

Keywords: Gender-Based Violence, Child Survivors, Lived Experiences, Child Protection

Introduction

Background to the Study

Globally, more than half of all children aged 2-17 years are estimated to have experienced physical, sexual or psychological violence (Hillis *et al*., 2016) [20]. Children are mostly at risk of experiencing violence in their own homes, where adult caregivers perpetrate physical, sexual or psychological violence as a means of expressing power or control often in an effort to discipline their children to promote good behavior (UNICEF, 2014) [34]. In the United States, Gender based violence against children remains a significant concern, with approximately 1 in 7 children experiencing abuse or neglect. In 2019 alone, the National Center for Missing and Exploited children documented 21.7 million reports of child sexual abuse (National Center for Missing and Exploited Children, 2020) [29]. Abramsky *et al*. (2011) [1] argue that gender-based violence (GBV) can have enduring effects and contribute to a cycle of aggression across generations. Girls who experience violence in childhood are more likely to face GBV later in life, while many male perpetrators report having been exposed to violence during their own childhoods (Fulu *et al*., 2017) [15]. Exposure to such violence early in life can also impair brain development and result in long-term social, psychological, and health challenges (Norman *et al*., 2012) [31].

Gender-based violence (GBV) against children refers to any harmful act or threat of harm that is perpetrated against a child on the basis of their gender, which includes physical, sexual, emotional, and psychological abuse (UNICEF, 2021) [36]. According to the World Health Organization (WHO, 2021) [41], GBV is a significant public health issue that affects

millions of children worldwide. Recent research has highlighted the alarming prevalence of GBV against children. For example, a study conducted in Ethiopia found that 71% of girls and 67% of boys reported experiencing at least one form of violence before the age of 18 (Alemu, Ambaw, & Yalew, 2021) [3]. Another study in India found that 53% of children reported experiencing some form of sexual abuse (Gupta *et al*., 2021) [18].

Gender-based violence against children has long-term implications, affecting their psychological well-being, physical health, and social development beyond the initial experience. WHO (2021) [41] emphasizes that the repercussions encompass not only physical harm but also emotional and psychological wounds, imprinting scars that can endure into adulthood. This cumulative trauma can manifest as a range of challenges, including anxiety, depression, post-traumatic stress disorder, and impaired emotional regulation. The insidious nature of GBV can further fuel cycles of violence, as those who experience abuse may internalize it as a norm and perpetuate it in future relationships. UNICEF (2021) [36] brings into focus that these consequences carry a profound impact on children's developmental trajectories, influencing academic performance, interpersonal relationships, and mental health outcomes.

Given the serious consequences of gender-based violence (GBV) against children, comprehensive interventions are required (Borrero & Perez, 2016) [8]. An effective response calls for integrated strategies that include prevention, early detection, and access to appropriate support services. Prevention efforts should focus on tackling the root causes of violence and challenging harmful social norms. Early identification enables front-line professionals to intervene promptly and protect at-risk children. According to UNICEF (2021) [36], support services should extend beyond immediate needs to provide long-term care that supports children's recovery and well-being.

Effectively responding to gender-based violence (GBV) against children calls for a thorough grasp of the various interrelated factors that sustain it. Kirsten MacLeod (2022) [27] emphasizes that efforts to curb GBV must consider the influence of poverty, entrenched social norms, and persistent gender inequality. These structural conditions not only increase children's susceptibility but also normalize abusive behaviors within communities. As such, interventions must go beyond immediate responses and begin to confront the root causes of violence (Borrero & Perez, 2016) [8]. Economic empowerment can reduce the financial pressures that often lead to child exploitation, while community education initiatives can help question and shift long-standing beliefs that justify abuse. In parallel, policy reforms that promote gender equity can help rebalance power dynamics that put children at risk. Collabourative engagement among government agencies, civil society, and local communities is vital to designing responses that are both relevant and sustainable. When such efforts are well coordinated, they hold the potential to reduce harm, strengthen protective structures, and build resilience over time (Borrero & Perez, 2016) [8].

Preventing gender-based violence (GBV) against children demands structural interventions that address its root causes. As Bhatia *et al*. (2020) [7] observe, sustainable prevention efforts must be anchored in the promotion of gender equality and the dismantling of harmful gender norms that normalize violence. Transforming societal perceptions of gender through targeted education and public sensitization is essential to challenging entrenched power dynamics and discriminatory practices. Awareness campaigns serve as platforms for reshaping beliefs, encouraging dialogue, and mobilizing community-level support for non-violent social relations (Ganster-Breidler, 2010). Such interventions are most effective when they are multi-sectoral, involving state institutions, families, and civil society actors. Equipping children with life skills, enforcing protective legal frameworks, and creating safe and affirming environments form the core of a comprehensive prevention strategy (Bhatia *et al*., 2020) [7].

Early detection and timely response to GBV are equally critical, particularly given that many child victims remain silent due to fear, shame, or limited access to support systems. Bamidele (2016) [6] emphasizes the need to train frontline professionals, educators, healthcare providers, and child protection workers, to identify subtle indicators of abuse and respond effectively. Such training enhances the capacity of institutions to intervene before harm escalates and ensures that children receive timely protection and care. A coordinated, well-informed response system is therefore central to safeguarding children and strengthening accountability within communities and service structures.

Support services for children who have experienced gender-based violence (GBV) must be trauma-informed and culturally appropriate. Borrero and Perez (2016) [8] argue that trauma affects children differently, making it necessary to design interventions that reflect each child's specific emotional and psychological experiences. Medical attention, mental health care, and legal support form the foundation of a comprehensive response (Almeida *et al*., 2019) [4]. Counseling that aligns with the child's developmental stage and cultural background improves the likelihood of meaningful recovery.

Cultural sensitivity enhances the relevance of support services. As Borrero and Perez (2016) [8] note, acknowledging a child's cultural context helps to strengthen trust and engagement with service providers. Legal mechanisms that are accessible and respectful of children's rights further contribute to a sense of justice and security (Almeida *et al*., 2019) [4]. A supportive environment plays a critical role in promoting recovery. Children benefit from safe spaces where they can express themselves freely and receive consistent emotional support. Borrero and Perez (2016) [8] emphasize the value of involving families, schools, and communities to build a strong protective network. When local traditions, languages, and practices are integrated into care strategies, children are more likely to feel connected and empowered (Almeida *et al*., 2019) [4].

Gender-based violence (GBV) against children remains a serious public health and human rights concern globally (David *et al*., 2023). It includes physical, sexual, psychological, and economic abuse, often linked to unequal power relations and harmful gender norms. Girls are particularly at risk in settings where male authority is prioritized, and traditional roles limit their autonomy. Community acceptance of practices such as child marriage or corporal punishment worsens the situation. Although legal protections may exist, weak enforcement and cultural resistance often prevent effective responses. As David *et al*. (2023) observe, these structural gaps expose children to ongoing risk and harm.

The global prevalence of gender-based violence (GBV) presents a major public health and human rights concern. According to the World Health Organization (WHO, 2021) [41], about 30% of women worldwide have experienced physical or sexual violence by an intimate partner. Seven percent have been subjected to non-partner sexual violence.

Young women aged 15 to 24 are also affected; among those who have ever been in a relationship, 29% report having experienced intimate partner violence (Maria *et al*., 2019). Regional variations are evident, with prevalence ranging from 27% in the WHO European Region to 46% in the African Region. These figures highlight the scale of GBV and the structural conditions that enable its persistence.

In Kenya, the 2010 Violence Against children Study (VACS) revealed a high incidence of violence among adolescent girls and young women. Among females aged 18 to 24, 32% had experienced sexual violence and 66% physical violence before turning 18. Among those aged 13 to 17, 11% reported sexual violence and 49% physical violence within the previous 12 months (Amanda *et al*., 2022). Perpetrators included intimate partners, friends, classmates, strangers, and family members. The effects of such violence include increased risk of unintended pregnancy, unsafe abortion, sexually transmitted infections, and poor mental health outcomes such as depression, anxiety, and suicidal ideation (Katherine & Frederick, 2022). Despite the severity of these outcomes, fewer than 8% of respondents who experienced sexual violence received professional help (Maria *et al*., 2019).

Children and adolescents engaged in high-risk practices such as transactional sex or early sex work often face increased susceptibility to violence. A study conducted in Mombasa, Kenya, found that women who entered sex work before the age of 17 were significantly more likely to report experiences of recent physical and sexual abuse compared to their older counterparts. These women also reported frequent verbal assaults from paying partners (Ministry of Health, 2016) [28]. Evidence indicates that girls and young women involved in transactional sex frequently experience rape and physical assault, reflecting a broader pattern of gendered exploitation in unequal power dynamics (Solomon *et al*., 2022). The conditions of a first sexual encounter—particularly age, consent, and condom use—are strongly associated with long-term susceptibility to HIV infection and gender-based violence.

Gender-based violence against children has extensive health and social consequences that extend into adulthood. Structural factors such as gender inequality and social tolerance for violence often reinforce these risks. Effective prevention requires more than reactive measures; it demands deliberate efforts to promote gender equity and shift entrenched social norms. Services for must be trauma-informed and responsive to the cultural contexts in which children live (Ministry of Health, 2016) [28]. Education and community-based awareness initiatives play a crucial role in reshaping attitudes and promoting protection. Long-term progress depends on coordinated efforts involving families, schools, healthcare providers, civil society, and government institutions to prevent violence and foster safer environments for children (Solomon *et al*., 2022).

Forms of violence

Gender-based violence takes various forms, such as intimate partner violence and online violence, among others. These forms are not mutually exclusive, and multiple incidents of violence can occur simultaneously and reinforce each other. Inequalities related to race, disability, age, social class, religion, and sexuality can also drive acts of violence, which means that some women may experience multiple and intersecting forms of violence (WHO, 2020) [40].

Physical violence

Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter. The KDHS reported that 48% of children aged 0-17 years have experienced physical violence. Physical violence includes beating, slapping, and kicking (David K. Evans 2023) [14]. Children living in urban areas are more likely to experience physical violence than those in rural areas. The perpetrators of physical violence against children are mainly parents, guardians, and teachers.

Sexual violence

Gender-based violence (GBV) against children in Kenya often takes the form of sexual violence, with a 2014 Kenya Demographic and Health Survey (KDHS) reporting that 11% of girls and 3% of boys aged 0-17 years had experienced sexual violence. Sexual violence against children encompasses various forms such as rape, defilement, incest, and sexual exploitation. However, most cases of sexual violence against children go unreported due to stigma, fear, and a lack of trust in the justice system, particularly in rural areas where access to medical care and legal assistance is limited (Jessi Hanson-DeFusco et.al 2023) [19].The adverse effects of child sexual violence are significant, with long-term consequences on the physical, psychological, and developmental well-being of children (WHO, 2016) [39]. Although research has been conducted on the long-term and short-term effects of sexual violence against children, data exploring the etiology and mitigation strategies of child sexual abuse (CSA) among pupils is lacking (Gabriela *et al*., 2020). The coping mechanisms of affected children differ across cultures, which may result in the development of long-term psychiatric problems (Shapiro *et al*., 2012) [32].

Childhood sexual violence has been associated with negative outcomes such as depression, hypersexuality, hyposexuality, substance abuse, and somatic symptoms (Wilson, 2010) [38]. According to Stoltenborgh *et al*. (2011) [33], the global prevalence of CSA is estimated to be 11.8%, with rates ranging from 7.6% to 8.0% among males and 15.0% to 19.7% among females. In South America, the prevalence of CSA is similar among females and males (13.8% and 13.4%, respectively), whereas in Africa, the rates are the highest, estimated at 19.3% for males and 20.2% for females (Stoltenborgh *et al*., 2011) [33]. However, approximating the prevalence of sexual violence against children is complicated by various factors such as the lack of a universal defining criterion for CSA and differences in classification across different demographic scales (Haileye, 2013).

Children's susceptibility to sexual abuse is shaped by individual vulnerabilities, social conditions, and cultural norms that allow abuse to occur and remain hidden. Shapiro *et al*. (2012) [32] note that factors such as power imbalances, societal silence, and weak child protection systems increase the likelihood of abuse. Accurate assessment and tailored interventions can provide meaningful support to children affected by abuse.

Psychological violence

Psychological violence, which involves any act that inflicts psychological harm on an individual, has been identified as a prevalent form of gender-based violence (GBV) that is

often overlooked by various stakeholders due to its private and socially acceptable nature (Jenny, et.al 2023). Examples of psychological violence include coercion, defamation, verbal insult, and harassment. Emotional and psychological violence, in particular, is widespread and includes practices such as confinement, silent treatment, controlling socialization, emotional abuse, and infidelity. According to the Kenya Demographic and Health Survey (KDHS) of 2008/09, 50% of men surveyed reported being jealous if their partners talked to other men, while 20% controlled their spouse's socialization and 35% monitored their spouse's movements. Incidences of emotional and psychological violence vary regionally, with the Eastern and Western regions of Kenya leading at 57% and 49.2%, respectively.

Emotional and psychological violence is a strategic type of GBV that should be prioritized to achieve prevention goals, as it can precipitate other forms of GBV. Despite its subtle nature, the impact of emotional and psychological violence on an individual's mental health and well-being cannot be underestimated (Jenny, et.al 2023). Therefore, addressing emotional and psychological violence is essential in promoting healthy relationships and preventing GBV. It is crucial for all stakeholders, including policymakers, civil society organizations, and community leaders, to recognize the significance of emotional and psychological violence in GBV prevention efforts and to adopt comprehensive and evidence-based interventions to address this issue.

Economic violence

Economic violence is described as any act or behavior that inflicts economic harm on an individual such as restricting access to financial resources, education, or the labour market, damaging property, or not complying with economic responsibilities, such as alimony (Jewkes, et.al.,2002) [22]. However, it is crucial to acknowledge that gender-based violence may be normalized and reproduced due to structural inequalities, such as societal norms, attitudes, and stereotypes around gender and violence against women specifically. This highlights the significance of acknowledging institutional or structural violence, which is defined as the subordination of women in economic, social, and political life, when explaining the prevalence of violence against women within our societies (Garcia-Moreno et.al., 2005) [16].

Structural violence and gender norms continue to shape the conditions under which women are exposed to gender-based violence (GBV) (Jewkes *et al*., 2002) [22]. These norms operate through institutionalized systems that limit women's access to education, employment, and legal protection (Garcia-Moreno *et al*., 2005) [16]. Laws and policies often fail to safeguard women adequately, either through omission or by reinforcing existing power hierarchies. In such environments, GBV is not merely the result of individual acts but is sustained by systemic arrangements that regulate access to rights, services, and resources. The persistence of discriminatory structures whether legal, economic, or cultural creates patterns of exclusion and inequality that make women more susceptible to violence across different contexts (Jewkes *et al*., 2002) [22]. The relationship between institutional inequalities and GBV is not incidental but shaped by long-standing arrangements that control who receives protection and whose harm is ignored (Garcia-Moreno *et al*., 2005) [16]. Such conditions sustain an environment in which violence is tolerated, underreported, and poorly addressed.

Harmful Cultural Practices

Harmful cultural practices, including early child marriages, forced marriages, widow inheritance, disinheritance, infanticide, virginity testing, and ritual killings, continue to be a major challenge in Kenya (Wamue-Ngare & Nzioka, 2021) [37]. Among these practices, Female Genital Mutilation (FGM) remains prevalent, with 27% of women aged 15-49 having undergone the procedure (National Council for Population and Development 2014) [26].

It is alarming that FGM is most prevalent in the North Eastern region, where the most severe forms of the practice account for 95% of cases (Amollo, 2020) [5]. Furthermore, certain communities, such as the Somalis, Kisiis, and Maasais, continue to record high incidences of FGM, with rates of 98%, 96%, and 73% respectively (Njue *et al*., 2021) [30]. These high rates are often attributed to cultural beliefs and traditions, which must be critically examined and addressed if we are to make progress in eradicating harmful cultural practices in Kenya.

The government's efforts to eliminate female genital mutilation (FGM) demonstrate increasing acknowledgment of its detrimental consequences. However, existing interventions remain insufficient in fully safeguarding women and girls from the persistence of these practices. Harmful cultural traditions continue to endanger both the physical and psychological well-being of those affected (Kenya National Bureau of Statistics *et al*., 2014) [26]. Community-level engagement, particularly with traditional leaders and influential stakeholders, plays a critical role in challenging the cultural norms that sustain such practices (Amollo, 2020) [5]. Health education initiatives, combined with culturally responsive advocacy, are essential in shifting attitudes and promoting the abandonment of FGM.

Methodology

Research Design

This study adopted a qualitative phenomenological research design to examine the nature of gender-based violence (GBV) against children in South Mugirango Sub-County. The phenomenological approach was deemed appropriate as it facilitates an in-depth exploration of individuals' lived experiences and the meanings they ascribe to those experiences (Creswell & Creswell, 2018) [12]. In the context of this study, the design enabled a nuanced understanding of how GBV manifests among children, capturing the forms, contexts, and subjective interpretations of violence. By focusing on lived experiences, the study sought to generate rich, descriptive insights into physical, sexual, emotional violence, and neglect as encountered by child survivors within their socio-cultural environments.

Study Area

The study was conducted in South Mugirango Sub-County, located in Kisii County, Kenya. The area has reported a significant number of GBV cases involving children, making it a relevant context for investigating the nature of such violence. The socio-cultural dynamics, population characteristics, and existing child protection challenges within the sub-county provided a suitable setting for exploring the lived realities of affected children.

Study Population and Sampling

The target population comprised child survivors of GBV aged between 8 and 15 years, drawn from the broader population defined in the main study. A purposive sampling technique was employed to identify participants with direct or indirect experiences of GBV. Study Population and

Sampling. The study targeted child survivors of GBV aged between 8 and 15 years. A proportionate sample of 154 child survivors was derived using Cochran's formula, alongside 103 parents or guardians. The study further included 2 Sub-County Children Officers, 2 Probation Officers, 4 Gender Desk Police Officers, 1 Deputy County Commissioner, 2 Chiefs, 3 Assistant Chiefs, 13 Clan Elders, 3 Social Workers, 3 Community Health Promoters, 3 Child Protection Volunteers, and 3 Kenya Children's Assembly (KCA) officials. The sampling process ensured inclusion of participants who could meaningfully articulate their experiences, thereby enhancing the depth and relevance of the data collected.

Data Collection Methods

Data were collected using a structured questionnaire that incorporated open-ended items designed to elicit detailed narrative responses. While the structured components of the instrument facilitated the organization and categorization of responses, emphasis was placed on the open-ended sections to capture participants' lived experiences. The data collection process focused on obtaining information regarding the forms of violence experienced, the contexts in which such incidents occurred, the relationships between victims and perpetrators, and the emotional and psychological implications of these experiences. This approach aligns with phenomenological inquiry, which emphasizes participants' subjective accounts and interpretations of their realities.

Data Analysis

The qualitative data were analyzed using thematic analysis within a phenomenological framework. The analysis process involved several stages, beginning with familiarization through repeated reading of the data to gain an overall understanding of participants' narratives. Significant statements related to experiences of GBV were then identified and extracted. These statements were subsequently organized into clusters of meaning, leading to the development of themes representing various forms and patterns of violence. The analysis further involved constructing textural descriptions (what was experienced) and structural descriptions (how it was experienced), culminating in a comprehensive synthesis of the essence of GBV as lived by the participants. This analytical approach is consistent with phenomenological reduction and thematic interpretation as outlined by Creswell and Creswell (2018) [12].

Validity and Trustworthiness

To ensure the rigor of the study, several strategies were employed to enhance trustworthiness. Credibility was achieved through triangulation, whereby data from child participants were complemented with insights from key informants to validate emerging themes. Consistency and dependability were ensured through systematic data handling and cross-checking of responses. Additionally, the use of thick description provided detailed contextual accounts, enabling readers to understand the depth and complexity of participants' experiences and enhancing the transferability of the findings. These measures are consistent with established qualitative research standards (Greene *et al*., 2017).

Ethical Considerations

Ethical approval for this study was obtained from the Kenya National Commission for Science, Technology and Innovation (NACOSTI) under permit license number

NACOSTI/P/25/4178473: The study adhered to established ethical guidelines for research involving human subjects, with particular attention to the protection of children as a vulnerable population. Participation in the study was voluntary, and informed consent was obtained from parents or legal guardians, while assent was obtained from the child participants after providing age-appropriate explanations of the study's purpose, procedures, potential risks, and benefits. Participants were informed of their right to withdraw from the study at any point without any adverse consequences. Confidentiality and anonymity were strictly maintained by removing personal identifiers from all data collected. The information obtained was used solely for academic purposes and was stored securely to prevent unauthorized access. Given the sensitive nature of GBV, appropriate safeguards were implemented to minimize potential psychological distress, including conducting data collection in safe and supportive environments. These ethical measures ensured the dignity, safety, and well-being of all participants throughout the research process.

Results

Nature of GBV against Children

This section will cover data on forms of gender based violence and gendered pattern of abuse.

Forms of abuse

Children survivors in South Mugirango Sub-County were asked to indicate the extent to which they had experienced or witnessed physical, emotional, sexual abuse, neglect, and harmful cultural practices affecting themselves or children in their immediate environment. Responses were captured using a 5-point Likert scale (5 = Very high and frequent exposure, 1 = Minimal exposure). The weighted mean score reflects the overall perceived level of exposure to these forms of abuse, as presented in Table 1 below.

Table 1: Descriptive Statistics of Children's Responses on the Forms of Abuse (n = 145, response rate = 94%)

Statement	Very high and frequent exposure (5)	High exposure (4)	Moderate exposure (3)	Low exposure (2)	Minimal exposure (1)	Total Score	Mean (M)	SD
I have experienced or witnessed physical, emotional, sexual harm, neglect, or harmful cultural practices affecting myself or children in my immediate environment.	48 (48×5=240)	39 (39×4=156)	30 (30×3=90)	19 (19×2=38)	9 (9×1=9)	533	3.68	1.16

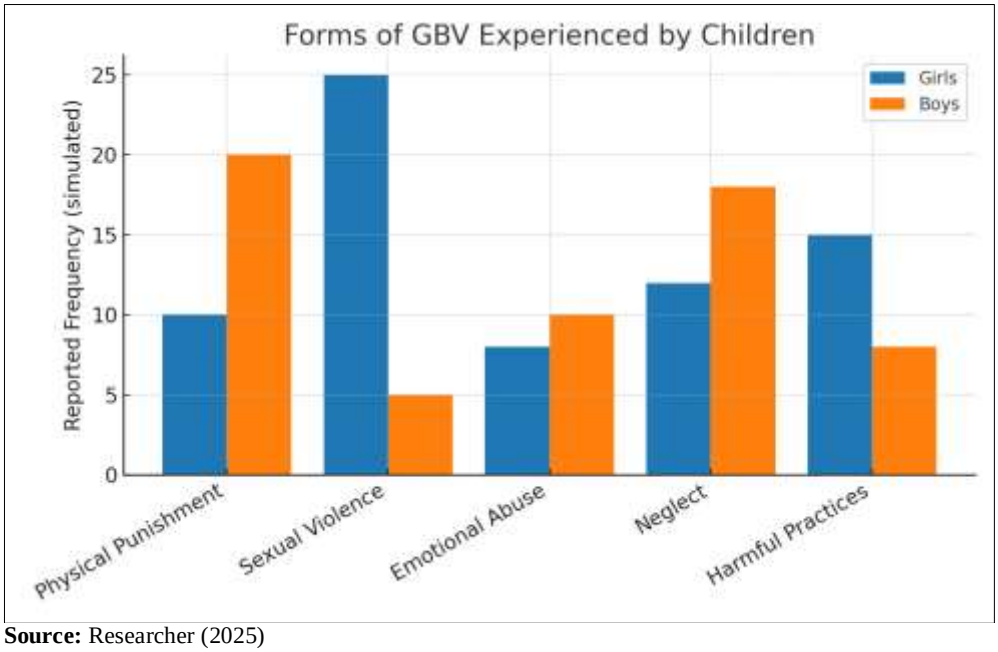
Source: Researcher (2025)

Scale: 5 = Very high and frequent exposure | 4 = High exposure | 3 = Moderate exposure | 2 = Low exposure | 1 = Minimal exposure N = 145The results show that 33.1% of respondents reported very high and frequent exposure, 26.9% reported high exposure, and 20.7% reported moderate exposure. In contrast, 13.1% reported low exposure, while 6.2% reported minimal exposure. This distribution indicates that a majority of respondents (80.7%) experienced moderate to very high exposure to abuse-related situations.

The weighted mean of 3.68 suggests a moderate to high level of exposure to abuse among children in the study area. The standard deviation of 1.16 indicates variability in responses, reflecting differences in the intensity and frequency of exposure to abuse across households, schools, and community settings in South Mugirango Sub-County.

These experiences of sexual, physical, or psychological abuse recorded a relatively high severity score (M = 3.68), indicating that many children encounter direct forms of violence within their environments. The presence of multiple forms of abuse highlights the complex and overlapping nature of GBV affecting children. Such experiences may produce long-term psychological distress, fear, and disruptions to children's social development. Empirical research confirms that violence against children often occurs in interconnected forms. Jewkes, Flood, and Lang (2015) [21] note that physical, emotional, and sexual violence frequently coexist, reinforcing cycles of harm and susceptibility. Similarly, the Violence against Children Survey in Kenya reports that a significant proportion of children experience at least one form of violence before adulthood (KNBS, 2019) [24]. From a theoretical standpoint, feminist scholars argue that violence against vulnerable groups is closely linked to broader systems of inequality and control. Within patriarchal structures, individuals with greater authority may exercise dominance over those with less power, including children. The findings therefore illustrate how abuse reflects structural imbalances that shape relationships within families, schools, and communities.

Qualitative evidence supports these quantitative findings. Parents, caregivers, and social workers reported that many children experience overlapping forms of abuse, including verbal harassment, physical punishment, and psychological coercion. This is indicate below in figure 4.2 below.



Source: Researcher (2025)

Fig 1: Forms of GBV Experienced

Figure 1 presents the distribution of gender-based violence (GBV) experiences among children, showing distinct patterns in how boys and girls encounter violence across different settings. Girls reported higher levels of sexual harassment, verbal abuse, and coercive control, while boys experienced more physical punishment, bullying, and peer-related aggression. These differences reflect the influence of social norms and gendered expectations, which shape the behaviors considered acceptable for each sex and create conditions in which certain forms of violence are more likely to occur (Kelkar *et al*., 2022; Carter *et al*., 2023) [23, 9]. Through a Feminist Theory perspective, these findings reveal how unequal power relations within families, schools, and communities reinforce these patterns, allowing violence to be used as a tool to maintain control and enforce traditional gender roles.

These results are consistent with national and regional surveys, such as KDHS (2022) [25] and UNICEF (2021) [36], which indicate that children's experiences of abuse are shaped by socially prescribed roles. Girls are more often subjected to sexualized and domestic harms, reflecting constraints on their autonomy, whereas boys encounter corporal punishment and peer violence in alignment with cultural expectations that reward toughness and conformity. Such social and cultural pressures influence both the type and frequency of violence children survivors face, as well as their perception and response to.

The analysis shows that GBV affects children survivors differently depending on gender, social context, and environment. Girls' exposure to sexual and verbal forms of abuse, alongside boys' experiences of physical and peer-related violence, illustrates how societal expectations and household practices intersect to produce varying vulnerabilities. These patterns emphasizes the importance of gender-sensitive interventions that address both forms of abuse and the distinct needs of boys and girls in schools, homes, and community spaces.

Qualitative findings indicate that children survivors experience multiple forms of mistreatment across home, school, and community settings, with clear gendered distinctions in exposure. Children's narratives described sexual harassment, verbal abuse, and coercive practices as more frequently affecting girls, while boys more commonly reported physical punishment, bullying, and peer-related violence.

A child survivor responded in the questionnaire:
"Some boys hit me because I am a girl."(CS-023, 2025)
Another respondent noted:
"Girls are insulted, boys are beaten."(CS-041, 2025)

These responses underscore children's lived experiences of gendered mistreatment across home, school, and community environments. Girls commonly report sexual harassment, verbal abuse, and coercion, whereas boys experience physical punishment, bullying, and peer-related violence. Existing literature suggests that such gendered differences reflect broader socialization processes and culturally embedded expectations regarding appropriate behaviour for boys and girls (Kelkar *et al*., 2022) [23]. The findings illustrate that gender-based violence is embedded within everyday social structures rather than occurring as isolated incidents, underscoring the need for interventions that are responsive to these differentiated experiences in order to enhance child protection outcomes.

In an interview, a social worker highlighted the link between household socio-economic conditions and children's exposure to violence, noting that economic strain often contributes to neglect and physical punishment.

"Children in poor households often face beatings and neglect because parents cannot provide or supervise properly." (KII-SW2, 2025)

Poverty-related stress, limited access to schooling, and household resource constraints create environments where children face an elevated risk of violence. In focus group discussions, parents noted that children in economically strained households were more frequently subjected to physical punishment and neglect, as caregivers struggled to meet basic needs. This aligns with Cornia and Martorano (2017) [11], who highlight that economic deprivation increases reliance on coercive discipline, particularly in contexts with limited social support. Interviews with child protection volunteers revealed that weak protective systems and under-resourced social services often delay timely interventions, allowing abusive practices to continue unchecked, a pattern consistent with findings by Akareem and Hossain (2016) [2]. Similarly, Ermiya *et al*. (2019) [13] emphasize that constrained child protection capacity compounds children's susceptibility, as persistent abuse goes undetected and unaddressed. These observations collectively demonstrate that exposure to GBV is frequently compounded by systemic and structural vulnerabilities, highlighting the need for interventions that address both household conditions and broader institutional weaknesses

In an interview, an assistant chief explained that disciplinary practices within families often involve strict enforcement of authority, where children are sometimes subjected to public punishment as a means of correcting behaviour.

"Families frequently rely on strict discipline, and children are sometimes punished publicly to enforce authority."(KII-ACH2, 2025)

Public corporal punishment and verbal humiliation were identified as commonly accepted methods of enforcing behavioural norms within households and communities. Existing literature indicates that institutionalised and socially sanctioned violence, such as public reprimand, reinforces structural power imbalances and normalises aggressive disciplinary practices (Carter *et al*., 2023) [9]. The findings suggest that boys are more likely to experience violence as part of socially sanctioned notions of masculinity and dominance, while girls experience tighter control of autonomy, reflecting cultural expectations that shape differential vulnerability among children. These dynamics indicate that effective interventions must extend beyond households to include engagement with community leadership structures in order to challenge entrenched disciplinary norms.

In an interview, a clan elder further noted that community responses to child discipline are often passive unless cases escalate to severe harm.

"When children misbehave, corrective measures often involve physical or verbal reprimand, and community members rarely intervene unless harm is severe."(KII-CE5, 2025)

This observation suggests that weak community oversight contributes to the normalisation and continuation of routine forms of violence against children. Studies have shown that gender-based violence is often embedded within everyday social interactions and reinforced through culturally accepted disciplinary routines, particularly where local governance and protection systems do not actively monitor or sanction abusive practices (Kelkar *et al*., 2022; Carter *et al*., 2023) [23, 9]. These findings highlight the need for strengthened community-based monitoring mechanisms and sustained awareness interventions aimed at transforming social norms and enhancing child protection at the community level.

In a focus group discussion with parents, one participant observed that gendered patterns of mistreatment are evident in both household and school environments, where children experience different forms of violence depending on gender.

"Girls are constantly criticized and coerced, while boys face frequent beatings at school and home."(FGD5-P3, 2025)

This illustrates gendered socialisation and environmental risk factors that shape children's susceptibility to violence. Gender norms dictate differential treatment, with girls more exposed to emotional and sexualized abuse, while boys experience physical and peer-related violence. Research supports that such differential exposures not only reinforce societal hierarchies but also influence children's coping mechanisms, social behaviour, and self-concept (Kelkar *et al*., 2022; Carter *et al*., 2023) [23, 9]. Effective interventions must therefore incorporate gender-sensitive approaches that recognise and respond to these distinct vulnerabilities.

In an interview, a social worker explained that children's behavioural responses to violence are shaped by fear, stigma, and weak protective systems.

"Children's responses to violence are shaped by fear, stigma, and the absence of protective systems."(KII-SW2, 2025)

Children often adopt informal coping strategies such as silence, avoidance, or reliance on peers to manage experiences of mistreatment. Studies show that such strategies are adaptive in contexts where formal protection mechanisms are weak or mistrusted, yet they may expose children to repeated harm (Borrero & Perez, 2016; Cornia & Martorano, 2017) [8, 11]. These findings imply that interventions should strengthen both formal child protection systems and peer-based psychosocial support to ensure safe reporting channels and resilience-building opportunities.

In a focus group discussion, parents further noted that household stress and limited supervision intensify children's exposure to violence.

"Limited supervision and household stress often exacerbate the violence our children experience."(FGD6-P7, 2025)

This illustrates how economic strain and overcrowding create environments that heighten children's susceptibility to violence. Structural pressures within households often compel caregivers to rely on harsh disciplinary methods, which children experience as normative and repetitive. Evidence from Cornia and Martorano (2017) [11] supports

this, showing that poverty and social stressors directly increase the likelihood of child maltreatment. Similarly, Akareem and Hossain (2016) [2] indicate that economic deprivation and associated household pressures contribute to cycles of abuse, where children internalise fear and anxiety due to repeated exposure. The study data confirm these patterns, as children reported frequent physical punishment and verbal reprimands linked to family stress and insufficient supervision. These findings highlight that interventions must address both structural determinants such as household economic support and social mechanisms, including caregiver education and community-based programmes, to reduce reliance on violent disciplinary practices and promote safer developmental environments.

In an interview, a child protection volunteer highlighted the importance of peer networks as informal coping mechanisms in contexts of limited adult protection.

"Peer support becomes a lifeline; children often confide in each other because approaching adults feels unsafe."(KII-CPV2, 2025)

This shows how children develop informal coping mechanisms to navigate environments where exposure to GBV is frequent and adult protection is limited. Such peer networks act as temporary buffers, allowing children to share experiences and seek emotional support, yet they do not prevent ongoing abuse or address underlying causes. Research by Borrero and Perez (2016) [8] highlights that in settings with weak or inaccessible formal protection systems, reliance on peers is a common adaptive strategy that provides immediate psychological relief. Cornia and Martorano (2017) [11] further emphasize that without robust institutional interventions, these informal mechanisms are insufficient to reduce recurrence or ensure long-term safety. The findings corroborate this, revealing that children frequently rely on peers for disclosure and emotional support, indicating the need to strengthen formal protection systems while also integrating peer-based psychosocial support into intervention strategies.

In an interview, a Kenya Children Assembly (KCA) official noted mistrust in formal reporting systems among children survivors.

"Children lack confidence in formal reporting systems and fear that disclosure will not change anything."(KII-KCA3, 2025)

This mistrust highlights critical systemic gaps in child protection structures. Children often refrain from reporting abuse due to fear of retaliation, perceived inaction, and lack of trust in authorities, thereby reinforcing cycles of violence and prolonged exposure. These observations align with Borrero and Perez (2016) [8], who argue that weak reporting mechanisms and institutional unresponsiveness perpetuate silence among survivors. Similarly, Cornia and Martorano (2017) [11] emphasise that limited enforcement of child protection laws and inaccessible legal frameworks exacerbate vulnerability, particularly where social norms prioritise family privacy over external intervention. Akareem and Hossain (2016) [2] further highlight that cultural hierarchies and normative beliefs discourage formal reporting. Collectively, these findings underscore the importance of strengthening child-friendly reporting mechanisms, enhancing community awareness, and improving institutional responsiveness to build trust and improve protection outcomes for children.

Children survivors reported that poverty-related stress, limited schooling, and inadequate supervision increase susceptibility to violence, aligning with Cornia and Martorano, 2017 [11], who show that economic strain worsen reliance on coercive discipline, and Akareem and Hossain, 2016 [2], who note that weak social services reduce opportunities for timely intervention. Ermiya *et al*., 2019 [13], further demonstrate that limited child protection capacity constrains detection and response, allowing abusive practices to persist.

These findings indicate that mistreatment is patterned according to gender norms, socio-economic conditions, and institutional weaknesses. Girls are more frequently exposed to sexual harassment, verbal abuse, and coercion, while boys are more likely to experience physical punishment, bullying, and peer-related violence. Stakeholder narratives illustrate that the persistence of these forms of mistreatment is rooted in established cultural norms, household hierarchies, and limited formal oversight, which collectively sustain gender-based violence against children. These results imply that interventions must address both social and structural determinants, targeting household practices, community norms, and institutional capacities to reduce differential vulnerabilities and strengthen child protection outcomes.

The quantitative data in Table 1 show that threats and harm across home, school, and transit settings rank as the most frequent and severe form of abuse, with a mean score of 3.98. This finding aligns with the qualitative evidence, which illustrates that children experience multiple overlapping forms of mistreatment every day, including physical punishment, verbal abuse, and coercion. Both data sources highlight the pronounced and routine nature of these experiences, showing that such harm is not limited to isolated incidents but is part of everyday social and institutional interactions. The quantitative data provide a broad measure of severity and frequency, while the qualitative findings explain how factors such as poverty, limited supervision, and weak protective structures increase children's exposure to violence and shape their coping strategies. The combination of these data sets confirms that threats and harm are a persistent and gendered reality for children across multiple settings.

At the same time, small differences between the two sources reveal additional insights. The quantitative mean captures the general intensity of exposure, but the qualitative narratives reveal detailed gender patterns, showing that girls more often experience sexual and verbal abuse, and boys are more often subjected to physical punishment and peer violence. This adds depth to the numerical data, showing that interventions must consider both the frequency of harm and the different experiences shaped by gender, social norms, and household conditions. The quantitative and qualitative evidence collectively illustrate the scope and nature of gender-based violence in children's lives, highlighting the need for strategies that address structural factors, community norms, and individual protection to reduce exposure and strengthen resilience

Gendered Patterns of Abuse

Children survivors in South Mugirango Sub-County were asked to indicate the extent to which they had experienced or witnessed differences in how boys and girls are treated that have resulted in harm or violence. Responses were captured using a 5-point Likert scale (5 = Very high and frequent exposure, 1 = Minimal exposure). The weighted mean score reflects children's perception of gendered patterns of violence, as presented in Table 2.

Table 2: Descriptive Statistics of Children's Responses on the Gendered Patterns of Abuse (n = 145, response rate = 94%)

Statement	Very high and frequent exposure (5)	High exposure (4)	Moderate exposure (3)	Low exposure (2)	Minimal exposure (1)	Total Score	Mean (M)	SD
I have experienced or witnessed differences in how boys and girls are treated that have resulted in harm or violence	48 (48×5=240)	49 (49×4=196)	26 (26×3=78)	15 (15×2=30)	7 (7×1=7)	551	3.80	1.15

Source: Researcher (2025)

The results indicate that 33.8% of respondents reported very high and frequent exposure, while 33.1% reported high exposure, showing that a majority (66.9%) of children perceived strong gendered differences in how violence is experienced. In contrast, 17.9% reported moderate exposure, 10.3% low exposure, and 4.8% minimal exposure, indicating some variation in responses.

The weighted mean score of 3.80 suggests a moderate to high level of perceived gendered patterns in GBV among children in the study area. The standard deviation of 1.15 indicates moderate variability in responses, reflecting differences in how children across households, schools, and community settings experience or interpret gendered forms of violence.

The findings show that gender-based violence affects both boys and girls, although in different ways (M = 3.80). This indicates that children recognize gender as an important factor shaping how violence is experienced. Boys are often exposed to violence associated with disciplinary control and enforcement of behavioural expectations, while girls may face threats related to sexual safety, restricted mobility, and control over bodily autonomy. Such patterns align with previous research demonstrating that gender norms influence both the form and justification of violence experienced by children. Jewkes *et al*. (2015) [21] argue that social expectations regarding masculinity often legitimize harsh disciplinary practices directed at boys, whereas girls face greater risks of sexual harassment and exploitation. Connell's (1995) [10] concept of hegemonic masculinity further explains how gender norms reinforce specific forms of dominance and behavioural regulation. Within this framework, violence functions as a social mechanism used to enforce gender roles and maintain hierarchical power relations. The findings therefore demonstrate that GBV among children is deeply codified within broader gendered structures that regulate behaviour, authority, and susceptibility within society.

The findings from the quantitative data are corroborated by qualitative evidence from parents, caregivers, and social workers. Many caregivers reported that responses to GBV were largely reactive, focusing on advising children to avoid harm rather than seeking formal intervention.

Parental and caregiver responses to gender-based violence were often limited and largely reactive, with little evidence of proactive protection or engagement with formal support systems. Many parents emphasized emotional endurance and personal resilience rather than intervening to address the source of harm, suggesting that children survivors are frequently expected to cope independently. This approach may prolong exposure to abuse and reduce opportunities for timely intervention.

In a focus group discussion, a parent reported:

"We usually advise the child to be careful and avoid those places instead of going to report."(FGD5-P2, 2025)

This account illustrates how caregivers often focus on adaptive strategies for the child rather than addressing the perpetrator or seeking formal protection. Placing responsibility on the child, these responses inadvertently sustain the cycle of susceptibility. Research indicates that passive parental engagement reinforces exposure to gender-based violence, particularly in households guided by traditional norms and fear of social repercussions (Bamidele, 2016; Gupta *et al*., 2021) [6, 18]. In this study, advising caution instead of reporting reflects a common perception that maintaining family harmony or avoiding conflict is more important than proactive protection. Such practices can delay access to support, reduce monitoring, and normalize abusive behavior, which ultimately diminishes children's sense of safety and undermines community-level accountability.

In a focus group discussion, another parent noted

"Sometimes we just warn the child and hope it will not happen again." (FGD6-P4, 2025)

This observation emphasizes the reliance on informal coping strategies, which do not prevent recurrence or address underlying risks. Through issuing warnings without follow-up action, caregivers may unintentionally signal that abuse is tolerable or unremarkable, contributing to internalized fear and anxiety in children. Studies highlight that informal or reactive approaches by parents can perpetuate gender-specific exposure, as girls are often subject to sexual harassment and domestic exploitation, while boys face physical punishment and peer-related violence (Bamidele, 2016) [6]. The present study reinforces this pattern, showing that lack of active intervention limits protective oversight and perpetuates structural vulnerabilities within the household. Strengthening caregiver knowledge, confidence, and engagement is essential to ensuring children are protected and that abusive behaviors are challenged effectively.

In an interview, a social worker explained

"Many caregivers do not follow up cases because they fear conflict with neighbours or relatives."(KII-SW2, 2025)

This account highlights how social pressures and concerns about reputation influence parental decision-making, constraining engagement with formal protective mechanisms. Fear of confrontation or community backlash can lead caregivers to deprioritize reporting, even when abuse is evident. Literature confirms that societal expectations, concerns about family honour, and stigma discourage parents from pursuing legal or institutional remedies, leaving children exposed to ongoing harm (Gupta *et al*., 2021) [18]. The study findings indicate that these social constraints intersect with household practices to limit protective responses, emphasizing the need for interventions that empower caregivers to navigate cultural pressures while prioritizing child safety.

In an interview, an assistant chief observed

"Parents often handle these matters quietly at home and rarely bring them to the authorities unless the injury is serious."(KII-ACH2, 2025)

This narrative validates the reactive nature of parental engagement and the reliance on harm severity as a trigger for action. When intervention is conditional on visible injury, early abusive behaviors may remain unaddressed, increasing children's susceptibility. The findings correspond with prior studies that show passive parental responses normalize violence and contribute to delayed reporting, particularly in contexts shaped by patriarchal norms and traditional gender expectations (Bamidele, 2016; Gupta *et al*., 2021) [6, 18]. Such patterns perpetuate differential exposure, with girls often experiencing sexual harassment and boys facing physical punishment. Interventions should aim to cultivate proactive and consistent caregiver involvement, equipping parents with practical skills and confidence to engage with formal protection systems before harm escalates.

In a focus group discussion, a parent stated

"Girls are constantly criticized and coerced, while boys face frequent beatings at school and home."(FGD5-P3, 2025)

This illustrates gendered socialisation and environmental risk factors that shape children's susceptibility to violence. Gender norms dictate differential treatment, with girls more exposed to emotional and sexualized abuse, while boys experience physical and peer-related violence. Research supports that such differential exposures not only reinforce societal hierarchies but also influence children's coping mechanisms, social behaviour, and self-concept (Kelkar *et al*., 2022; Carter *et al*., 2023) [23, 9]. Effective interventions must therefore incorporate gender-sensitive approaches that recognise and respond to these distinct vulnerabilities.

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Children often adopt informal coping strategies such as silence, avoidance, or reliance on peers to manage experiences of mistreatment. Studies show that such strategies are adaptive in contexts where formal protection mechanisms are weak or mistrusted, yet they may expose children to repeated harm (Borrero & Perez, 2016; Cornia & Martorano, 2017) [8, 11]. These findings imply that interventions should strengthen both formal child protection systems and peer-based psychosocial support to ensure safe reporting channels and resilience-building opportunities.

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"Limited supervision and household stress often exacerbate the violence our children experience."(FGD6-P7, 2025)

This illustrates how economic strain and overcrowding create environments that heighten children's susceptibility to violence. Structural pressures within households often compel caregivers to rely on harsh disciplinary methods, which children experience as normative and repetitive. Evidence from Cornia and Martorano (2017) [11] supports this, showing that poverty and social stressors directly increase the likelihood of child maltreatment. Similarly, Akareem and Hossain (2016) [2] indicate that economic deprivation and associated household pressures contribute to cycles of abuse, where children internalise fear and anxiety due to repeated exposure.

In an interview, a child protection volunteer noted

"Peer support becomes a lifeline; children often confide in each other because approaching adults feels unsafe."(KII-CPV2, 2025)

This shows how children develop informal coping mechanisms in environments where exposure to GBV is frequent and adult protection is limited. Such peer networks act as temporary buffers, allowing children to share experiences and seek emotional support, yet they do not prevent ongoing abuse or address underlying causes. Research by Borrero and Perez (2016) [8] highlights that in settings with weak or inaccessible formal protection systems, reliance on peers is a common adaptive strategy. Cornia and Martorano (2017) [11] further emphasize that without robust institutional interventions, these informal mechanisms are insufficient to reduce recurrence or ensure long-term safety.

In an interview, a Kenya Children Assembly (KCA) official observed

"Children lack confidence in formal reporting systems and fear that disclosure will not change anything."(KII-KCA3, 2025)

This mistrust highlights critical systemic gaps in child protection structures. Children often refrain from reporting abuse due to fear of retaliation, perceived inaction, and lack of trust in authorities, thereby reinforcing cycles of violence and prolonged exposure. These observations align with Borrero and Perez (2016) [8], who argue that weak reporting mechanisms and institutional unresponsiveness perpetuate silence among survivors. Cornia and Martorano (2017) [11] further emphasize that limited enforcement of child protection laws and inaccessible legal frameworks exacerbate vulnerability.

These findings imply the need for targeted psychosocial support, protective interventions, and community-based strategies to reduce the negative consequences of GBV among children. Interventions should address both the immediate psychological effects of violence and the longer-term impacts on social participation and cognitive development. Programmes should be designed to support both boys and girls in coping with emotional distress, restoring school engagement, and strengthening resilience, while strengthening family and community systems to prevent continued exposure to violence.

The quantitative data in Table 2 show that abuse experiences have a mean score of 3.80, indicating that children encounter multiple forms of gender-based violence in their daily lives. Girls frequently experience sexual harassment, coercion, and verbal abuse, and boys are more often subjected to physical punishment and peer bullying. This pattern demonstrates that abuse is overlapping and occurs across home, school, and community settings rather than as isolated events. The numerical data capture the frequency and severity of exposure, and qualitative evidence clarifies how household practices, gender norms, and social expectations influence the type and persistence of abuse.

Qualitative findings indicate that parental and caregiver responses are often reactive and limited. Many caregivers advise children to avoid harm rather than seek formal support, placing responsibility on the child and allowing abuse to continue. Social pressures and concerns about family reputation constrain proactive engagement with protective systems. This approach prolongs exposure to abuse and reinforces gender-specific risks, with girls more vulnerable to sexual and emotional harm and boys more exposed to physical punishment and peer violence. The data highlight the importance of interventions that encourage active caregiver involvement, enhance access to formal protection, and address household and community conditions that shape patterns of abuse.

Conclusion

The study concludes that the nature of gender-based violence (GBV) against children in South Mugirango Sub-County is complex and multidimensional, occurring within everyday social interactions and environments. GBV manifests through interrelated forms of physical, sexual, and emotional abuse, as well as neglect, across homes, schools, and community spaces. These forms of violence are not isolated incidents but are reinforced by social norms that normalize harmful behavior and sustain silence around abuse. The findings further show that GBV is strongly gendered, with girls more exposed to sexual and psychologically exploitative violence, while boys are more frequently subjected to physical punishment and labour-related abuse. This pattern reflects entrenched gender norms that shape both vulnerability and the expression of violence within the community.

The study also establishes that much of this violence is perpetrated by individuals known to the children, including peers and trusted adults, which complicates disclosure and limits effective intervention. The normalization of violence within families and communities, coupled with limited parental and institutional response, further increases children's exposure to GBV. These findings suggest that understanding the nature of GBV requires going beyond formal classifications to engage with the lived realities and socio-cultural dynamics that sustain it. Addressing GBV in this context therefore demands interventions that are sensitive to local realities and that directly confront the underlying norms and social relationships that allow violence against children to persist.

Recommendations

Addressing the nature of gender-based violence (GBV) against children requires deliberate efforts to transform the social and relational contexts in which violence occurs. The study recommends the implementation of sustained community and school-based interventions that confront the normalization of violence and gendered patterns of abuse. In this regard, the National Policy on Prevention and Response to Gender-Based Violence (2014) and the National Parenting Guidelines (2018) should guide localized programming aimed at reshaping attitudes and practices around child protection.

Specifically, interventions should:

1. Promote structured community dialogues targeting parents, caregivers, and local leaders to challenge acceptance of physical punishment and gendered violence;
2. Establish and strengthen child protection desks in schools in line with the Basic Education Act (2013), supported by trained teachers and counsellors to identify and respond to abuse;
3. Integrate parenting education and child protection awareness into existing programmes such as the Cash Transfer for Orphans and Vulnerable Children (CT-OVC);
4. Develop targeted programmes addressing gender-specific risks, including sexual exploitation of girls and harmful disciplinary practices affecting boys.

Such measures will enhance recognition of GBV in its various forms and contribute to safer, more protective environments for children within families and communities.

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