

## Institutional environment and willingness to report gender-based violence among Kenya Medical Training College students

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### ABSTRACT

Students' willingness to report gender-based violence (GBV) is shaped not only by whether reporting channels exist but also by whether institutional processes are perceived as safe, confidential, fair, and credible. Guided by the Ecological Model of Violence and Institutional Betrayal Theory, this study examined associations between the institutional environment and willingness to report serious GBV among Kenya Medical Training College (KMTC) students. An analytical cross-sectional survey with open-ended questions was conducted among 478 pre-service students from selected KMTC campuses. Institutional domains included policy awareness, reporting mechanisms, institutional trust, fairness and accountability, physical campus safety, survivor-support services and GBV prevention campaigns. Quantitative data were analysed using descriptive statistics, chi-square tests with Cramer's V and an exploratory multivariable binary logistic regression; open-ended responses were coded thematically to provide context. Overall, 420 of 478 students (87.9%) reported that they would be willing to report serious GBV to authorities. At bivariate level, willingness was associated with policy awareness ( $\chi^2 = 106.84$ ,  $V = .473$ ,  $p < .001$ ), reporting mechanisms ( $\chi^2 = 82.73$ ,  $V = .416$ ,  $p < .001$ ), institutional trust ( $\chi^2 = 123.45$ ,  $V = .508$ ,  $p < .001$ ), physical campus safety ( $\chi^2 = 34.43$ ,  $V = .268$ ,  $p < .001$ ), support-service availability ( $\chi^2 = 8.07$ ,  $V = .130$ ,  $p = .045$ ), and prevention campaigns ( $\chi^2 = 5.45$ ,  $V = .107$ ,  $p = .020$ ). In the adjusted model, category-specific associations remained for institutional trust and policy awareness; the strongest contrasts were strongly agreeing versus strongly disagreeing on institutional trust (aOR = 17.60, 95% CI 4.18–74.05) and agreeing versus strongly disagreeing on policy awareness (aOR = 11.55, 95% CI 1.91–69.77). These estimates were imprecise because only 58 respondents were not willing to report. Open-ended responses described concerns about retaliation, confidentiality and conflicts of interest. The findings support clearer reporting procedures, credible confidentiality and non-retaliation safeguards, survivor-centred support and independent review options where conflicts of interest may arise.

**Keywords:** Institutional Trust, Policy Awareness, GBV Reporting, Campus Safety, Survivor Support, KMTC

### I. INTRODUCTION

Gender-based violence (GBV) in higher education institutions (HEIs) is a global public-health and student-safety concern. In Australia, 26% of students reported sexual harassment in a university setting in 2016, while common barriers to reporting included uncertainty about procedures, perceptions that incidents were not serious enough, and concern about not being believed (Australian Human Rights Commission [AHRC], 2017). In the United States, the 2019 Association of American Universities survey across 33 institutions found an overall 13% rate of non-consensual sexual contact by physical force or inability to consent; among the 21 institutions that participated in both 2015 and 2019, the rate among undergraduate women increased by 3.0 percentage points to 26.4% (Cantor *et al.*, 2020). These findings show that prevalence and formal reporting are related but distinct dimensions of campus GBV.

Evidence from sub-Saharan African universities likewise documents substantial GBV exposure and low formal help-seeking, shaped by gender norms, power relations, and institutional response (Owusu-Antwi *et al.*, 2024). In Kenya, a rapid study of tertiary institutions in Nairobi documented technology-facilitated GBV and barriers to formal reporting (United Nations Population Fund [UNFPA] & Collaborative Centre for Gender and Development [CCGD], 2024). Earlier KMTC studies also reported sexual harassment and GBV alongside limited knowledge of where and how to report (Koi *et al.*, 2018; Bally *et al.*, 2022). Because these studies used different designs and measures, their prevalence estimates should not be treated as directly comparable with the present study; together,

however, they point to a persistent need to understand the institutional conditions surrounding disclosure and reporting.

Within higher education, policy visibility, accessible reporting routes, counselling and referral services, disciplinary procedures, confidentiality, protection from retaliation and perceived procedural fairness can shape whether students view formal reporting as safe and worthwhile (WHO, 2021; AHRC, 2017). Evidence from campus studies suggests that the presence of a policy or reporting channel alone is insufficient when students expect poor confidentiality, inaction, or unfair treatment. This question is especially relevant to KMTC because students interact with campus administration, clinical departments, hostels, and external placement sites, creating multiple institutional settings in which power and accountability are experienced.

### 1.1 Statement of the Problem

Many institutions have GBV policies yet continue to experience low formal reporting. Policy presence does not show whether students know the policy, understand the reporting process, trust confidentiality, expect fair investigation or feel protected from retaliation. Prior KMTC studies suggest gaps in awareness of reporting pathways, but there is limited multivariable analysis of how institutional domains relate to willingness to report serious GBV. Without such evidence, institutions may add reporting channels without addressing the credibility and safety of the reporting process. This study therefore examined the institutional factors associated with willingness to report serious GBV among KMTC students.

### 1.2 Research Objective

To assess the association between institutional environment factors and willingness to report serious gender-based violence among Kenya Medical Training College students.

## II. LITERATURE REVIEW

### 2.1 Theoretical Review

This study was informed by two complementary perspectives: the Ecological Model of Violence and Institutional Betrayal Theory. The ecological model situates disclosure and help-seeking within interacting individual, relational, organisational or community, and societal contexts, while Institutional Betrayal Theory focuses on how institutional actions or failures can affect survivors' trust, safety and willingness to engage formal systems. Together, the frameworks support examination of policy awareness, reporting pathways, trust, accountability, support services and campus safety without assuming that any one institutional factor causes reporting behaviour.

#### 2.1.1 Ecological Model of Violence

The Ecological Model of Violence (Heise, 1998) proposes that violence and responses to it are shaped by interacting levels of influence. In higher education, policies, reporting pathways, support services, campus safety and hierarchical relationships form part of the organisational and community context surrounding individual decisions. For KMTC, willingness to report may therefore vary with students' perceptions of whether institutional structures are accessible, protective and credible, while also being influenced by personal and relational circumstances. The model is used here as an organising framework; the cross-sectional design does not establish causal pathways between institutional perceptions and reporting willingness.

#### 2.1.2 Institutional Betrayal Theory

Institutional Betrayal Theory describes how actions or omissions by institutions that people depend on can compound harm after violence, for example through breaches of confidentiality, victim-blaming, procedural opacity, inaction or protection of institutional reputation (Smith & Freyd, 2014). In campus settings, such experiences may reduce confidence in formal reporting and support systems. The present study did not measure institutional betrayal as a diagnostic outcome; rather, the framework was used to interpret perceptions of trust, fairness, accountability, confidentiality and protection from retaliation.

### 2.2 Empirical Review

Policy implementation matters as much as policy existence. Reviews of higher-education GBV policies in sub-Saharan Africa and England show variation in dissemination, reporting procedures, implementation and accountability (Seidu *et al.*, 2024; Bull, 2025). Knowledge of where and how to seek formal help is repeatedly associated with disclosure and service use, while uncertainty about procedures and fear of consequences remain common barriers (Owusu-Antwi *et al.*, 2024; Cantor *et al.*, 2020).

Students' expectations of confidentiality, procedural fairness and meaningful institutional action are also central to reporting decisions. Institutional-betrayal literature describes how minimisation, victim-blaming, delayed

response or opaque procedures can compound harm and reduce trust (Smith & Freyd, 2014; Dufour, 2024). Studies of policy implementation further suggest that transparent procedures, appropriately independent case handling and survivor support can strengthen confidence in institutional response, although evidence comes from varied settings and does not imply that a single model will transfer unchanged to KMTC (Brink *et al.*, 2021; Bull, 2025).

Physical safety is another component of institutional climate. Crime Prevention Through Environmental Design (CPTED) and campus-safety studies have associated lighting, visibility, access control and perceptions of environmental security with students' sense of safety (Shariati & Guerette, 2019; Peng *et al.*, 2024). Survivor-centred support services, including counselling, medical or forensic referral and legal assistance, can also influence whether students feel able to seek help (Keynejad *et al.*, 2020; UNFPA & CCGD, 2024). These domains should be interpreted as related components of institutional climate rather than isolated causal factors.

In Kenya, available KMTC studies provide useful evidence on GBV prevalence and reporting awareness but less evidence on the simultaneous contribution of institutional trust, policy awareness, reporting mechanisms, support services and campus safety (Bally *et al.*, 2022; Koi *et al.*, 2018). The present analysis addresses that gap by examining institutional domains together and by using open-ended responses to contextualise the quantitative associations. The primary outcome is willingness to report serious GBV, which should be distinguished from actual reporting behaviour.

### III. METHODOLOGY

#### 3.1 Research Design

This study used an analytical cross-sectional design to examine associations between institutional environment factors and willingness to report serious GBV among KMTC students. The questionnaire also included open-ended items that provided contextual information on perceived barriers and suggested institutional responses. Because exposure and outcome were measured at the same time, the analysis estimates associations rather than causal effects and should not be interpreted as a prediction of future reporting behaviour.

#### 3.2 Study Site

The study was conducted in selected Kenya Medical Training College (KMTC) campuses. KMTC is a national multi-campus health-training institution in which students interact with campus administrators, lecturers, clinical supervisors, hostels and external placement sites. Campuses were selected to provide geographic and institutional variation in the parent study. This context was relevant because reporting decisions may be shaped by both campus-based structures and clinical-training hierarchies.

#### 3.3 Study Population and Sampling Strategy

The study population comprised pre-service KMTC students during March–May 2026. A multistage sampling strategy was used, combining stratification and systematic random selection; selected campuses were chosen to provide geographic and institutional variation. The minimum calculated sample was 427. Five hundred students were invited, and 478 complete questionnaires were available for analysis, corresponding to a 95.6% completion proportion among invitees.

#### 3.4 Data Collection and Analysis

Data were collected through an anonymous structured online questionnaire distributed through official campus communication channels. The primary outcome was self-reported willingness to report a serious GBV incident to authorities, dichotomised as willing or not willing. Institutional domains were policy awareness and knowledge, reporting mechanisms and accessibility, institutional trust, fairness and accountability, physical campus safety, availability and adequacy of survivor-support services, and exposure to GBV prevention campaigns. Quantitative analyses were performed in SPSS Version 27. Descriptive statistics summarised distributions, and Pearson chi-square tests with Cramer's V assessed bivariate associations. An exploratory multivariable binary logistic regression estimated adjusted odds ratios (aORs) with 95% confidence intervals for selected institutional domains. Physical campus safety was not entered in the adjusted model because sparse cells and the small number of respondents in the not-willing group ( $n = 58$ ) raised concerns about model stability. The adjusted model should therefore be interpreted cautiously, particularly where confidence intervals are wide. Three open-ended questions were coded inductively to provide contextual examples; these responses were not used to infer prevalence or causal mechanisms.

#### 3.5 Validity, Reliability and Ethical Considerations

The questionnaire was piloted among approximately 30 students at a campus not included in the main study. Expert review was used to assess content relevance, and the institutional-factor scale had acceptable internal consistency (Cronbach's  $\alpha = .769$ ). Ethical approval was granted by the Masinde Muliro University of Science and

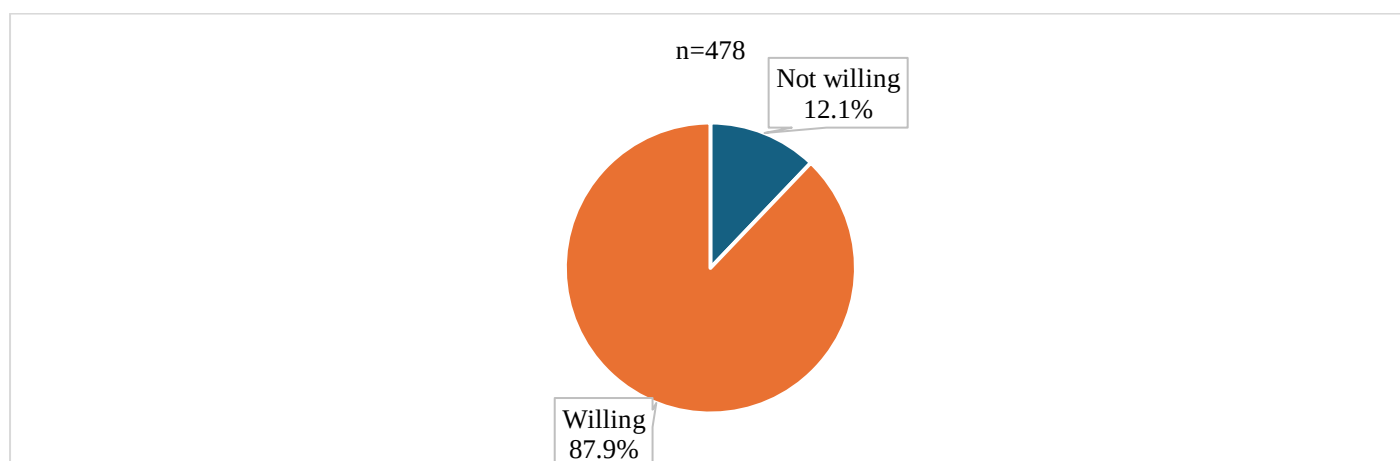
Technology Institutional Scientific Ethics Review Committee (Approval No. MMUST/ISERC/077/2026, dated 30 March 2026), and administrative authorisation was obtained from KMTC. Participation was anonymous and voluntary, with electronic informed consent. Study data were stored in password-protected, encrypted files accessible only to the research team, and participants were provided with information about available counselling and support services.

## IV. FINDINGS & DISCUSSION

### 4.1 Results

#### 4.1.1 Willingness to Report

Of the 478 respondents, 420 (87.9%) indicated that they would be willing to report serious GBV to authorities and 58 (12.1%) indicated that they would not. This outcome represents stated willingness or intention, not verified reporting behaviour. The relatively small not-willing group also limits the precision of multivariable estimates.



**Figure 1**

*Willingness to Report GBV to Authorities*

#### 4.1.2 Selected Institutional Indicators

Table 1 summarises respondents' perceptions of the institutional environment. Agreement or strong agreement was highest for institutional trust, fairness and accountability (65.2%), followed by policy awareness (54.2%) and reporting mechanisms and accessibility (50.2%). Agreement with physical campus safety was 46.7%. Survivor-support services were least positively rated: 12.1% agreed that services were available and adequate, while 54.8% disagreed or strongly disagreed.

**Table 1**

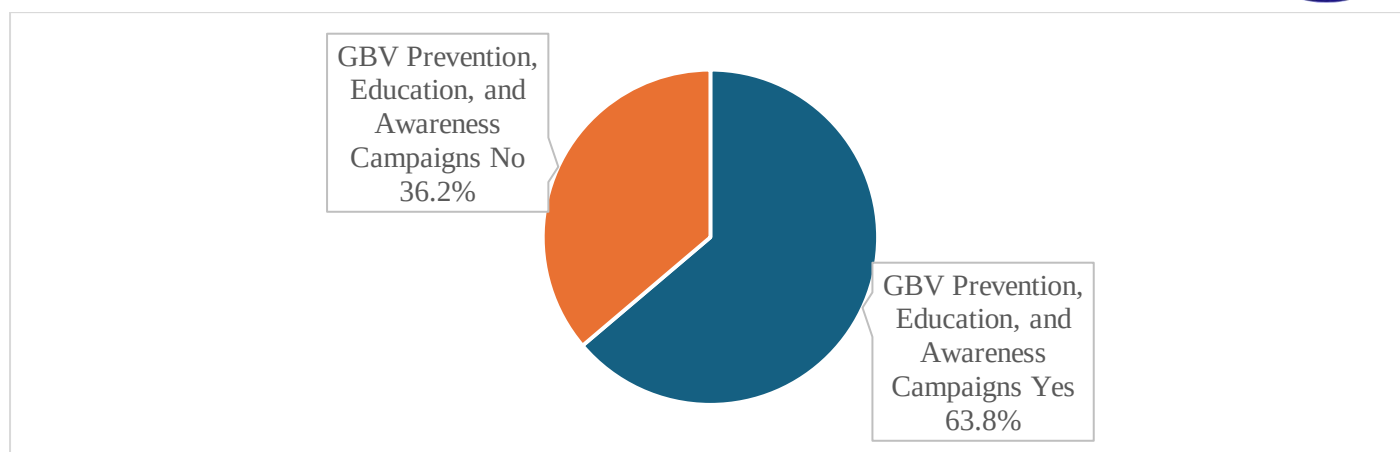
*Selected Institutional Indicators*

| Categories                                             | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--------------------------------------------------------|-------------------|----------|---------|-------|----------------|
| Policy Awareness, Knowledge, and Content               | 11.7%             | 11.1%    | 23.0%   | 28.5% | 25.7%          |
| Reporting Mechanisms and Accessibility                 | 13.8%             | 16.1%    | 19.9%   | 29.5% | 20.7%          |
| Institutional Trust, Fairness, and Accountability      | 8.4%              | 6.9%     | 19.5%   | 32.4% | 32.8%          |
| Physical Campus Safety and Environmental Security      | 1.5%              | 22.2%    | 29.7%   | 44.4% | 2.3%           |
| Availability and Adequacy of Survivor Support Services | 14.4%             | 40.4%    | 33.1%   | 12.1% | 0.0%           |

Note. N = 478.

#### 4.1.3 GBV Prevention, Education and Awareness Campaigns

A total of 305 students (63.8%) indicated that GBV prevention, education and awareness campaigns were available in their institution, while 173 (36.2%) indicated that such campaigns were not available, as shown in Figure 2.

**Figure 2**

*GBV Prevention, Education, and Awareness Campaigns*

#### 4.1.4 Bivariate Associations Between Institutional Environment Factors and Willingness to Report

Table 2 presents the bivariate associations between institutional environment factors and willingness to report serious GBV to authorities. Cramer's V is reported alongside each chi-square test to indicate the strength of association.

**Table 2**

*Bivariate analysis of Willingness to Report Serious GBV by Institutional Environment*

| Institutional Factor          | Environment | Sub-category      | Not willing<br>n (%) | Willing<br>n (%) | Test Statistics                 | p-value |
|-------------------------------|-------------|-------------------|----------------------|------------------|---------------------------------|---------|
| Policy Awareness & Knowledge  |             | Strongly Disagree | 28 (48.3%)           | 28 (6.7%)        | $\chi^2 = 106.84$ , $V = 0.473$ | < .001  |
|                               |             | Disagree          | 13 (22.4%)           | 40 (9.5%)        |                                 |         |
|                               |             | Neutral           | 11 (19.0%)           | 99 (23.6%)       |                                 |         |
|                               |             | Agree             | 3 (5.2%)             | 133 (31.7%)      |                                 |         |
|                               |             | Strongly Agree    | 3 (5.2%)             | 120 (28.6%)      |                                 |         |
| Reporting Mechanisms          |             | Strongly Disagree | 28 (48.3%)           | 38 (9.0%)        | $\chi^2 = 82.73$ , $V = 0.416$  | < .001  |
|                               |             | Disagree          | 16 (27.6%)           | 61 (14.5%)       |                                 |         |
|                               |             | Neutral           | 6 (10.3%)            | 89 (21.2%)       |                                 |         |
|                               |             | Agree             | 4 (6.9%)             | 137 (32.6%)      |                                 |         |
|                               |             | Strongly Agree    | 4 (6.9%)             | 95 (22.6%)       |                                 |         |
| Institutional Trust           |             | Strongly Disagree | 24 (41.4%)           | 16 (3.8%)        | $\chi^2 = 123.45$ , $V = 0.508$ | < .001  |
|                               |             | Disagree          | 12 (20.7%)           | 21 (5.0%)        |                                 |         |
|                               |             | Neutral           | 8 (13.8%)            | 85 (20.2%)       |                                 |         |
|                               |             | Agree             | 10 (17.2%)           | 145 (34.5%)      |                                 |         |
|                               |             | Strongly Agree    | 4 (6.9%)             | 153 (36.4%)      |                                 |         |
| Physical Campus Safety        |             | Strongly Disagree | 1 (1.7%)             | 6 (1.4%)         | $\chi^2 = 34.43$ , $V = 0.268$  | < .001  |
|                               |             | Disagree          | 30 (51.7%)           | 76 (18.1%)       |                                 |         |
|                               |             | Neutral           | 12 (20.7%)           | 130 (31.0%)      |                                 |         |
|                               |             | Agree             | 15 (25.9%)           | 197 (46.9%)      |                                 |         |
|                               |             | Strongly Agree    | 0 (0.0%)             | 11 (2.6%)        |                                 |         |
| Support Services Availability |             | Strongly Disagree | 15 (25.9%)           | 54 (12.9%)       | $\chi^2 = 8.07$ , $V = 0.130$   | .045    |
|                               |             | Disagree          | 23 (39.7%)           | 170 (40.5%)      |                                 |         |
|                               |             | Neutral           | 16 (27.6%)           | 142 (33.8%)      |                                 |         |
|                               |             | Agree             | 4 (6.9%)             | 54 (12.9%)       |                                 |         |
|                               |             | Strongly Agree    | 0 (0.0%)             | 0 (0.0%)         |                                 |         |
| GBV Prevention Campaigns      |             | Yes               | 29 (50.0%)           | 276 (65.7%)      | $\chi^2 = 5.45$ , $V = 0.107$   | .020    |
|                               |             | No                | 29 (50.0%)           | 144 (34.3%)      |                                 |         |

All six measured institutional domains were significantly associated with willingness to report at bivariate level. The largest association was observed for institutional trust, fairness and accountability ( $\chi^2 = 123.45$ ,  $V = .508$ ,  $p < .001$ ), followed by policy awareness and knowledge ( $\chi^2 = 106.84$ ,  $V = .473$ ,  $p < .001$ ) and reporting mechanisms and accessibility ( $\chi^2 = 82.73$ ,  $V = .416$ ,  $p < .001$ ). Physical campus safety showed a smaller association ( $\chi^2 = 34.43$ ,  $V = .268$ ,  $p < .001$ ), while support-service availability ( $\chi^2 = 8.07$ ,  $V = .130$ ,  $p = .045$ ) and prevention campaigns ( $\chi^2 =$

5.45,  $V = .107$ ,  $p = .020$ ) showed weak associations. These bivariate results do not account for overlap among institutional domains.

#### 4.1.5 Exploratory Multivariable Logistic Regression of Willingness to Report

The multivariable model examined category-specific adjusted associations between selected institutional domains and willingness to report serious GBV. Physical campus safety, although significant at bivariate level, was not entered because sparse cells and the limited number of respondents who were not willing to report ( $n = 58$ ) raised concerns about further model instability. Given the number of categorical coefficients estimated relative to the smaller outcome group, the model should be treated as exploratory and the wide confidence intervals interpreted as evidence of limited precision.

**Table 3**

*Exploratory Multivariable Logistic Regression for Willingness to Report Serious GBV*

| Predictor                                                   | aOR    | 95% CI Lower | 95% CI Upper | <i>p</i> |
|-------------------------------------------------------------|--------|--------------|--------------|----------|
| Policy Awareness (Disagree vs. Strongly Disagree)           | 1.858  | 0.648        | 5.330        | .249     |
| Policy Awareness (Neutral vs. Strongly Disagree)            | 3.031  | 0.895        | 10.267       | .075     |
| Policy Awareness (Agree vs. Strongly Disagree)              | 11.550 | 1.912        | 69.774       | .008     |
| Policy Awareness (Strongly Agree vs. Strongly Disagree)     | 7.641  | 1.021        | 57.187       | .048     |
| Reporting Mechanisms (Disagree vs. Strongly Disagree)       | 0.876  | 0.317        | 2.422        | .799     |
| Reporting Mechanisms (Neutral vs. Strongly Disagree)        | 1.685  | 0.441        | 6.441        | .446     |
| Reporting Mechanisms (Agree vs. Strongly Disagree)          | 1.855  | 0.376        | 9.153        | .448     |
| Reporting Mechanisms (Strongly Agree vs. Strongly Disagree) | 1.284  | 0.222        | 7.435        | .780     |
| Institutional Trust (Disagree vs. Strongly Disagree)        | 1.620  | 0.522        | 5.034        | .404     |
| Institutional Trust (Neutral vs. Strongly Disagree)         | 8.024  | 2.353        | 27.368       | .001     |
| Institutional Trust (Agree vs. Strongly Disagree)           | 6.162  | 1.859        | 20.427       | .003     |
| Institutional Trust (Strongly Agree vs. Strongly Disagree)  | 17.597 | 4.182        | 74.049       | < .001   |
| Support Services (Disagree vs. Strongly Disagree)           | 0.646  | 0.249        | 1.676        | .369     |
| Support Services (Neutral vs. Strongly Disagree)            | 0.433  | 0.145        | 1.287        | .132     |
| Support Services (Agree vs. Strongly Disagree)              | 1.008  | 0.244        | 4.163        | .991     |
| GBV Campaigns (Yes vs No)                                   | 1.231  | 0.588        | 2.579        | .581     |
| Constant                                                    | 0.547  |              |              | .192     |

Note. aOR = adjusted odds ratio; CI = confidence interval. Reference categories were Strongly Disagree for the Likert-type institutional domains and No for GBV prevention campaigns. Physical campus safety was not entered in the adjusted model because of sparse cells and limited outcome events. Wide confidence intervals indicate imprecision and warrant cautious interpretation.

In the adjusted model, category-specific associations remained for policy awareness and institutional trust. Compared with students who strongly disagreed with policy awareness, those who agreed had higher odds of willingness to report (aOR = 11.55, 95% CI 1.91–69.77,  $p = .008$ ), as did those who strongly agreed (aOR = 7.64, 95% CI 1.02–57.19,  $p = .048$ ). For institutional trust, the neutral (aOR = 8.02, 95% CI 2.35–27.37,  $p = .001$ ), agree (aOR = 6.16, 95% CI 1.86–20.43,  $p = .003$ ) and strongly agree categories (aOR = 17.60, 95% CI 4.18–74.05,  $p < .001$ ) were associated with higher willingness than the strongly disagree category. Reporting mechanisms, survivor-support services and prevention campaigns were not statistically significant after adjustment. The attenuation of these estimates may reflect overlap among institutional constructs; mediation was not tested. The non-monotonic category estimates and wide confidence intervals caution against treating the odds ratios as precise dose-response effects.

#### 4.1.6 Contextual Findings from Open-Ended Responses

Open-ended responses provided contextual examples of why some students might hesitate to use formal reporting systems. Recurrent concerns included intimidation or retaliation when alleged perpetrators held institutional authority, confidentiality breaches, perceived conflicts of interest in internal case handling, and physical safety. Some respondents proposed more independent case-review arrangements. These responses illustrate perceptions and priorities among respondents; they do not establish the prevalence of these experiences or confirm causal mechanisms.

*“Fear of intimidation especially when it involves a lecturer as the perpetrator... When a lecturer or a senior staff is involved in GBV they threaten you that you can't take them anywhere, so you just stay hurting.”* (22-year-old female Diploma student, KMTC Campus, May 2026).

*“Have a separate entity, independent body to deal with it. To bring officials that are not part of the school and have no connection to the students, the lecturers and the staff whatsoever so they can be impartial.”* (24-year-old male Higher Diploma student, KMTC Campus, April 2026).

*“Some lecturers when they know an incident, they tell other students when teaching them “The lecturers are not confidential when issues or reports are made to them” (20-year-old female Nursing student KMTC Campus, March 2026).*

*“Here in the campus, the streetlights have not been functioning and of course that's not safe for me. Security is not guaranteed, both in school hostel and outside school.” (19-year-old female certificate student, Off-campus hostel, KMTC, May 2026)*

## 4.2 Discussion

The largest adjusted category contrast was observed for institutional trust: students who strongly agreed with the trust, fairness and accountability domain had higher odds of willingness to report than those who strongly disagreed (aOR = 17.60, 95% CI 4.18–74.05,  $p < .001$ ). The confidence interval is wide, reflecting limited precision, so the estimate should be interpreted as evidence of a strong association rather than an exact effect size. This pattern is consistent with the organisational emphasis of the Ecological Model of Violence (Heise, 1998) and with institutional-betrayal literature, which highlights confidentiality, fair procedures, accountability and protection from retaliation (Smith & Freyd, 2014; Dufour, 2024). Open-ended responses about intimidation, confidentiality and independent case handling provide contextual support for these concerns, but they do not establish institutional betrayal as a measured or causal outcome at KMTC.

Policy awareness also showed category-specific adjusted associations. Compared with students who strongly disagreed with policy awareness, those who agreed had an aOR of 11.55 (95% CI 1.91–69.77,  $p = .008$ ) and those who strongly agreed had an aOR of 7.64 (95% CI 1.02–57.19,  $p = .048$ ). The non-monotonic estimates and wide intervals caution against interpreting policy awareness as a precise dose-response effect. Practically, the findings support making GBV policies visible, comprehensible and operational: students need to know what constitutes GBV, where to report, what happens after a report, expected timelines, confidentiality safeguards and available support (Sabina & Ho, 2014; Owusu-Antwi *et al.*, 2024; Bally *et al.*, 2022).

Reporting mechanisms were significant at bivariate level but not after adjustment. This attenuation does not show that reporting channels are unimportant or that institutional trust mediates their association with willingness; the institutional domains are conceptually related, and the study did not perform mediation analysis. A more cautious interpretation is that availability and accessibility of channels may be insufficient when confidentiality, fairness and accountability are doubted. Similarly, survivor-support services were significant at bivariate level but not in the adjusted model; their practical importance for survivor care should not be inferred from a non-significant coefficient in this limited model (García-Moreno *et al.*, 2015; Keynejad *et al.*, 2020).

Physical campus safety was associated with willingness at bivariate level ( $\chi^2 = 34.43$ ,  $V = .268$ ,  $p < .001$ ) but was not included in the adjusted model; an independent adjusted association therefore cannot be claimed. The result is consistent with campus-safety literature indicating that lighting, access control and environmental security can shape perceived safety (Shariati & Guerette, 2019; Lekganyane *et al.*, 2023; Peng *et al.*, 2024). Prevention campaigns had a weak bivariate association ( $V = .107$ ) and no statistically significant adjusted association (aOR = 1.23,  $p = .581$ ), suggesting that campaign exposure alone should not be treated as a substitute for credible reporting and response systems. These findings are associational and do not show that campaigns or environmental changes cause reporting behaviour.

The findings suggest a policy-practice gap in which students may know that institutional structures exist yet differ in whether they trust those structures to act confidentially and fairly. The study has several limitations. Its cross-sectional design precludes causal or temporal inference. Willingness to report is an intended behaviour and may differ from actual reporting after an incident; social desirability may also have contributed to the high reported willingness. Only 58 respondents were in the not-willing category, while the adjusted model estimated multiple categorical coefficients, producing wide confidence intervals and potential sparse-data instability. Physical campus safety could not be included in the final adjusted model. Data were self-reported and collected online, and institutional perceptions and willingness were measured in the same questionnaire, creating potential common-method bias. Because the study involved selected campuses, generalisation to all KMTC campuses should be cautious. Open-ended responses enriched interpretation but were brief survey responses rather than a standalone qualitative study. No mediation analysis was conducted, so statements that trust mediates other institutional domains are not supported.

## V. CONCLUSION & RECOMMENDATIONS

### 5.1 Conclusion

Among the 478 respondents, willingness to report serious GBV was associated at bivariate level with policy awareness, reporting mechanisms, institutional trust, campus safety, survivor-support services and prevention campaigns. In the exploratory adjusted model, category-specific associations remained strongest for institutional trust and policy awareness, while reporting mechanisms, support services and campaigns were not independently

significant. These findings concern willingness to report rather than actual reporting behaviour, and the wide confidence intervals require caution. The results suggest that the credibility of institutional response - including confidentiality, procedural fairness, accountability, protection from retaliation and clear policy information - may be as important as the mere existence of reporting channels.

## 5.2 Recommendations

KMTC should strengthen the credibility and usability of its GBV response system. Priority actions include making policies and reporting steps visible and scenario-based during student orientation and clinical placements; providing multiple confidential reporting routes, including secure anonymous options where appropriate; defining case-handling timelines and confidentiality and non-retaliation safeguards; ensuring trained, survivor-centred counselling, medical and referral support; and establishing independent or externally supported review or appeal options for cases involving staff or potential conflicts of interest. Periodic campus-climate and reporting-system audits can track trust, awareness and perceived safety over time. Campus safety improvements should be guided by local safety assessments and CPTED principles such as lighting, visibility, access control and safe movement routes. These recommendations should be implemented with monitoring because the cross-sectional findings do not establish that any single intervention will increase actual reporting.

## 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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