Socio-cultural determinants of gender-based violence reporting among Kenya Medical Training College students

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ABSTRACT

Socio-cultural norms influence the disclosure of GBV, informal support seeking, and formal institutional reporting among GBV survivors. This study was based on the Ecological Model of violence and examined the socio-cultural factors influencing the choice of reporting GBV incidents at the Kenya Medical Training College (KMTC), where the hierarchical structure and tight-knit peer cultures exacerbate the difficulty of formal reporting. The study used an analytical cross-sectional research design with the target population being the pre-service health training students. A multistage sampling technique was used to obtain data from 478 respondents from an anonymous online questionnaire. Quantitative data was analysed using descriptive and inferential statistics, such as chi-square tests and multivariate logistic regression, and qualitative answers were analysed thematically. The results showed that 59.4% of the students preferred formal institutional reporting and 40.6% of the students preferred informal reporting. The only socio-cultural factor that was significantly associated with preference for channel of reporting was fear of stigma and negative consequences ($\chi^2 = 9.93$, $p = .042$), which functions as a cumulative barrier and influences survivors to seek a private resolution. Social support and peer attitudes, which were commonplace, were not unique predictors of binary decision-making about the choice of reporting pathway. Qualitative results indicated that collective silence is actively maintained by means of patriarchal norms, peer silencing, and fear of viral exposure through technology. Socio-cultural barriers are identified as a form of collective silence, achieved through reputation and gender norms, which turns a case of GBV into a case of collective silence. The findings suggest a need for student-led norm change efforts, bystander intervention training, digital safety education, and student-to-professional referral systems that are confidential and help to build sustainable institutional trust.

Keywords: Ecological Model, Gender Based Violence, Informal Disclosure, KMTC Students, Peer Norms, Reporting Behaviour, Stigma

I. INTRODUCTION

Gender-based violence remains hidden and unspoken; survivors do not receive justice and protection, and institutions lack the evidence to inform effective prevention and response strategies. Channel preference is a key dependent variable in the study of violence, as it determines whether an incident is reported formally to an institution or the law, informally, via a social network, or not at all, and it is the channel that will enable the incident to be documented, investigated, and remedied (Hlavka, 2019). In the global context, this variable is extremely wide-ranging and covers all of the disclosure decisions made because of the perceived risk of stigmatisation, disbelief, and threats of retaliation versus the benefits of support, accountability, and safety (Sabina & Ho, 2014). Its importance is not just for the individual survivor: Chronically low reporting rates result in underreporting of prevalence in institutional statistics, policy responses are lacking in empirical evidence, and impunity is perpetuated (Murvartian *et al*., 2024).

There is increasing evidence of under-reporting worldwide. The 2019 Association of American Universities (AAU) campus climate survey of 33 universities revealed that less than one in five sexually assaulted students reported the assault to the police, with embarrassment, shame, and fear of reputational damage being the primary reasons not to report. The Australian Human Rights Commission (2017) also found that one in six students had experienced sexual harassment in Australia, and that most of these students had not reported or sought formal support but rather sought the support of friends or family. Owusu-Antwi et al. (2024) found that 78.2% of the GBV victims sought informal assistance from peers or relatives, and that about 29.5% sought formal assistance through any of the university, counselling or health-service channels in nine universities across six Sub-Saharan African countries. Tengueri (2026) found in Burkina

Faso that many female students were reluctant to report rape, to avoid shame and humiliation from peers and maintain their dignity and marriageability. UNFPA's rapid mixed-methods study with CCGD (2024) on technology-facilitated GBV in tertiary institutions in Kenya found that there was a high demand for social support and/or platform-level remedies, with formal legal and institutional reporting being extremely low.

The patterns of reporting are not simply institutional failures but are strongly influenced by the socio-cultural context that the survivors live in, the independent variable of the present study. The perceptual and relational frame of reference through which a survivor considers the pros and cons of the various options for reporting is the socio-cultural context that includes stigma and victim-blaming, campus social culture and peer expectations, family and community dynamics, cultural beliefs and traditional practices, and the influence of social media and digital technology. At a South African university, Finchilescu and Dugard (2021) found that rape myth acceptance and strong patriarchal attitudes were associated with increased victims' tolerance for sexual coercion and, importantly, decreased formal help-seeking for victims. Racionero-Plaza *et al.* (2021) provided evidence that peer group discourse is a direct mediator of adolescent and young-adult disclosure: while supportive peer talk facilitates disclosure, stigmatising or normalising peer talk suppresses disclosure. Murvartian *et al*. (2024) produced a synthesis of evidence from low- and middle-income countries and identified that in some countries, family and community-based support systems encourage survivors to avoid formal processes and seek private resolutions, rather than holding perpetrators accountable.

Previous studies at Kenya Medical Training College have revealed high levels of GBV, with 43% of students reporting having been sexually harassed and 27% reporting any type of gender-based violence, and only 34% reporting to whom and how to report (Bally *et al*., 2022; Koi *et al*., 2018). There is a need to explore the socio-cultural mechanisms that may be influencing KMTC students' decision to avoid formal reporting and choose an informal or private approach to resolve issues, including stigma, peer norms, family expectations, cultural scripts, and online harassment. This study aims to fill that gap by trying to find out if there is any influence of socio-cultural factors on the preference for reporting channels for Gender Based Violence (GBV) by students in the Kenya Medical Training College.

1.1 Statement of the Problem

Although there are institutional policies, formal GBV systems at KMTC are not well utilized because there are socio-cultural norms that discourage disclosure. If the peer culture around them is one that supports or excuses harassment or makes it shameful to report, the person who was harassed may not report. Survivors are pushed into informal networks of silence, out of fear of the community, victim-blaming, and exposure online. This continuous under-reporting hampers effective prevention and response and creates a covert health training institution crisis. The issue this article will discuss is thus the disconnect between the formal reporting mechanisms and their use, which is further complicated by socio-cultural factors that turn a reportable incident of GBV into collectively upheld silence.

1.2 Research Objective

To identify the effect of socio-cultural factors on the preference for reporting gender-based violence through a reporting channel by students at Kenya Medical Training College.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Ecological Model of Violence

This study is theoretically guided by the Ecological Model of Violence (Heise, 1998), which views GBV and disclosure behaviour as a result of a combination of influences at four levels: individual, relational, community and societal. Communities and societies have norms, values and cultural practices that dictate what is acceptable for men and women to do, affect the extent to which women are blamed for rape, determine how peers will respond to disclosures and whether a woman who has been raped may seek support or punishment. The study notes that while in the institutional environment, these socio-cultural factors under investigation are manifested in peer networks, dating culture, hostel hierarchies, online interactions, and community attitudes towards gender and power. Even if there is a personal willingness to report, the model suggests that community-level norms can influence and divert survivors from reporting or formal resolution. This framework is applicable to KMTC, a setting of hierarchical clinical training and close-knit peer cultures that exacerbate community-level pressures that influence disclosure decisions.

2.2 Empirical Review

Socio-cultural determinants include the norms, values, practices and social structures that are shared by a group of people and influence their behaviour, legitimise their actions and attitudes, and affect their understanding and reaction to violence. In higher education contexts, these factors act in a variety of ways: they shape gendered norms of behaviour on campus, they shape peer-group norms and social life, they have a stigmatising effect on survivors, and they shape the availability and acceptability of social support. Socio-cultural factors thus have an impact on the occurrence of

gender-based violence (GBV) and the likelihood of disclosure and formal reporting of incidents by survivors (Hlavka, 2019; Owusu-Antwi *et al*., 2024). Learning about these pathways is important for designing interventions to minimise harm, promote safe disclosure, and to improve institutional responses. Empirical evidence in six interrelated socio-cultural areas is reviewed in what follows.

Patriarchal gender norms and the socialisation processes that pass on these norms are a basic socio-cultural determinant of campus GBV. University cultures are likely to reflect wider society's attitudes that place men in a dominant position and women in a subordinate position and thus provide a normative context that condones coercion. Gwiza and Hendricks (2025) revealed that the existing patriarchy and the "traditional gender roles" in South African universities create a feeling of inferiority for women and foster an environment of permissiveness towards violence. Owusu-Antwi *et al.* (2024) validated in a cross-national study across Sub-Saharan African campuses that "social norms that promote gender inequities" – such as masculine dominance and violence as a means of conflict resolution, remain strong predictors of high rates of GBV. Finchilescu and Dugard (2021) also found a statistically significant link between rape myth acceptance, increased sexual coercion and decreased formal help-seeking on the part of the victim, at a South African university, indicating that gendered belief systems may not only facilitate sexual coercion, but help-seeking by victims is also suppressed.

Norms of masculinity which glorify aggression, sexual conquest and dominance are constantly associated with campus violence. Hlavka (2019) noted that the boys from the hegemonic masculinity socialisation were more likely to perpetrate harassment and were more likely to discount the complaints of the victims, while the girls from the passive socialisation were less likely to label their coercive actions as abusive and were less likely to report them. Gwiza and Hendricks (2025) and Tavolacci *et al*. (2023) showed that in contexts where entitlement to masculinity is expected or accepted, processes of informal protection can be seen in the form of jokes, blame-shifting and collective silence. Such male-dominated discourses, which can be perpetuated through male student groups or hostel hierarchies, normalize and justify violence against female students, positioning it as a means of punishment or regulation, extending gender-based power dynamics in everyday socialization (Gwiza & Hendricks, 2025; Owusu-Antwi *et al*., 2024). Concretely, the normalisation of gender-based violence undermines survivors' hopes for peer and authority support, instills a fear of being blamed or tarnished, and reduces formal reporting rates even if the victim reports informally (Owusu-Antwi *et al*., 2024).

Peer groups and campus social interactions act as proximal socio-cultural factors in the risk of and disclosure of GBV. The move to college and the resulting decrease in parental control, increase in peer pressure, and party scene can contribute to an environment where sexual aggression is more likely to happen. Owusu-Antwi *et al.* (2024) found that lack of parental supervision, alcohol socialization functions, and the acceptance of rape myths are important factors that create an environment on campus that invites assault to occur. It is worth noting that party cultures, high alcohol consumption at gatherings, and initiation rites create contexts where alcohol predatory behaviour manifests (Owusu-Antwi *et al*., 2024; Finchilescu & Dugard, 2021). Strong associations have been documented between alcohol use at heavy drinking events and sexual harassment and/or sexual violence (Owusu-Antwi *et al*., 2024), and Finchilescu and Dugard (2021) found that most of the campus rapes in their sample from South Africa were related to intoxication of either the victim or perpetrator.

Sexual norms that promote sexual conquest and penalize sexual restraint, including the sexual double standard that young men become more valued based on the number of women they have slept with, while the number of men with whom a young woman has slept is a source of shame for her, perpetuate aggressive dating norms and indirectly underpins campus harassment (Owusu-Antwi *et al.,* 2024). There is qualitative evidence supporting the importance of peers reinforcing harmful scripts: Racionero-Plaza *et al*. (2021) showed that peer-group conversations influence the way that adolescents and young adults understand and report abuse, with supportive peer responses supporting reporting and stigmatizing or normalizing responses hindering it. Many students thus seek help from friends and only seek institutional help when they feel they have enough peer support (Owusu-Antwi *et al.,* 2024).

In both low- and middle-income countries (LMICs) and high-income countries, survivors often experience fear of stigma, fear of being blamed for "provoking" the incident, social isolation, and disclosure to people outside of their circle of closest friends and family (Hlavka, 2019). Drawing on evidence from LMICs, Murvartian *et al.* (2024) noted the widespread stigma and its effects on people's willingness to seek help, as stigma encourages people to act secretly and to avoid formal services. These attitudes are reflected on the campus level: According to the Association of American Universities (2019) and Australian Human Rights Commission (2017) national surveys, the most common reasons that students did not file formal complaints were embarrassment, fear of reputational harm, and the expectation of an inadequate institutional response. Owusu-Antwi *et al*. (2024) found stigma and fear of social repercussions as the main reasons for choosing informal disclosure in Sub-Saharan Africa; and Ghanaian student survivors were particularly concerned about being labelled "troublemakers.

In Burkina Faso, Tengueri (2026) found that many female students who were victims of rape did not report the crime, as they feared being humiliated by their peers and losing their "marriage prospects" in order to "preserve their dignity. Qualitative and institutional studies conducted in Kenya (Bally et al., 2022; Wamukoya *et al*., 2020) have

revealed that students often opt for inaction and/or private settlements when dealing with incidents due to the risk of damaging their personal and/or family social reputation. The online shaming and secondary victimization through social media also deter survivors from public or semi-public reporting options (Ubino & Astuti, 2025). The stigma, shame, and fear thus create a significant 'dark figure' of GBV that goes unreported in college populations.

Social support networks, their availability, quality and orientation, are a key factor in the post-violence trajectory of survivors and their decisions to report. Victims in Sub-Saharan African Universities almost always access informal networks as opposed to institutional services. In the multi-country sample by Owusu-Antwi *et al*. (2024), 78% sought the support of friends/ family, but only 30% received support from a formal service such as a counsellor, police, healthcare provider, etc. This trend is indicative of the importance of family and community relationships and the lack of trust or perceived trustworthiness of campus resources. In Kenya, survivors also depend on friends or peer activists (Bally *et al*., 2022; UNFPA & CCGD, 2024), and there are few, under-resourced and mistrusted university counselling centres or gender desks. The UNFPA and CCGD (2024) study reported that some Kenyan survivors go to great lengths to reach a Gender Violence Recovery Centre, such as Nairobi, to escape the stigma of community-level services, reflecting a high level of mistrust of community-based services.

Supportive friends and relatives offer emotional support but can also encourage silence or individual action and reduce official action. Many communities in Africa have community leaders or elders who step in after an assault, but in many cases such support focuses on family honour and reconciliation, rather than holding the perpetrator accountable (Murvartian *et al*., 2024). On the other hand, social networks' behaviors encouraging formal reporting and accompanying the persons to services increase the likelihood of seeking formal help, as shown by Hlavka (2019). The nature of social support (protective and empowering vs. silencing and reputation protecting) is thus a key factor in reporting channel preference.

Gender hierarchies and GBV can be directly or indirectly supported by cultural beliefs, rights of passage and other traditional practices. Bride-price, gendered initiation and hazing rituals reinforce notions of the subordinate status of women and their status as property, which leads to legitimizing coercive behaviour. Mshweshwe (2020) and Chanda (2024) reported that norms that are related to the legitimisation of male authority, including the notion that men should "discipline" women who are not following their orders, contribute to the legitimisation of violence in subtle but pervasive ways. Institutions of learning, initiation rites and hazing have been linked to increased incidences of sexual harassment and sexual assault, which are often covered by the guise of "tradition" (Wangu Kanja Foundation, 2024; Gwiza & Hendricks, 2025). The Wangu Kanja Foundation (2024) report highlighted that a lot of universities in Africa are still using the forced hierarchy and hazing system, such as initiation and "freshers' bashes" that expose students to forcedness and alcohol-fuelled violence.

Also important is the fact that there are already existing concepts about sexual conduct, such as the idea that "good" women cannot be raped, which leads to the victimisation of rape survivors who do not conform to the norm of femininity. Traditional views that connect modesty in women to their personal and family worth exacerbate the victim-blaming and silence after an assault, with the victim being seen as having dishonoured the family (Murvartian *et al*., 2024). Students might be discouraged from disclosure, or from formal institutional processes, in contexts where the culture of the situation promotes 'reconciliation' and 'reputation' rather than individual justice.

Technology and social media are new spaces where GBV is committed, hidden and challenged in the digital age. Technology is a significant enabler of GBV online in various ways, such as through cyberstalking, the non-consensual dissemination of intimate images (e.g., sexting photos) and social-media-based shaming. While research in this space is still in its infancy, the data available shows an alarming prevalence of GBV in Kenyan students; a survey conducted at Nairobi Universities found that almost 90% of students had experienced some kind of technology-facilitated GBV, with 64.4% of female students reporting on technology-facilitated GBV or the non-consensual sharing of intimate images (Ubino & Astuti, 2025). This phenomenon of online victim-blaming and virality of private content can be seen as one of the reasons why survivors of campus sexual violence are reluctant to report the incident to the institution, as this will again expose the incident to the public (Ubino & Astuti, 2025).

Social media also helps to spread sexist norms: WhatsApp gossip, viral memes and dating apps can sometimes make it easier for perpetrators to coordinate harassment and normalise predatory behaviour in peer groups, and the anonymity of online platforms makes it easier to engage in abuse (Chui & Macharia, 2024). To a large extent, the impact of social media such as #MeToo on formal reporting of GBV is negative, although in some cases, student activists are also using such campaigns to challenge norms. Digital harms are often dealt with at the platform level, and national complaint mechanisms are seen as slow or ineffective in responding to online harms (Chui & Macharia, 2024). This means that the digital world increases the scope of GBV and decreases the opportunities for survivors to report.

III. METHODOLOGY

3.1 Research Design

The research design used was an analytical cross-sectional design. This design enabled the prevalence of reporting channel preferences to be assessed, and the hypothesized relationships of the socio-cultural determinants with the binary decision to report formally or informally to be tested. Data were collected at a single time (March to May 2026).

3.2 Study Site and Context

This study was conducted in selected Kenya Medical Training College (KMTC) campuses. There are 96 campuses of KMTC in 46 Counties across the country, and an estimated student population of approximately 60,000. Campuses were purposively selected to represent the variation in geography, size of campus, and student composition to allow for the contextual representation of the institutional and socio-cultural diversity of KMTC.

3.3 Population and Sampling Strategy

The target population was the students who were on pre-service training programmes at KMTC in the study period. The sampling method adopted was multi-stage sampling, which involved purposive sampling of the campuses, stratified sampling of year of study and programme, and systematic random sampling of the individual participants. The number of students invited for the total sample was 500, of whom 500 completed the online questionnaire, and 478 completed the questionnaire in its entirety for a response/ completion rate of 95.6%. The final analysed sample was 478, which met the minimum required sample of 427.

3.4 Data Collection and Analysis

The primary data collection was done by using an anonymous, self-administered online questionnaire which was sent through the official communication system on campus. Social support for reporting, fear of stigma and negative consequences, peer attitudes and social norms, online harassment, cultural beliefs, and preference for institutional versus informal reporting channels were measured by the tool. Qualitative contextual data was obtained from three open-ended questions. SPSS version 27 was used to analyse the quantitative data. Distributions were summarised using descriptive statistics, and associations and predictive values were assessed using bivariate chi-square (χ^2) tests with Cramer's V and multivariate binary logistic regression. Open-ended questions were used to collect qualitative data, which was analysed thematically using an inductive approach to triangulate quantitative findings. A p-value of < 0.05 was statistically significant.

3.5 Validity, reliability and Ethical Considerations

The content was checked for validity by expert opinion, and construct validity was verified by factor analysis in the pilot testing. The composite variables had good internal consistency (Cronbach's $\alpha \geq 0.70$), with the socio-cultural factors composite having $\alpha = 0.850$. The Institutional Scientific Ethics Review Committee of the Masinde Muliro University of Science and Technology gave the ethical clearance (Approval Number: MMUST/ISERC/077/2026, Approved 30th March 2026). Permission to do research was requested from KMTC administration. Electronic informed consent was obtained, questionnaires were anonymous, participation was voluntary, and all data were kept securely. Information was given to participants about counselling and support options, and a referral process was adhered to if participants were distressed.

IV. FINDINGS & DISCUSSION

4.1 Findings

4.1.1 Social Support for Reporting

The descriptive analysis of perceived social support for GBV disclosure shows that there is a mostly ambivalent group. There was attitudinal neutrality among a plurality of respondents (n = 204, 42.7%) when it came to informal support. In contrast, 29.7% (n = 142) and 9.8% (n = 47) of the sample, respectively, felt that there was sufficient psychosocial support if they wanted to disclose. By contrast, a small minority (n = 85, 17.8%) stated they felt there was a lack of social support – (n = 76, 15.9%) disagreed and (n = 9, 1.9%) strongly disagreed. These distributions show that there is a fragmented idea of informal support networks, with a large proportion of students expecting to receive psychosocial validation, but a large proportion of students were unsure or felt that there was no communal support network before disclosure.

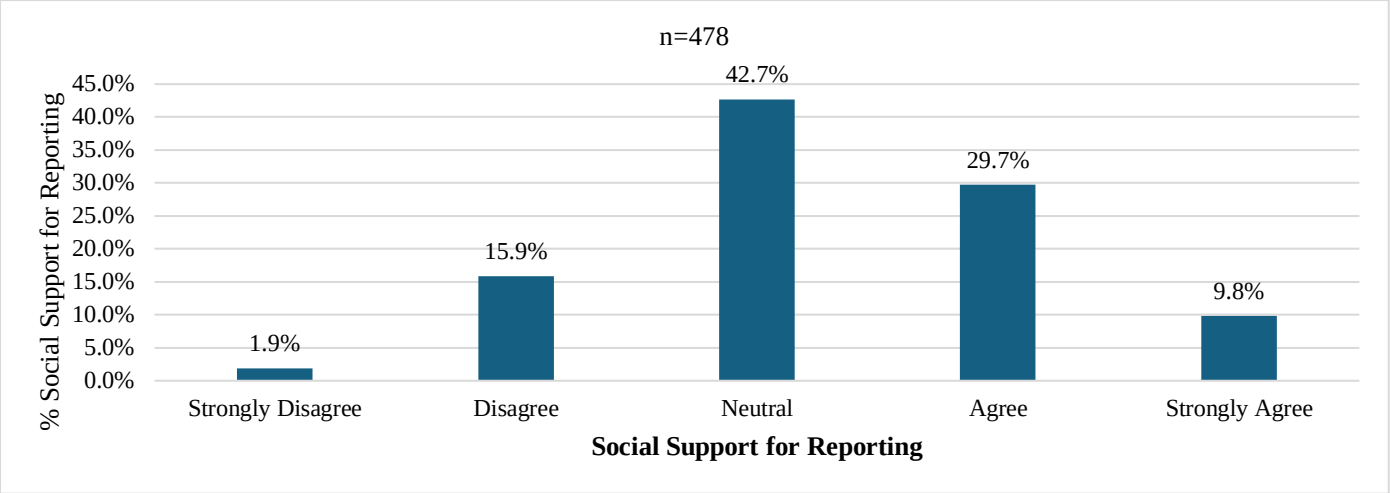

Figure I
Social Support for Reporting

4.1.2 Fear of Stigma and Negative Consequences

The data show that there was a strong opinion on the anticipatory stigma and negative social sanctions of GBV reporting. A large proportion of the sample (n = 292, 61.1%) agreed (n = 206, 43.1%) and strongly agreed (n = 86, 18.0%) about their concern of stigmatization. In contrast, a small proportion of the respondents (n = 80, 16.7%) did not agree that there were likely to be social consequences. The strong bias towards the expectation of reputational harm, to blame the victim and ostracize the community reflects the extent to which stigma is a structural and psychological barrier to the formal institutional involvement of the students themselves.

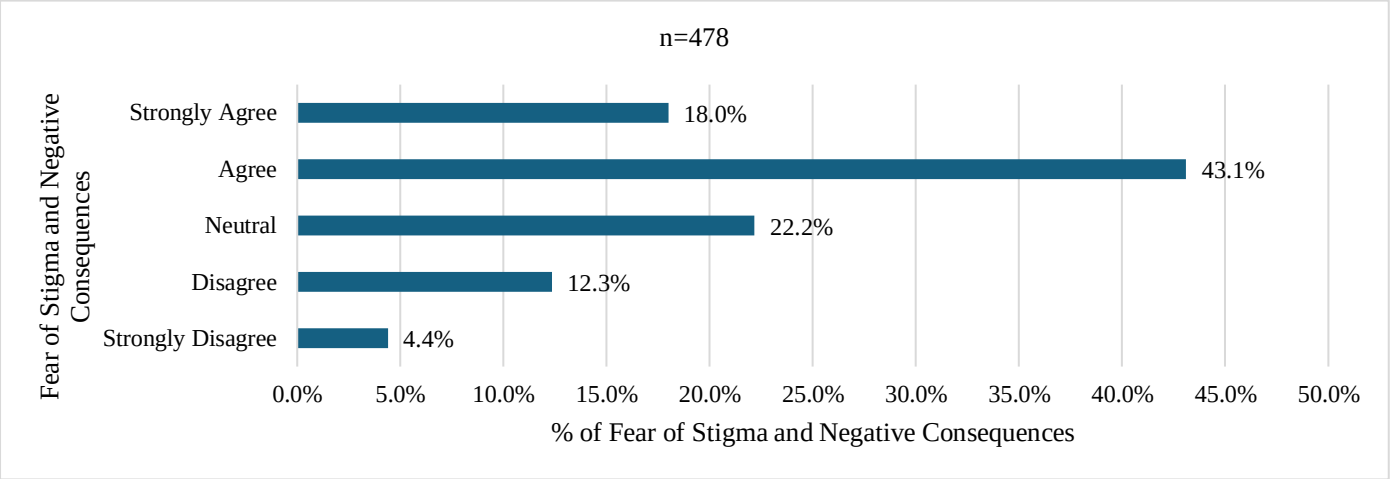

Figure 2
Fear of Stigma and Negative Consequences

4.1.3 Peer Attitudes and Social Norms

Responses to the salience of peer attitudes and social norms are highly attitudinally neutral, with almost half of the participants (n = 227, 47.5%) neither affirming nor denying peer influence. But a significant proportion (n = 190, 39.7%) explicitly recognized the normative pressures from peer networks (n = 133, 27.8% agreed; n = 57, 11.9% strongly agreed), and a minority (n = 61, 12.8%) rejected influences from these networks. This distribution indicates a split campus climate with a large number of students seeing the peer-mediated norms as a strong influence on disclosure behaviours, while a large group of students is not certain to what extent peer socialization influences disclosure behaviours.

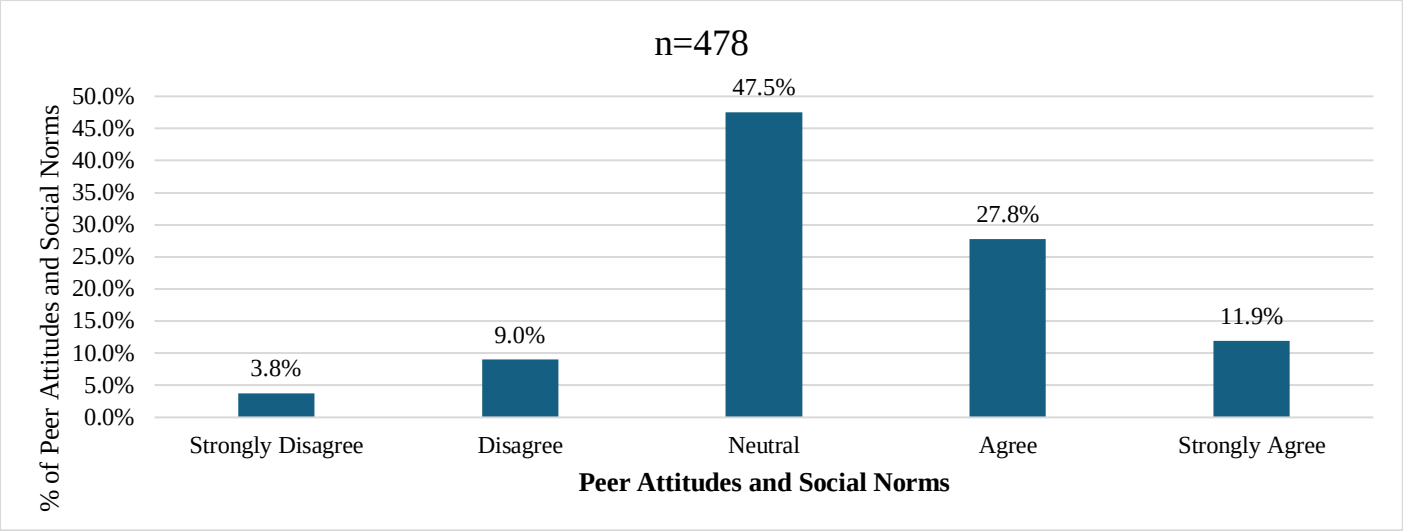

Figure 3
Peer Attitudes and Social Norms

4.1.4 Bivariate Analysis of Socio-Cultural Factors Associated with Reporting Channel Preference

Table I presents the chi-square tests to determine the statistical significance of social support, fear of stigma and peer norms on preference for institutional reporting channels.

Table I:
Bivariate analysis of Socio-cultural factors associated with reporting channel preference

Category	Sub-category	Preference No n (%)	Preference Yes n (%)	Test Statistics	P-value
Social Support for Reporting	Strongly disagree	6 (3.1%)	3 (1.1%)	$\chi^2 = 4.84$, V = 0.101	0.304
	Disagree	32 (16.5%)	44 (15.5%)		
	Neutral	74 (38.1%)	130 (45.8%)		
	Agree	61 (31.4%)	81 (28.5%)		
	Strongly agree	21 (10.8%)	26 (9.2%)		
Fear of Stigma & Consequences	Strongly disagree	8 (4.1%)	13 (4.6%)	$\chi^2 = 9.93$, V = 0.144	0.042
	Disagree	18 (9.3%)	41 (14.4%)		
	Neutral	37 (19.1%)	69 (24.3%)		
	Agree	85 (43.8%)	121 (42.6%)		
	Strongly agree	46 (23.7%)	40 (14.1%)		
Peer Attitudes and Social Norms	Strongly disagree	9 (4.6%)	9 (3.2%)	$\chi^2 = 7.66$, V = 0.127	0.105
	Disagree	23 (11.9%)	20 (7.0%)		
	Neutral	79 (40.7%)	148 (52.1%)		
	Agree	57 (29.4%)	76 (26.8%)		
	Strongly agree	26 (13.4%)	31 (10.9%)		

Results show that there is a significant relationship between fear of stigma and negative consequences and preference for institutional reporting channels ($\chi^2 = 9.93$, df = 4, p = .042). The distribution indicates that there is a complicated relationship between fear of stigma and reporting preferences; however, the effect size was small (Cramer's V = 0.144). Social support for reporting (p = .304) and peer attitudes and social norms (p = .105), however, were not statistically significant, suggesting that while these factors are common, they do not have as strong an influence on the binary decision to report to formal or informal channels as stigma does.

4.3.6 Multivariate logistic regression of Socio-cultural factors predicting preference of reporting channels.

Bivariate analysis was performed for social support, fear of stigma and peer attitude. The only socio-cultural factor that was statistically significant at the bivariate level was fear of stigma, and this was kept in the multivariate model. Social support and peer attitudes were not included as they were not statistically significant at the bivariate level. The multivariate statistical tests that examined the relationship between socio-cultural factors and preference for institutional reporting channels, N = 478, are presented in Table 2.

Table 2
Multivariate Logistic Regression of Socio-Cultural factors predicting Reporting Channel Preference

	B	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
					Lower	Upper
Fear of Stigma and Negative Consequences		4	.045			
Fear of Stigma and Negative Consequences (Disagree vs Strongly Disagree)	.338	1	.525	1.402	.495	3.968
Fear of Stigma and Negative Consequences (Neutral vs Strongly Disagree)	.138	1	.780	1.148	.436	3.018
Fear of Stigma and Negative Consequences (Agree vs Strongly Disagree)	-.132	1	.779	.876	.348	2.206
Fear of Stigma and Negative Consequences (Strongly Agree vs Strongly Disagree)	-.625	1	.210	.535	.201	1.422
Constant	.486	1	.280	1.625		

The multivariate logistic regression model for fear of stigma and negative consequences as a predictor of preference for use of institutional reporting channels was statistically significant, Wald(4) = 9.93, p = .045. None of the individual contrast categories were statistically significant at the .05 level; however, (ps = .210–.780), indicating that fear of stigma was a cumulative socio-cultural barrier rather than one that had a single threshold level. Higher stigma and negative consequences of disclosure were associated with lower levels of formal institutional reporting orientation, highlighting the stigma's role in influencing the direction of survivors to informal resolution channels. The overwhelming qualitative verbatims confirmed the statistical significance of stigma, as the fear of community condemnation, blaming, and the internet's exposure push survivors into informal, silencing networks:

> *"Fear of stigma, gossip or being judged by peers and fear that confidentiality may not be fully maintained."* (21-year-old female Diploma student, KMTC Campus, April 2026)
>
> *"Somehow, it's thought that as a male, you should not let go of anything and that you just have to die hard."* (23 years old, male, Clinical Medicine student, KMTC Campus, May 2026)
>
> *"Fear of leak and gossip, being stalked online and physically, everyone will know about it"* (19-year-old female Nursing student, Off-campus hostel, KMTC, March 2026)
>
> *"People judge rather than assist and turn the incident to your disadvantage".* (A 20-year-old female Diploma student, KMTC Campus, April 2026)

4.2 Discussion

The findings demonstrate that GBV reporting among KMTC students is embedded in a social world where reputation and belonging are powerful determinants of disclosure behaviour. Fear of gossip, family embarrassment, and reputational damage can make formal reporting appear more dangerous than silence. This pattern is consistent with campus sexual-violence literature showing that survivors often avoid formal reporting because of shame, fear of blame, uncertainty about outcomes, and low confidence in institutional response (AAU, 2019; AHRC, 2017; Owusu-Antwi et al., 2024). This finding strongly agrees with the community level of the Ecological Model, where societal expectations and victim-blaming narratives actively enforce silence (Heise, 1998). In the high-stakes environment of medical training, where professional character is heavily scrutinized, survivors fear that formal reporting will result in communal ostracization or damage their future licensure prospects.

The statistically significant association between stigma and reporting-channel preference is theoretically important even though the effect size was small. Within the Ecological Model, this finding confirms that community-level norms operate as a proximal filter on individual disclosure decisions. Stigma may operate as a final decision filter: students may know about institutional channels and may even trust friends, but the anticipated social cost of being known as a survivor can redirect them toward private disclosure. This is consistent with Hlavka (2019) argument that normalisation of sexual violence makes survivors reinterpret harmful events as ordinary, embarrassing, or personally risky to report. The multivariate finding that stigma operates as a cumulative barrier rather than through a single threshold further reinforces the ecological interpretation: multiple reinforcing dimensions of stigma (reputation, family shame, gossip, digital exposure) collectively suppress formal reporting.

The role of family and friends is complex. High confidence in informal support does not necessarily increase formal reporting; it may instead strengthen private management of GBV. Families and peers can offer emotional support, but they may also recommend silence, reconciliation, or avoidance to protect family reputation or student status (Murvartian *et al.*, 2024). This means KMTC should not treat informal support as a substitute for professional care. Instead, the institution should train peer supporters and student leaders to provide first-line psychological support while actively linking survivors to confidential professional services. The finding that 43.3% of informal-preference students reported high family confidence suggests that strong kinship networks may paradoxically reinforce private resolution by providing an alternative to institutional engagement.

Peer norms showed a mixed pattern. The finding that peer pressure was stronger among students preferring informal channels suggests that risky peer cultures can both expose students to harm and discourage formal reporting.

This reinforces the importance of bystander education and structured norm-change interventions (Banyard *et al*., 2007; Coker *et al*., 2011). For KMTC, peer-led interventions should be adapted to clinical-training contexts, hostels, off-campus residences, and digital student groups. The non-significance of peer attitudes in the binary reporting decision does not mean these factors are irrelevant; rather, it suggests they operate at a different level of the ecological model—shaping the broader campus climate—while stigma and reputational fear are the more immediate triggers in the decision to formalise or not formalise a complaint.

Technology-facilitated harassment adds a new layer of stigma. Students who experience online abuse may fear that reporting will increase the circulation of humiliating content or trigger retaliatory gossip. Digital harms therefore require specific strategies: confidential reporting, digital evidence preservation, rapid takedown referral, cyber-safety education, and non-punitive support for survivors (UNFPA & CCGD, 2024; Ubino & Astuti, 2025). The finding that online harassment was more prevalent among students preferring informal channels (23.7% vs. 18.7%) suggests that digital victimisation intensifies the preference for private resolution, as survivors fear that institutional processes may further publicise sensitive digital content.

The qualitative data illuminated how patriarchal norms and digital stigmas intersect. The fear of technology-facilitated GBV and viral exposure on social media aggressively polices survivor narratives, deterring formal complaints that might publicize private harms. Furthermore, male survivors face compounded barriers due to hegemonic masculinity norms that equate victimization with weakness, forcing them into silent endurance rather than institutional engagement. The verbatim from the 23-year-old male Clinical Medicine student, "It's somehow believed that being a man you die hard in some matters," encapsulates how gendered socialisation silences male survivors and redirects them toward private endurance. Consequently, the socio-cultural environment acts as a protective shield for perpetrators, prioritizing communal reputation over individual justice.

The socio-cultural results also have implications for how KMTC communicates GBV policy. Messages that merely say "report GBV" may fail if they do not address social fears. Effective communication should explicitly promise confidentiality, non-retaliation, non-victim-blaming, protection from gossip, and dignified survivor support. Prevention should also engage men and boys, challenge patriarchal norms, and create visible peer accountability, consistent with norm-change approaches in violence-prevention literature (Jewkes *et al*., 2015; DeGue *et al*., 2014). This distinction has practical implications: interventions targeting general peer culture may reduce GBV incidence over time, but interventions targeting stigma and confidentiality assurances are more likely to increase formal reporting in the short term.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The study concludes that socio-cultural factors shape GBV reporting among KMTC students primarily through stigma, gossip, reputational fear, peer norms, and digital exposure. Fear of stigma was the only socio-cultural factor significantly associated with reporting-channel preference ($\chi^2 = 9.93$, $p = .042$), operating as a cumulative barrier rather than through a single threshold. General social support and peer attitudes were pervasive but did not independently predict the binary choice of reporting pathway. The findings demonstrate that students avoid formal reporting not because GBV is unknown, but because disclosure threatens social belonging, professional reputation, and family honour. The socio-cultural environment at KMTC functions as a potent silencing mechanism that converts individual victimisation into collective silence, inadvertently shielding perpetrators and perpetuating a culture of non-accountability.

5.2 Recommendation

Based on the findings, the following recommendations are proposed. First, KMTC should launch continuous, student-led behavioural change campaigns designed to dismantle rape myths, victim-blaming narratives, harmful patriarchal peer norms, and digital shaming, explicitly linked to confidential reporting pathways. Second, structured bystander intervention programmes should be developed and adapted to clinical-training contexts, hostels, and off-campus residences to shift peer networks from silencing mechanisms to supportive communities. Third, digital GBV education should be integrated into orientation and student welfare programming, including cyber-safety, evidence preservation, and protection from online retaliation. Fourth, peer mentors, class representatives, and hostel leaders should be trained in psychological first aid and safe disclosure response, with confidential peer-to-professional referral pathways established to bridge informal support networks with formal institutional services. Fifth, specific interventions engaging male students as allies in GBV prevention should be designed to challenge hegemonic masculinity norms that silence male survivors and normalise aggression.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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