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Orucho Justine Amadi
Ph.D. in Social Work, Department of Criminology and Social Work, Masinde Muliro University of Science and Technology, Kakamega County, Kenya

Dr. Erick Ater Onyango
Ph.D., Department of Criminology and Social Work, Masinde Muliro University of Science and Technology, Kakamega County, Kenya

Crispinous Iteyo
Ph.D., Department of Peace and Conflict Studies, Masinde Muliro University of Science and Technology, Kakamega County, Kenya

Corresponding Author:
Orucho Justine Amadi
Ph.D. in Social Work, Department of Criminology and Social Work, Masinde Muliro University of Science and Technology, Kakamega County, Kenya

Lived realities of gender-based violence among child survivors in South Mugirango sub-county, Kisii county, Kenya

Orucho Justine Amadi, Erick Ater Onyango and Crispinous Iteyo

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Abstract
Gender-based violence (GBV) against children remains a major global and local concern with serious implications for child protection, human rights, and social development. Although existing studies have largely focused on prevalence and determinants, less attention has been given to how child survivors experience and interpret violence within their everyday lives. This study examines the lived realities of GBV among child survivors in South Mugirango Sub-County, Kisii County, Kenya, with focus on patterns of occurrence, reporting practices, and coping responses. The study was anchored in a phenomenological orientation within a quantitative-dominant explanatory design, allowing integration of statistical patterns with survivors' lived experiences. The study targeted 1,534 reported child survivors of GBV, 1,030 parents or guardians, and actors within the child protection system. 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. Quantitative data were collected using structured questionnaires and analyzed using SPSS to generate descriptive and inferential statistics. Qualitative data were obtained through interviews and open-ended responses and analyzed thematically to capture how children perceive and respond to violence. Findings show a high prevalence of GBV, with children reporting moderate to high exposure (M = 3.95), indicating that violence is a common part of their daily environments. Many cases are handled informally (M = 3.65), contributing to under-reporting. Gender differences were evident, with girls more exposed to sexual and emotional violence, while boys experienced more physical and peer-related violence. Survivors reported coping through silence, avoidance, and peer support, influenced by fear, stigma, and low trust in formal systems. The study concludes that GBV among child survivors follows recognizable patterns shaped by social and environmental conditions. It recommends strengthening reporting systems, enhancing community awareness, and promoting child-centered interventions. The study contributes to social work by informing policy and practice using evidence grounded in survivors' experiences.

Keywords: Gender-based violence, child survivors, lived realities, child protection

Introduction

Background to the Study

Gender-based violence (GBV) against children is a critical concern in Social Work discourse, given its far-reaching implications for child protection, social justice, and human rights. Social work as a profession is fundamentally grounded in the principles of safeguarding vulnerable populations, advocating for equity, and addressing structural inequalities that perpetuate harm (Lansdown, 2019) [18]. Within this framework, GBV against children is understood not merely as isolated incidents of abuse, but as a manifestation of gender norms, power imbalances, and systemic failures across family, community, and institutional levels. International conventions such as the United Nations Convention on the Rights of the Child (UNCRC, 1989) [28] and the African Charter on the Rights and Welfare of the Child (ACRWC, 1990) reinforce the obligation of states and social institutions to protect children from all forms of violence, thereby positioning social workers at the forefront of prevention, intervention, and advocacy efforts.

Gender-based violence (GBV) against children is a widespread issue affecting societies across the world, with serious implications for child development and well-being (Cislaghi *et al.*, 2020) [8]. It refers to harmful actions directed at children based on socially constructed

gender roles and power imbalances. These include physical abuse, sexual exploitation, emotional neglect, and other forms of violence that have lasting consequences (Herrenkohl *et al*., 2018) [14]. Studies have consistently shown that children who experience GBV are at increased risk of mental health disorders, reproductive health complications, social exclusion, and even premature mortality. A global study by UNICEF (2020) [26] found that one in four young people had experienced physical or sexual violence before the age of 18, with many of these cases occurring in homes and schools settings that are presumed safe. The situation was further aggravated by the COVID-19 pandemic, which disrupted child protection mechanisms and increased children's exposure to violence in isolated settings (UNICEF, 2021) [27].

GBV against children continues to be driven by long-standing cultural norms, weak protective systems, and socio-economic inequalities (Herrenkohl *et al*., 2018) [14]. From a social work perspective, these drivers are understood within ecological and systems theories, which emphasize the interaction between individual, family, community, and societal factors in shaping vulnerability. In many African societies, gender-based discrimination intersects with poverty, creating environments where violence is normalized or hidden. Lloyd *et al*. (2020) highlight that children from low-income households are more likely to experience GBV due to their limited access to education, healthcare, and legal protection. The persistence of harmful practices such as early marriage and female genital mutilation in parts of the continent reflects deep-rooted gender inequality. In Ethiopia, GBV prevalence has been reported as high as 67.7 percent among children, with both physical and sexual abuse being common within households and communities (Herrenkohl *et al*., 2018) [14]. These high rates of violence suggest the need for multi-layered interventions that go beyond legal reforms to tackle the social and economic conditions that make children vulnerable.

Efforts to address GBV against children in East Africa have made uneven progress. Some countries have adopted promising child protection models involving schools, community groups, and religious institutions (UNICEF, 2020) [26]. However, weak enforcement of laws, inadequate reporting systems, and societal stigma continue to undermine progress. A report by Plan International (2020) [24] observed that victims of GBV in rural East African regions are often reluctant to come forward due to fear of retaliation or social ostracism. In many cases, local leaders and law enforcement agencies lack the capacity to respond effectively, which leaves many incidents unaddressed. Informal networks such as village elders and women's groups have taken on protective roles, offering support and mediation, albeit with limited authority and training. From a social work standpoint, this reflects gaps in formal service delivery systems and underscores the need to strengthen community-based child protection mechanisms through professional support and capacity building.

Kenya has made progress in responding to gender-based violence against children through the development of legal frameworks that aim to protect their rights and dignity (Gill & Basile, 2011) [12]. These include legal provisions against child marriage, sexual violence, and exploitation, anchored in national instruments such as the Constitution of Kenya (2010) and the Children Act (2022). The Kenya Demographic and Health Survey (2022) indicates that a considerable number of children, especially girls, continue to face abuse in both domestic and institutional environments. Factors contributing to this include poverty, family breakdown, limited access to reproductive health education, and cultural tolerance of certain abusive practices. World Vision (2020) [31] reported an increase in online abuse targeting children in Kenya during the pandemic, largely driven by increased digital access without adequate safety controls. Although Kenya has established a framework for child protection, there is still a noticeable gap between policy and practice. In many rural and marginalized areas, service delivery remains poor, and cases of abuse often go unreported or unresolved.

Legal instruments alone have proven insufficient in safeguarding children from gender-based violence in decentralized settings. The Children Act (2022) establishes a comprehensive legal framework for child protection; however, its practical implementation is undermined by jurisdictional ambiguity, inadequate financial commitment, and persistent political inertia at sub-county levels. Local enforcement agencies frequently lack child-specific protocols, leading to procedural gaps and institutional paralysis. The mere existence of legal frameworks does not translate into functional protection without community ownership and institutional alignment (Gill & Basile, 2011) [12]. Where enforcement remains reactive rather than preventive, legal recourse becomes inaccessible to vulnerable populations. Transformative change requires applying legal mandates through routine governance structures (Lansdown, 2019) [18]. This involves not only empowering duty bearers but also cultivating normative shifts within communities that recognize children's rights as non-negotiable. Without such structural integration, legislation remains an aspirational tool detached from the lived realities of children in high-risk environments.

Community-driven interventions in Kenya reveal a promising yet fragmented approach to tackling child-focused gender-based violence. Schools, faith institutions, and local volunteers serve as frontline actors in identifying and mitigating risk. Their efforts, however, are rarely harmonized into a coherent protection system. Isolated interventions remain ineffective in contexts where service providers operate in silos and data sharing is minimal or non-existent (Herrenkohl *et al*., 2018) [14]. In South Mugirango, for instance, local initiatives often rely on personal networks rather than institutional frameworks, diminishing their potential for scale or sustainability. There is a need for intersectoral strategies that combine education, social protection, and justice systems into a unified response architecture (Lansdown, 2019) [18]. Effective models require not only coordination but also the allocation of stable funding streams, training of personnel in trauma-informed care, and the establishment of measurable benchmarks for intervention outcomes.

Informational deficits undermine the efficacy of child protection efforts in rural Kenya. Most households remain unaware of the procedural and legal remedies available, perpetuating a climate of silence and resignation (Herrenkohl *et al*., 2018) [14]. This knowledge gap reinforces dependence on informal mechanisms that often prioritize family honor over child welfare. Effective prevention requires community-specific dissemination strategies that make legal knowledge both accessible and actionable (Gill & Basile, 2011) [12]. Increasing legal awareness among guardians correlates with improved reporting rates and stronger engagement with social services (Herrenkohl *et al*., 2018) [14]. Legal literacy campaigns should be codified within existing social institutions such as schools and churches to ensure cultural resonance and legitimacy

(Lansdown, 2019) [18]. A paradigm shift in public awareness transforms protection from a state-centric function to a collective moral imperative. Bridging this information divide is not peripheral to the child protection agenda; it is central to dismantling the systemic opacity that enables continued abuse.

Social work practice further emphasizes the importance of child-centered and rights-based approaches in addressing GBV. Practitioners are tasked with not only responding to cases of abuse but also engaging in preventive strategies such as community sensitization, psychosocial support, and policy advocacy(Gill & Basile, 2011) [12]. The integration of trauma-informed care within child protection systems has become increasingly important in ensuring that interventions do not re-traumatize survivors but instead promote healing and resilience. This approach aligns with global best practices in social work, which prioritize the dignity, participation, and best interests of the child in all interventions (UNICEF, 2020) [26].

Sustainable responses to GBV against children require the institutionalization of social work within national and local governance structures. This includes strengthening the capacity of social service workforces, improving coordination among stakeholders, and ensuring consistent funding for child protection programs(Gill & Basile, 2011) [12]. Without embedding social work principles into policy implementation and service delivery, efforts to combat GBV risk remaining fragmented and ineffective. As such, addressing children's susceptibility to gender-based violence demands a holistic, systems-driven approach that integrates legal, social, and community-based interventions within a unified framework of care and protection.

Prevalence of Gender Based Violence

Gender-based violence (GBV) against children in Kenya is a serious issue, and the prevalence rates vary depending on the type of violence and the age and gender of the child. According to the Kenya Violence against children Survey (2019) [16], approximately 73% of Kenyan children aged 18-24 have experienced some form of violence during their childhood, with the majority (62%) experiencing physical violence, followed by emotional violence (59%), and sexual violence (11%). The survey also revealed that girls were more likely to experience sexual violence than boys, with 15% of girls reporting having experienced sexual violence compared to 7% of boys. It's important to note that GBV against children is often underreported, and the actual prevalence rates may be higher than reported. The Kenyan government and various organizations are working to address this issue and provide support to children who have experienced violence.

Gender-based violence directed at children has both immediate and lasting effects. These include physical harm, psychological distress, mental health disorders, diminished self-worth, declining academic outcomes, and a heightened likelihood of engaging in substance abuse or experiencing suicidal thoughts (Broyles *et al*.). To mitigate these impacts, a comprehensive approach is required one that emphasizes prevention and responsive action. This includes the establishment of safe environments for children, access to counseling and psychosocial support, robust child protection mechanisms, and the enforcement of legal measures against offenders. In response, the Kenyan government has instituted various policies and frameworks, notably the National Plan of Action for children 2015-2022, aimed at safeguarding children's rights and combating GBV.

In Kenya, the increased susceptibility of girls to gender-based violence (GBV) is shaped by structural inequalities and cultural norms that reinforce male dominance (UNICEF, 2021) [27]. These norms often limit girls' access to education and economic resources, increasing their dependency on men and reducing their capacity to escape abusive situations (Bhatia *et al*., 2020) [6]. Gender stereotypes that prioritize male authority and control contribute to unequal power dynamics in families and communities, where violence against girls is often normalized or overlooked (UNICEF, 2021) [27]. As a result, girls are disproportionately exposed to physical and sexual violence, a pattern confirmed by various national and international studies (Bhatia *et al*., 2020) [6]. Addressing these risks calls for interventions that combine legal reform, education, and community-based strategies aimed at promoting gender equality and protecting girls' rights.

Girls face considerable risk of sexual exploitation and abuse, often resulting in unintended pregnancies, sexually transmitted infections, and long-term psychological harm (Airhihenbuwa & Iwelunmor, 2014) [1]. The perpetrators may include strangers, family members, or individuals in positions of authority. The African Child Policy Forum reports that poverty, social exclusion, and weak child protection systems increase girls' exposure to such violations (Ngwibete & Timothy, 2023) [22]. These overlapping factors create environments where exploitation can occur with limited prevention or response.

Early marriage and childbearing, particularly in rural and marginalized communities, expose young girls to domestic violence, sexual abuse, and restricted access to education and economic opportunities (Elizabeth Anokyewaa *et al*., 2022). Evidence from the United Nations Population Fund shows that girls who marry before 18 are at higher risk of experiencing intimate partner violence than those who marry later (Kathleen *et al*., 2021). Addressing the social and cultural norms that support these practices is essential to promote the rights and well-being of girls (Anneke, 2021).

In South Mugirango Sub-County, particularly within soapstone mining centers such as Nyakemebene in Boikang'a Ward, Nyabigena and Gotichaki in Bogetenga Ward, and Bomware, Nyagichenche, Nyatike, Ruora, and Nyabigege in Tabaka Ward, gender-based violence (GBV) against children is a persistent and deeply entrenched issue (Misati *et al*., 2021) [21]. Poverty compels many families to rely on mining as a primary source of income, forcing children into hazardous work environments where they face elevated risks of exploitation. The pronounced authority wielded by adult male miners and supervisors establishes rigid power hierarchies that magnify children's susceptibility to sexual violence and harassment. This gendered power imbalance operates through social and cultural norms that marginalize children's agency, particularly that of girls, and suppress their ability to resist or report abuse. The intersection of poverty, entrenched authority, and gendered expectations creates a perilous environment where children's safety and dignity are frequently compromised (Misati *et al*., 2021) [21].

The nature of mining environments, characterized by weak regulation and rigid social structures, contributes to the persistence of gender-based violence (GBV) against children. In these settings, fear, stigma, and the normalization of violence often prevent victims from speaking out. This silence allows abuse to continue without consequence, putting children at risk of both immediate and long-term harm(Misati *et al*., 2021) [21]. Economic hardship is a key factor increasing girls' susceptibility in soapstone

mining communities. Many girls in these areas have limited ways to earn a living outside the mining work itself (Misati *et al*., 2021) [21]. This financial dependence makes them more likely to experience exploitation from male colleagues or supervisors, who may pressure them into unwanted sexual relationships (Bashwira *et al*., 2014) [5]. The imbalance of power between the girls and those who control resources or work opportunities leaves them with few choices (Austin & Mejia, 2017) [3]. The need to strengthen economic opportunities for girls and protect their rights in the workplace is urgent (Juliet & Samuel, 2021).

In many mining sites, there are no accessible or trusted systems for reporting abuse. Girls who face GBV often remain silent due to fear of being punished, shamed, or ignored (Misati *et al*., 2021) [21]. Many do not report abuse even to parents or teachers (Alvarez *et al*., 2005) [2]. This silence stems from both fear of reprisal and lack of confidence in existing support systems. Without safe and confidential spaces to report violence, many girls are left without recourse. This highlights the importance of establishing child-friendly reporting mechanisms that ensure girls feel safe and supported when seeking help (Alvarez *et al*., 2005) [2].

Gender-based violence against boys also occurs but receives much less attention. Boys in these communities may face sexual abuse by adults or peers. Physical violence, including harsh punishment, is also common and often accepted due to cultural expectations that boys must be strong and obedient (Abied *et al*., 2014). These practices reflect harmful ideas about masculinity that equate strength with silence and discourage boys from showing susceptibility.

Cultural beliefs about what it means to be male discourage boys from reporting abuse. Many boys fear being judged as weak or having their masculinity questioned if they disclose what happened to them (Barth *et al*., 2013) [4]. Some also worry that others assumed they are gay, which can further isolate them. These barriers prevent many boys from accessing the help they need. Challenging these norms and making support services inclusive for all children is essential to ensure no victim is left behind (Douglas, Emily, & Finkelhor, 2011) [11].

Methodology

Research Design

This study adopted a quantitative-dominant explanatory research design to assess the extent of gender-based violence (GBV) against children in South Mugirango Sub-County. The design was appropriate for examining the magnitude, distribution, and patterns of GBV, as well as for generating measurable indicators of prevalence among the study population. Explanatory research designs are particularly useful in establishing patterns and relationships within data and providing a structured basis for statistical interpretation (Creswell & Plano Clark, 2018) [10]. While the primary orientation of this paper is quantitative, limited qualitative elements were incorporated to contextualize and enrich the statistical findings, ensuring coherence with the broader study framework.

Study Area

The study was conducted in South Mugirango Sub-County, Kisii County, Kenya, an area characterized by reported incidences of gender-based violence involving children. The sub-county presents a relevant socio-cultural and institutional context for examining the prevalence and distribution of GBV. Its demographic composition and documented child protection concerns provide a suitable setting for assessing the extent of the problem within a defined population.

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.

Data Collection Methods

Data were collected using a structured questionnaire designed to generate quantifiable measures of GBV prevalence and distribution. The instrument consisted primarily of closed-ended and Likert-scale items capturing frequency of exposure to different forms of violence, reporting patterns, and access to support systems. These measures enabled the systematic quantification of the extent of GBV among the respondents. In addition, a limited number of open-ended items were included to capture brief explanatory insights, which were used to support and contextualize the quantitative findings.

Data Analysis

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistical techniques, including frequencies, percentages, and measures of central tendency, were used to summarize the data and present patterns of GBV occurrence. Cross-tabulations were conducted to examine variations across demographic variables such as age and gender. Where applicable, inferential statistical tests, including chi-square analysis, were employed to assess relationships between variables. The results were presented using tables and charts to facilitate clarity and interpretation. Qualitative responses from open-ended items were analyzed thematically at a basic level to provide contextual explanations for observed statistical trends.

Validity and Reliability

To ensure the quality and rigor of the study, several measures were undertaken. The research instrument was pretested to enhance clarity, consistency, and reliability of the items. Standardized data collection procedures were followed to minimize errors and ensure uniformity. Validity was strengthened through the use of multiple indicators to measure key constructs and through triangulation of quantitative findings with qualitative insights. These approaches enhanced the credibility and dependability of the results (Greene *et al*., 2017).

Ethical Considerations

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

NACOSTI/P/25/4178473: The study adhered to established ethical standards for research involving human subjects, with particular attention to the protection of children as a vulnerable population. Participation was voluntary, and informed consent was obtained from parents or legal guardians, while assent was obtained from the child

participants following age-appropriate explanation of the study's purpose, procedures, risks, and benefits. Participants were informed of their right to withdraw from the study at any stage without penalty. Confidentiality and anonymity were strictly maintained by removing all personal identifiers from the dataset. The data were securely stored and used solely for academic and research purposes. Given the sensitive nature of GBV, safeguards were implemented to minimize potential harm, including ensuring privacy during data collection and avoiding any form of coercion. Ethical considerations were applied consistently across both quantitative and qualitative components of the study to uphold the dignity, safety, and well-being of all participants.

Results

Extent of GBV among children in South Mugirango

Distribution Pattern of abuse

Children survivors in South Mugirango Sub-County were asked to indicate the extent to which they have felt unsafe in various environments such as home, school, market places, soapstone mining areas, local sugar production centers, or on their way to and from school. Responses were measured using a 5-point Likert scale (1 = Minimal exposure, 5 = Very high and frequent exposure). Table 4.6 presents the descriptive statistics for this item.

Table 1: Descriptive Statistics of Children's Responses on the Prevalence rate of GBV (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 felt unsafe in places such as home, school, market places, soapstone mining areas, local sugar production centers or on the way to school.	58 (58×5=290)	46 (46×4=184)	22 (22×3=66)	13 (13×2=26)	6 (6×1=6)	572	3.95	1.10

Source: Researcher (2025)

The findings indicate that children generally experience moderate to high levels of insecurity in their daily environments. This is demonstrated by a weighted mean score of 3.95 (SD = 1.10), suggesting that, on average, respondents lean towards agreeing that they have felt unsafe in the mentioned settings.

In terms of response distribution, the highest proportion of children reported very high and frequent exposure to unsafe conditions, with 58 respondents (40.0%) selecting "5." This was followed by 46 respondents (31.7%) who indicated "High exposure" (4). These two categories account for 71.7% of the sample, showing that a majority of children perceive significant insecurity in their environments.

Further, 22 respondents (15.2%) reported moderate exposure (3), while smaller proportions indicated low exposure (13 respondents; 9.0%) and minimal exposure (6 respondents; 4.1%). This distribution shows that although experiences vary, relatively few children report complete absence of unsafe experiences.

The total weighted score of 572 supports the overall mean of 3.95, reinforcing the conclusion that perceived exposure to unsafe conditions is moderately high among children in the study area. The standard deviation of 1.10 indicates moderate variability in responses, suggesting that while insecurity is widely experienced, the intensity differs across settings such as home, school, and community work environments.

The results show that a significant proportion of children in South Mugirango Sub-County perceive their environments as unsafe, particularly in both domestic and public spaces. This pattern points to the presence of gender-based violence and related threats across multiple social contexts in children's daily lives. This suggests that children view violence not as an isolated event but as a recurring feature of their social environment. When violence is widely perceived as common, it risks becoming normalized within community culture and may influence how children interpret acceptable behavior and conflict resolution. Empirical studies have similarly documented high prevalence rates of violence against children. The World Health Organization (2020) [30] identifies GBV as one of the most widespread human rights violations affecting women and children globally, while national surveys in Kenya report that many children experience physical or emotional violence before reaching adulthood (KNBS, 2019) [16]. Feminist theory provides further insight into this phenomenon by framing GBV as a systemic outcome of gender inequality codified in social institutions. Walby (1990) [29] conceptualizes violence as a structural component of patriarchal systems that reinforce dominance and subordination. Thus, the perception of widespread violence among children reflects broader social norms that sustain unequal power relations within communities.

The qualitative data corroborates this information. The findings indicate that children survivors frequently experience repeated gender-based violence, often normalized within households, schools, and community settings. These repeated incidents foster fear, social withdrawal, and reduced participation in educational and recreational activities. Patterns of abuse include verbal, physical, and emotional forms, and children gradually internalize these experiences as ordinary and unavoidable. This normalization reinforces vulnerabilities, discourages help-seeking, and shapes children's perception of acceptable treatment within family and community contexts.

In an interview, a social worker explained:

"Children are often subjected to daily verbal or physical punishment, and many begin to accept it as normal because no one intervenes."(KII-SW1, 2025)

This observation stresses the psychological and behavioral consequences of repeated exposure, where children internalize abuse as an expected aspect of daily life. When interventions are absent, normalization occurs, reducing children's likelihood of seeking help and reinforcing passive acceptance of harmful behaviors. Research by Borrero and Perez (2016) [7] shows that chronic exposure to violence undermines emotional regulation and social confidence, while Cornia and Martorano (2017) [9] indicate that cultural acceptance of abusive practices shields perpetrators and perpetuates cycles of harm. The finding underscores that repeated exposure affects immediate well-being and shapes long-term behavioral patterns, increasing susceptibility within familiar environments.

In an interview, an assistant chief observed

"Families usually manage repeated incidents quietly at home, and children continue living in the same risky environment without protection."(KII-ACH2, 2025)

This account demonstrates how informal familial coping strategies maintain cycles of abuse. As a result of prioritizing family privacy over formal intervention, caregivers inadvertently extend children's exposure to harm. These findings align with broader research indicating that reliance on informal mechanisms often limits access to protection services and prolongs psychosocial distress. Moreover, it highlights systemic and structural factors such as weak supervision and hierarchical authority that interact with cultural norms to reduce reporting and intervention opportunities.

In an interview, a clan elder stated

"Community members frequently say family matters are private, so abuse is rarely reported to authorities, even when it happens repeatedly."(KII-CE5, 2025)

This statement illustrates the role of cultural norms in reinforcing silence around GBV. When communities uphold family privacy and discourage disclosure, children's agency is constrained, and protective mechanisms fail. This is consistent with Walby (1990) [29] and Jewkes, Flood, and Lang (2015), who show that patriarchal social structures and community-sanctioned norms normalize violence, limit accountability, and shape children's perceptions of acceptable behavior. Structural and cultural dimensions thus converge to sustain cycles of harm.

In a focus group discussion, a parent reported

"My child has been scolded or hit many times, and over time she stopped speaking up because she expected it to happen again." (FGD2-P6, 2025)

This narrative underscores the emotional toll of repeated GBV on children. Anticipation of recurrent abuse fosters fear, resignation, and withdrawal, which reduces opportunities for disclosure and intervention. Literature indicates that repeated exposure undermines self-efficacy and resilience, while normalization within the household reinforces gendered vulnerabilities. The findings reveal that even well-intentioned caregivers may inadvertently perpetuate harm by failing to address underlying causes, emphasizing the need for interventions that promote proactive engagement and structured protection.

In an interview, a probation officer noted

"Delays in reporting are common because children and their families feel it is safer to remain silent, allowing harm to persist."(KII-PO1, 2025)

This observation details how fear and mistrust of formal protection systems exacerbate the persistence of GBV. When children and families lack confidence in reporting mechanisms, abuse continues unchecked, reinforcing patterns of silence. Research demonstrates that limited awareness and perceived inefficacy of formal authorities contribute significantly to under-reporting, extending children's exposure to harm. These findings underline the importance of establishing child-friendly, confidential, and trusted reporting systems.

In an interview, a Kenya Children's Assembly (KCA) official added

"Repeated abuse limits children's confidence to participate in forums, and they often feel that nothing will change if they speak out."(KII-KCA3, 2025)

Beyond immediate physical and emotional harm, repeated GBV undermines children's social agency. Reduced participation in community or school-based activities diminishes opportunities for advocacy, engagement, and skill-building, which are essential for resilience and empowerment. These findings indicate that interventions must restore children's confidence, promote agency, and disrupt normalized cycles of abuse.

In an interview, a child protection volunteer explained

"Children exposed to frequent violence struggle to focus at school and often withdraw from social activities, which affects both learning and peer relationships."(KII-CPV2, 2025)

This account stresses the cognitive and social consequences of normalized GBV. Exposure to ongoing violence interferes with attention, memory, and social functioning, affecting academic performance and peer interactions. Structural and environmental factors intensify these outcomes, linking repeated exposure to long-term deficits in learning, social engagement, and emotional development. These findings reinforce the importance of integrated interventions that address both psychosocial support and educational engagement.

Repeated exposure and the normalization of violent behaviors emerged as the most salient patterns across participants. GBV is experienced as a routine aspect of daily life rather than isolated events, with fear, withdrawal, and non-reporting highlighting the psychosocial consequences. These patterns reflect systemic gendered power dynamics, consistent with Feminist Theory, where social norms and patriarchal structures normalize violence and constrain children's agency. The cycle of normalized abuse perpetuates harm, suppresses reporting, and shapes both immediate and long-term vulnerabilities, emphasizing the need for multi-level interventions targeting household, school, and community environments to disrupt entrenched patterns and strengthen protection mechanisms.

The quantitative data in Table 4.6 show that the general prevalence of gender-based violence has a mean score of 3.95, indicating that children frequently encounter abusive behaviors in their daily lives. This finding corresponds with the qualitative evidence, which shows that disciplinary practices are often normalized across households, schools, and community settings. Children experience verbal, physical, and emotional abuse repeatedly, and over time they come to accept these experiences as routine. Both data sources highlight that violence is not sporadic but a consistent part of children's environments, shaped by the combination of limited supervision, household stress, and community tolerance for aggressive disciplinary methods. The quantitative data provide an overall measure of exposure, while the qualitative narratives explain how these behaviors become normalized and how children internalize them as expected aspects of daily life.

The differences between the quantitative and qualitative evidence reveal important details about children's lived experiences. Although the mean score indicates the intensity of exposure, the qualitative data show how household and community risk factors such as poverty, caregiver absence, or overcrowding contribute to the frequency of abuse. Children often learn to adapt by withdrawing, avoiding conflict, or relying on peers for support, which allows the abuse to continue unchecked. This convergence of numerical and descriptive data point to the need for interventions that address both structural risks and everyday practices, including caregiver education, community

awareness, and accessible reporting and protection systems, to reduce children's exposure and promote safer, supportive environments.

Awareness and Reporting Patterns of Abuse

Children survivors in South Mugirango Sub-County were asked to indicate the extent to which they have experienced situations where abuse affecting them and the children around them was handled informally instead of being formally reported. Responses were captured using a 5-point Likert scale (1 = Minimal exposure, 5 = Very high and frequent exposure). Table 2 presents the descriptive statistics for this item.

Table 2: Descriptive Statistics of Children's Responses on the Awareness and Reporting 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 situations where abuse affecting me and the children around me was handled informally instead of being formally reported.	44 (44×5=220)	44 (44×4=176)	29 (29×3=87)	18 (18×2=36)	10 (10×1=10)	529	3.65	1.18

Source: Researcher (2025)

The findings indicate that children moderately experience or are exposed to situations where cases of abuse are not formally reported but instead handled informally. This is shown by a weighted mean score of 3.65 (SD = 1.18), suggesting that respondents generally lean towards agreement that informal handling of abuse cases is common in their environments.

In terms of response distribution, 44 respondents (30.3%) reported very high and frequent exposure (5), while another 44 respondents (30.3%) indicated high exposure (4). These two categories account for 60.6% of the sample, showing that a majority of children perceive informal handling of abuse cases as relatively common in their surroundings. 29 respondents (20.0%) reported moderate exposure (3), while 18 respondents (12.4%) indicated low exposure (2), and 10 respondents (6.9%) reported minimal exposure (1). This distribution suggests that although perceptions vary, most children acknowledge the presence of informal handling of abuse cases within their environments.

The standard deviation of 1.18 indicates moderate variability in responses, implying that while informal handling of abuse cases is widely perceived, the intensity of this experience differs across settings such as home, school, and community environments. The results suggest that a significant proportion of children in South Mugirango Sub-County are exposed to situations where abuse cases involving them and their peers are not formally reported, but instead handled informally. This points to gaps in formal reporting mechanisms and child protection systems within the study area.

The findings also point the issue of under-reporting of GBV incidents (M = 3.68). This suggests that although violence occurs within children's environments, many incidents remain undisclosed or are resolved informally within families or communities. Under-reporting may result from fear of retaliation, stigma, cultural norms that discourage public disclosure of family matters, or limited confidence in formal justice systems. Kohli (2021) [17] observes that victims of violence frequently remain silent due to concerns about social consequences and victim-blaming, while UNICEF (2021) [27] emphasizes that informal community mechanisms often prioritize reconciliation over accountability. Feminist scholarship interprets such silence as a consequence of unequal power relations that discourage victims from challenging authority figures or established social norms. In this context, under-reporting perpetuates cycles of violence by preventing institutional intervention and limiting access to support services. Scientifically, the finding suggests that official statistics may underestimate the true prevalence of GBV, highlighting the importance of strengthening reporting systems and protective mechanisms for children.

Analysis of the qualitative data indicates that limited awareness of formal reporting mechanisms and fear of unsafe environments contribute significantly to the under-reporting of gender-based violence among children. Many children survivors expressed uncertainty about where to seek assistance and fear of potential perpetrators, suggesting that lack of information and perceived risk constrain disclosure and prolong exposure to abuse. These findings underscore that reporting barriers are not only institutional but also rooted in children's limited knowledge and perceptions of safety in their immediate surroundings, reinforcing persistent patterns of silence and delayed intervention.

One child stated,

"I do not know where to go when someone hurts me."(CS-012, 2025)

This statement demonstrates how insufficient knowledge of reporting pathways directly inhibits children from seeking protection. When children are unaware of available structures or do not recognize how to access support, disclosure becomes unlikely, and abusive experiences may continue unnoticed. Literature confirms that lack of information about reporting mechanisms limits access to protective services and contributes to ongoing susceptibility (MacLeod, 2022) [20]. In contexts where children perceive no clear route for assistance, the effectiveness of existing child protection frameworks is undermined, as early interventions are delayed. The study shows that the absence of accessible reporting information intersects with fear of consequences, leaving children trapped in environments where abuse can persist unchecked. Ensuring children are informed about safe, confidential channels is therefore critical to breaking cycles of violence and facilitating timely protective action.

Another child explained,

"I am afraid to report because some men are always drunk near our home." (CS-033, 2025)

This account illustrates how fear of unsafe surroundings acts as a major barrier to disclosure. Children's willingness to report abuse is influenced not only by knowledge but also by perceived threats from their immediate environment. Unsafe home or community conditions intensify anxiety, reinforcing silence and prolonging exposure to harm. Otieno and Wambua (2021) [23] emphasize that perceived risk of

retaliation or danger from community members discourages disclosure and limits interaction with formal authorities. The finding aligns with these observations, showing that environmental threats combined with limited confidence in adults or institutions contribute to under-reporting.

In an interview a gender desk officer pointed out that

"Many cases reach us very late because children and families do not understand the reporting process or fear retaliation."(KII-GDO1, 2025)

This observation validates the compounded effect of limited awareness and fear on reporting behaviors. When procedural knowledge is low and concerns about consequences are high, children may delay disclosure until situations escalate, reducing opportunities for preventive interventions. MacLeod (2022) [20] notes that early reporting is essential to mitigate harm, while delayed disclosure can result in repeated or intensified abuse. The study's findings indicate that institutional structures alone are insufficient if children and caregivers lack understanding of reporting procedures. Building familiarity with these systems, alongside reducing fear of retaliation, is critical for timely intervention and safeguarding children from prolonged exposure to violence.

In an interview a chief reported that:

"Children rarely come forward on their own, and most incidents are only discovered when injuries become serious."(KII-CH1, 2025)

This account highlights the reactive nature of case detection, which often relies on visible harm rather than proactive reporting. When disclosure occurs only after severe incidents, children may have already endured extended abuse. Literature corroborates that reliance on crisis detection leaves gaps in early intervention, as systemic barriers and cultural norms discourage initial disclosure (Otieno & Wambua, 2021) [23]. The study shows that children's silence stems from both fear and lack of procedural understanding, emphasizing the need for accessible, confidential channels and community sensitization to identify and address abuse before it escalates. Proactive engagement and education can reduce reliance on reactive responses and ensure more timely protection.

In an interview a probation officer explained

"Delays in reporting make it difficult to provide protection and counseling before the harm becomes severe."(KII-PO1, 2025)

This perspective emphasizes the practical consequences of under-reporting. Late disclosure limits the provision of psychosocial support and appropriate protective measures, increasing the risk of long-term emotional and developmental harm. Research indicates that early intervention is critical to reduce the impact of violence on children's cognitive, emotional, and social well-being (Borrero & Perez, 2016; Cornia & Martorano, 2017) [7, 9]. The findings demonstrate that structural, environmental, and informational barriers intersect, creating compounded vulnerabilities for children. Strengthening child-friendly reporting mechanisms, ensuring confidentiality, and fostering trust between children, families, and authorities are therefore essential to reduce the duration and intensity of abuse and facilitate effective, timely protective responses.

These findings imply the need to strengthen child-friendly reporting systems, expand awareness of available protection mechanisms, and improve trust between communities and formal child protection institutions. Interventions should prioritize school- and community-based sensitization, confidential reporting pathways, and rapid response structures that enable children to report safely and receive timely support. Strengthening coordination among families, community leaders, and protection agencies is essential to reduce under-reporting and prevent prolonged exposure to gender-based violence.

The qualitative data indicate that perpetrators of gender-based violence against children were often individuals known to the child, including family members, neighbours, peers, and other adults within the community. Proximity and familiarity reduced the likelihood of disclosure and increased the risk of repeated exposure, as abuse frequently occurred in settings where trust and routine interactions limited detection. Weak supervision at home, during transit to school, and in community spaces created predictable patterns of susceptibility.

In an interview a social worker explained

"Most cases we handle involve people the child already knows, like relatives or neighbours, which makes it very hard for the child to speak out."(KII-SW1, 2025)

This account demonstrates how familiarity with the perpetrator creates a barrier to disclosure, leaving children exposed to ongoing harm. Literature confirms that trusted relationships with offenders often inhibit reporting, as children may fear retaliation, social rejection, or disbelief (Bhatia *et al.*, 2020; Cornia & Martorano, 2017) [6, 9]. In such circumstances, the social environment itself becomes a risk factor, compounding vulnerabilities created by household dynamics and limited adult oversight. The study findings illustrate that relational proximity and social trust influence exposure patterns, stressing the importance of protective strategies that consider both social and physical contexts of children's daily lives. Effective interventions must target these relational dynamics to disrupt cycles of abuse.

In an interview a child protection officer noted

"Incidents are common along paths to school and in crowded market areas where children move without close adult supervision."(KII-CPO1, 2025)

This observation validates the spatial and situational dimensions of risk, emphasizing that exposure is not confined to homes but extends to public environments. Reduced supervision in transit and community spaces creates predictable opportunities for abuse, particularly where social norms condone corporal discipline or coercive behavior. Cornia and Martorano (2017) [9] argue that weak caregiving structures combined with unsafe public spaces significantly heighten the likelihood of repeated victimization. The study findings illustrate how environmental vulnerabilities intersect with social hierarchies, showing that children's safety depends on structured supervision and accessible reporting mechanisms across both private and public spheres.

In an interview an assistant chief said that

"When offenders are family members or close neighbours, families prefer to keep the matter quiet, and the child continues living in the same risky environment." (KII-ACH2, 2025)

This account demonstrates the role of community and household norms in sustaining exposure. Silence surrounding abuse is often enforced by expectations to preserve family honor or avoid social conflict, reinforcing cycles of harm. Feminist Theory situates these patterns within broader patriarchal structures, where authority and

social hierarchies normalize control over children's bodies and restrict their agency (Walby, 1990; Kelkar *et al*., 2022) [29, 15]. The study demonstrates that children's susceptibility is shaped not only by individual relationships but by systemic power imbalances codified in families and communities, emphasizing the need for interventions that address both normative pressures and tangible protective strategies.

In a focused Group Discussion, one parent reported

"Sometimes we know who did it, but we fear reporting because that person is part of the family or the community."(FGD2-P4, 2025)

This statement illustrates how fear of social reprisal and relational obligations constrain protective action. Cultural expectations, community ties, and perceived consequences for disrupting social cohesion reduce reporting rates, allowing perpetrators to act with minimal accountability. Existing studies corroborate that these social and structural pressures are significant barriers to disclosure and effective intervention (Bhatia *et al*., 2020; MacLeod, 2022) [6, 20]. The present study extends this evidence by highlighting how these constraints operate at multiple levels household, community, and institutional creating environments where abuse persists and children's agency is limited.

The findings indicate that homes, schools, markets, boda-boda stages, and transit routes are the primary locations where children experience gender-based violence, with risks peaking during school holidays and market days. Girls reported higher exposure to sexual harassment, domestic labor, and coercion, whereas boys were more frequently subjected to physical punishment and peer-related violence. These differentiated experiences reflect socially constructed gender roles and structural power imbalances, corroborating the perspective of Walby (1990) [29], who emphasizes that patriarchal norms heighten susceptibility, particularly for girls. Similarly, Otieno and Wambua (2021) [23] observe that environmental accessibility, supervision, and cultural expectations interact to shape children's exposure, reinforcing the importance of situational and gendered analysis in understanding GBV.

The observed patterns further illustrate how power hierarchies and patriarchal structures shape children's daily experiences and ability to seek protection. Girls' heightened exposure to sexual harassment and domestic coercion within households and public spaces, contrasted with boys' greater exposure to physical and peer-related violence, aligns with Otieno and Wambua's (2021) [23] argument that socially constructed expectations dictate how children navigate their environments. The National Council for Children's Rights (2019) also underscores that these power dynamics influence not only the type of violence encountered but the likelihood of recognition, reporting, and access to protective services. The findings demonstrate that GBV is both contextually and socially mediated, highlighting the need for interventions that address gendered vulnerabilities across multiple spaces where children live, travel, and interact.

The concentration of gender-based violence in familiar settings illustrates how entrenched social hierarchies and authority structures constrain children's ability to resist or report abuse. MacLeod (2022) [20] observes that domestic and community power asymmetries normalize authority and discipline, framing certain acts as corrective rather than harmful. Kelkar *et al*. (2022) [15] further demonstrate that these norms reinforce the invisibility of violence in everyday life, creating environments where perpetrators operate with minimal risk of accountability. In interviews, stakeholders emphasized that corporal punishment, verbal humiliation, and coercive control remain widely accepted within households and communities, reinforcing cycles of abuse and limiting children's protective options.

Temporal and structural factors amplify these vulnerabilities, with periods of reduced supervision, such as school breaks and market days, increasing exposure to risk. Poverty, household dysfunction, and limited adult oversight exacerbate these conditions, a pattern consistent with Cornia and Martorano (2017) [9], who link socioeconomic stress to heightened reliance on coercive discipline and survival-driven child labour. These intersecting influences demonstrate that children's experiences of gender-based violence are shaped by the convergence of gender norms, social hierarchies, and situational circumstances. The findings imply that effective interventions must engage across multiple levels household, community, and institutional, to reduce exposure, challenge cultural justifications for abuse, and strengthen protective mechanisms that respond to the realities of children's lives.

Qualitative findings explain why under-reporting occurs and identify the social and environmental factors that limit disclosure. Children frequently expressed confusion about where to seek help and fear of unsafe surroundings, especially when perpetrators are family members, neighbours, or peers. Caregivers often advise children to be cautious rather than reporting abuse, leaving children to cope independently. Cultural expectations, community norms, and concern for family reputation further discourage engagement with formal institutions. These conditions prolong exposure to harm and reduce opportunities for timely intervention. The combined evidence from quantitative and qualitative data shows that under-reporting is both a behavioral and structural issue, emphasizing the need for child-friendly reporting systems, community awareness programs, and proactive engagement by caregivers and authorities to ensure children can access protection safely and promptly.

The data also demonstrate the importance of context-specific interventions to address under-reporting. Strengthening children's knowledge about where and how to report abuse, creating safe and confidential reporting channels, and training caregivers and community leaders to recognize and respond appropriately to signs of violence can reduce delays in disclosure. Schools and community spaces can serve as accessible points for guidance and support, ensuring that children are not left to manage abuse alone. Combining structural improvements with awareness and trust-building initiatives makes it possible to reduce hidden cases of gender-based violence and improve timely protection for vulnerable children.

Prevalence Rate and Coping Mechanism of GBV

Children survivors in South Mugirango Sub-County were asked to indicate the extent to which they experience or witness situations of abuse affecting themselves or children in their immediate environment, including the coping responses that follow such situations. Responses were captured using a 5-point Likert scale (1 = Minimal exposure, 5 = Very high and frequent exposure). The findings, as presented in Table 4.8, reflect children's perceptions of the prevalence of abuse and associated coping responses in their environments.

Table 3: Descriptive Statistics of Children's Responses on the Prevalence rate and Coping mechanisms 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 frequently experience or witness situations of abuse affecting myself or children in my immediate environment, including the coping responses that follow such situations.	41 (41×5=205)	27 (27×4=108)	24 (24×3=72)	16 (16×2=32)	5 (5×1=5)	422	3.98	1.12

Source: Researcher (2025)

The results in Table 3 indicate that child survivors report experiencing or witnessing abuse-related situations in their immediate environments (M = 3.98, SD = 1.12), suggesting that such situations are frequently encountered in their daily contexts. The findings further indicate exposure to coping responses following these experiences, showing that coping forms part of the lived response to such situations.

In terms of response distribution, 41.4% of respondents reported very high and frequent exposure (5), while 27.6% indicated high exposure (4). These categories account for 69% of the sample, showing that a majority of children perceive frequent exposure to abuse-related situations and coping responses in their environments. Further, 16.6% of respondents reported moderate exposure (3), while 11.0% indicated low exposure (2), and 3.4% reported minimal exposure (1). This distribution shows that although perceptions vary, relatively few children report minimal exposure to such situations.

The standard deviation of 1.12 indicates moderate variability in responses, suggesting differences in the frequency with which children experience or witness abuse and related coping responses across different settings such as home, school, and community environments. The findings suggest that children in South Mugirango Sub-County largely perceive abuse-related situations and coping responses as common occurrences in their environments, indicating both exposure to violence and awareness of how children respond to such experiences.

The highest rated issue was the experience of threats or harm in children's daily environments, coupled with the use of coping mechanisms to manage such experiences (M = 3.98). This finding suggests that intimidation, coercion, and fear are common features within spaces that children routinely occupy, including schools, homes, and routes to and from school, yet children actively adopt strategies to navigate these challenges. Such environments, which are expected to provide protection and support for children's development, simultaneously function as spaces where power and authority are exercised through threatening practices. Previous research supports this pattern. UNESCO (2019) [25] notes that school-related gender-based violence frequently manifests through bullying, intimidation, corporal punishment, and harassment, while UNICEF (2021) [27] observes that hierarchical family structures may legitimize threats or harsh disciplinary practices. From a feminist theoretical perspective, these patterns reflect structural power relations within institutions. Walby (1990) [29] argues that violence often operates as a mechanism through which authority and control are maintained within social hierarchies. The moderate to high score indicates not only that threats and harm are codified within everyday institutional interactions but also that children employ coping mechanisms to navigate and mitigate these risks, highlighting the interplay between exposure and adaptive responses in shaping perceptions of safety and authority.

These quantitative findings are corroborated by qualitative responses from children and key informants

Children survivors frequently manage experiences of gender-based violence through informal coping strategies, shaped by fear, stigma, and limited adult protection. Rather than seeking formal help, many children rely on silence, avoidance, or support from peers to navigate daily risks, revealing how they adapt to unsafe environments in the absence of reliable protection mechanisms. These coping strategies demonstrate both agency and susceptibility, as children attempt to maintain safety within high-risk contexts. Borrero and Perez (2016) [7] explain that children exposed to chronic violence develop adaptive responses to minimize immediate harm, while Cornia and Martorano (2017) [9] argue that reliance on informal strategies reflects structural deficiencies in protective systems. The prevalence of avoidance and secrecy underscores the intersection of individual coping and systemic failure, where children must navigate complex social dynamics while lacking confidence in formal institutions. This pattern highlights the critical need for integrated interventions that address both psychosocial resilience and structural protection gaps.

In a questionnaire, a child survivor indicated,

"I keep quiet because I am afraid something worse may happen if I tell someone."(CS-018, 2025)

In an interview with a social worker, she reported that:

"Many children stay silent because they fear retaliation or believe adults will not act."(KII-SW1, 2025)

These statements illustrate how fear and mistrust inhibit disclosure, leaving children vulnerable to repeated exposure to abuse. Silence often becomes a protective response in environments where children doubt that reporting will lead to meaningful intervention. However, this coping strategy may contribute to cumulative psychosocial harm, including anxiety, social withdrawal, and reduced self-confidence. Borrero and Perez (2016) [7] explain that children's avoidance of formal support systems often reflects adaptive behavior in contexts where institutional responses are perceived as weak or ineffective. Cornia and Martorano (2017) [9] further note that limited supervision, inadequate reporting channels, and restricted access to support services reinforce the persistence of such coping mechanisms. The findings suggest that informal coping strategies arise both from immediate environmental risks and from broader systemic gaps, highlighting the need to strengthen trust in protection systems and create safe, accessible avenues for children to disclose abuse.

In an interview with an assistant chief, he reported that

"Children often avoid the people or places that caused harm instead of reporting it, which leaves them exposed to repeated incidents."(KII-ACH1, 2025)

This observation highlights the paradox of avoidance; it is protective in the immediate sense, yet it does not eliminate the threat, creating ongoing susceptibility. Borrero and

Perez (2016) [7] note that such avoidance demonstrates children's awareness of environmental dangers, while Cornia and Martorano (2017) [9] argue that these strategies reflect structural neglect, such as inadequate supervision and poorly resourced child protection systems. Peer support emerges as a compensatory mechanism, allowing children to share experiences and maintain emotional stability in the absence of adult intervention. The findings underscore that informal coping is contextually shaped, where children negotiate safety, social norms, and cultural pressures simultaneously. Effective interventions must therefore address both individual coping mechanisms and the broader protective infrastructure to disrupt cycles of risk and support resilience.

In a focus group discussion with parents, one parent noted that:

"My child prefers talking to friends about school incidents rather than telling us, because she thinks we cannot help."(FGD7-P3, 2025)

This stresses the critical role of peer networks in buffering emotional distress and providing practical guidance when formal systems are perceived as ineffective. Borrero and Perez (2016) [7] suggest that peer support is a vital component of adaptive coping in high-risk environments, offering social validation and emotional relief. Cornia and Martorano (2017) [9] further emphasize that reliance on peers reflects systemic gaps in protective oversight, demonstrating how structural weaknesses shape behavioral responses. These findings indicate that children actively seek strategies that allow them to maintain some degree of control over their circumstances, revealing resilience amid adversity. Consequently, interventions must integrate peer-based psychosocial support with formal protective mechanisms to enhance safety, mitigate developmental disruption, and strengthen adaptive capacities.

The quantitative data in Table 3 show that gendered impact has a mean score of 3.98, indicating that boys and girls experience different forms of abuse and adopt distinct coping mechanisms. Boys' experiences are mostly linked to physical punishment and peer-related violence, whereas girls are more often exposed to restrictions, coercion, and sexualized harassment. The numerical data capture the prevalence and intensity of these experiences, signaling that gendered patterns of violence are common across home, school, and community settings.

Qualitative findings explain how children navigate these risks through informal coping strategies. Many children rely on silence, avoidance, or peer support rather than reporting incidents to adults or formal authorities. These strategies emerge from fear, perceived stigma, and limited confidence in protection systems. Children may avoid the places or people associated with harm, creating a temporary sense of safety, but these behaviors do not eliminate the risk of repeated abuse and can prolong exposure.

Parental and caregiver responses often shape these coping behaviors. Caregivers tend to advise caution or encourage children to handle situations independently rather than engaging formal protective systems. This approach reflects social pressures, concerns about family reputation, and reliance on traditional norms, which can unintentionally sustain gender-specific risks. Girls may be guided to manage harassment quietly, while boys are expected to endure physical discipline, reflecting deeply codified societal expectations and power dynamics.

Peer support emerges as a critical coping mechanism. Children confide in friends to share experiences, gain emotional relief, or receive practical guidance, compensating for the lack of adult intervention. These informal networks provide social validation and reduce feelings of isolation but do not replace formal protection. The findings demonstrate that children actively develop strategies to maintain some control over their environment, indicating resilience within contexts of ongoing susceptibility.

The evidence from quantitative and qualitative evidence shows that coping strategies are influenced by both individual circumstances and social factors. The mean scores highlight the prevalence of gendered experiences while the qualitative responses indicate how fear, limited supervision, and cultural expectations shape children's reactions. Interventions should focus on strengthening reporting mechanisms, providing confidential support, and offering peer-based psychosocial programs. Focusing on both systemic gaps and children's coping behaviors improves safety, reduces repeated exposure, and supports resilience among children affected by gender-based violence.

Conclusion

The study concludes that gender-based violence (GBV) against children in South Mugirango Sub-County is widespread and remains a serious child protection concern. More than half of the children reported direct experiences of violence, while a large proportion indicated that such cases are rarely reported or are handled informally. This points not only to a high level of occurrence but also to weaknesses in formal reporting and response systems. The findings further show that GBV is not evenly distributed, with higher occurrence in homes and schools, as well as increased risk during school holidays and market days when supervision is often reduced.

The study also finds that exposure to GBV varies across different groups of children, with girls more affected by sexual violence and boys more exposed to physical and labour-related abuse. Children facing conditions such as poverty, disability, and orphanhood are at even greater risk. In addition, the high levels of emotional distress, fear, and school withdrawal reported among children show that the impact of GBV goes beyond the immediate incident and affects their overall well-being. These findings highlight the need to strengthen reporting systems, improve protection mechanisms, and design targeted interventions that respond to the specific risks faced by children in different contexts.

Recommendations

Reducing the extent of gender-based violence (GBV) against children requires strengthening systems for detection, reporting, and coordinated response. The study underscores the need for improved surveillance and institutional capacity to address the high prevalence and persistent underreporting of GBV cases. In this regard, existing legal and policy frameworks provide a basis for action but require effective operationalization at sub-county level.

To achieve this, the study recommends

1. Strengthening the National Child Protection Information Management System (CPIMS) to support real-time, disaggregated reporting of GBV cases across households, schools, and identified community hotspots;
2. Operationalizing the Children Act (2022) through enforcement of mandatory reporting protocols and

routine surveillance, particularly during high-risk periods such as school holidays and market days;
3. Enhancing coordination among key actors, including schools, law enforcement, probation services, and community-based organizations, to improve referral pathways and case management;
4. Establishing accessible and child-friendly reporting mechanisms to reduce barriers to disclosure and ensure timely response to cases;
5. Designing targeted interventions for high-risk groups, including children affected by poverty, disability, and orphanhood.

These actions will strengthen reporting systems, improve case management, and support more effective responses to the scale and distribution of GBV in the study area.

Notes on the Authors

Orucho Justine Amadi is a doctoral candidate in Social Work at Masinde Muliro University of Science and Technology. He holds a Master of Arts and a Bachelor of Arts in Social Work from Maasai Mara University, with research interests in child protection, gender-based violence, and community-based social interventions. Prof. Crispinous Iteyo is a Professor in the Department of Peace and Conflict Studies at Masinde Muliro University of Science and Technology. His work focuses on peacebuilding, conflict analysis, and the social dimensions of violence and community stability. Dr. Erick Ater Onyango is a lecturer in the Department of Criminology and Social Work at Masinde Muliro University of Science and Technology. His academic focus includes criminology, social work practice, and justice systems, with emphasis on crime and community-based interventions.

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