Institutional environment and willingness to report gender-based violence among Kenyan medical training college students

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DOI: https://doi.org/10.51867/ajernet.7.3.156

ABSTRACT

The institutional context shapes students' views on the safety, confidentiality, fairness and value of reporting gender-based violence (GBV). Drawing on the Ecological Model of violence and Institutional Betrayal Theory, this study examined how the institutional environment can impact on the willingness to report serious GBV among students of the Kenya Medical Training College (KMTC) where systemic barriers and hierarchical structures can make it difficult to report formally. The study was conducted by using an analytical cross section research design with the pre-service students of health training as the research population. The respondents were 478 people who were sampled by multistage sampling techniques (stratified and systematic random sampling). The main data collection tool was a structured questionnaire that was anonymous and online, with qualitative triangulation questions. The quantitative data were analysed using descriptive and inferential statistics and qualitative data were analysed using a thematic approach. The results showed that 87.9% of the students surveyed were willing to report serious GBV to authorities. Bivariate analysis showed that policy awareness ($\chi^2 = 106.84$, $p < .001$), reporting mechanisms ($\chi^2 = 82.73$, $p < .001$), institutional trust ($\chi^2 = 123.45$, $p < .001$), physical campus safety ($\chi^2 = 34.43$, $p < .001$), support-service availability ($\chi^2 = 8.07$, $p = .045$), and GBV prevention campaigns ($\chi^2 = 5.45$, $p = .020$) were significantly associated with willingness to report. After multivariate logistic regression, institutional trust (aOR = 17.60, $p < .001$) and policy awareness (aOR = 11.55, $p = .008$) were the only two factors that remained significant. Qualitative results confirmed requests for independent tribunals and revealed concerns for potential for retaliation and confidentiality breaches by lecturers. This study finds that attitudes towards reporting GBV are not only related to the availability of reporting channels, but also to the institutional trust and the perceived fairness. These findings highlight the need for survivor-focused institutional approaches that include the use of independent disciplinary systems, anonymous online reporting mechanisms, bi-annual climate assessments, and Crime Prevention Through Environmental Design (CPTED) principles for a safe campus.

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

I. INTRODUCTION

Gender-based violence (GBV) in higher education institutions (HEIs) is a widespread issue globally, impacting the safety, performance, and credibility of HEIs (World Health Organization [WHO], 2021). Of late, there has been an increased exposure of students, especially women, to GBV in HEIs, which are spaces meant for personal and academic development. In Australia, one in five students has experienced sexual harassment, and only 6% of those cases have been reported, with most students not reporting because of stigma and lack of trust in the institution (Australian Human Rights Commission [AHRC], 2017). The same pattern has been observed in the United States: a longitudinal study by the Association of American Universities (AAU) at 27 universities found a 26.4% increase in GBV from 2015 to 2019 and a very low reporting rate (Cantor et al., 2020).

Regionally, GBV in Sub-Saharan African HEIs is an emerging concern because of the patriarchal norms, power dynamics, and inadequate institutional protection (Owusu-Antwi et al., 2024). Demographic data in Kenya shows that violence against women is prevalent in the country, and this is evident in institutions of higher learning. A rapid study in Nairobi by a multi-university team found that almost 90% of students had seen or experienced GBV, with female students being more affected and formal reporting rates being very low (United Nations Population Fund [UNFPA] & Collaborative Centre for Gender and Development [CCGD], 2024). Previous studies conducted at the Kenya Medical

Training College (KMTC) revealed that 43% of students had been victims of sexual harassment, 27% had been victims of some form of GBV, and only 34% knew how and to whom to report sexual harassment and GBV (Koi et al., 2018; Bally et al., 2022).

Institutional settings play a key role in GBV risk and in mitigating it. Reporting systems, counselling services, disciplinary measures and awareness programmes are all factors that impact prevention and response (WHO, 2021). Policies and procedures that are poorly communicated, support services that are limited, and a lack of confidentiality are factors that make students less likely to report incidents and seek support (AHRC, 2017). However, if any of these factors are visible, like institutional commitment, transparent reporting pathways, and conducive campus climates, then this can reduce the risk and increase disclosure (AAU, 2019). In this regard, the institutional setting plays a significant role for KMTC, a multi-campus health training institution, as students engage with the campus management, clinical departments, hostels, external placement sites, and professional hierarchies.

1.1 Statement of the Problem

The main issue explored in this article is the fact that many institutions have a policy in place but have low levels of reporting. The presence of policy does not mean it is implemented, trusted, or that survivors are safe. At KMTC, the current available study reveals that there is a deficit in the awareness and use of reporting systems, and systematic evaluation of institutional determinants at the campuses is limited. Although gender desks and counselling services have been in place, the rate of students' formal reporting remains low, indicating that there could be a gap in students' trust in formal structures. This under-reporting has a negative impact on effective prevention and response, leading to a hidden crisis in health training institutions. This study seeks to address these gaps by looking at what institutional factors are most strongly associated with willingness to report serious GBV, to inform proactive institutional, localized and survivor-centred approaches.

1.2 Research Objective

To assess the effect of the institutional context on the reporting of serious GBV in the students of the Kenya Medical Training College.

II. LITERATURE REVIEW

2.1 Theoretical Review

Theoretically, this study is based on two parallel bodies of literature: the Ecological Model of Violence and Institutional Betrayal Theory, which give a comprehensive view of GBV vulnerability and institutional response in the sphere of higher education.

2.1.1 Ecological Model of Violence

The Ecological Model of Violence (Heise, 1998) views GBV and disclosure behaviour as the outcomes of multiple layers of social influences (interacting with each other). Structural elements at the institutional and societal level, including the presence and effectiveness of GBV policies, access and trust in reporting systems, and other patriarchal structures in society, shape the feasibility, safety, and level of trust in formal reporting. The model emphasizes the individual vulnerability and its close relationship with the organizational climate of the training institution. For KMTC, this implies that disclosure is either facilitated or hindered by hierarchical relationships in training, dependence for clinical placements, and administrative authority within the institution.

2.1.2 Institutional Betrayal Theory

At the same time, Institutional Betrayal Theory (Smith & Freyd, 2014) emphasizes the devastating impact of having institutions that fail to prevent harm, respond poorly to disclosures, and/or protect the institution's “reputation” while harming survivors. In this study, the theory is used to evaluate the effects of the perceived inaction, victim-blaming, and/or the bureaucratic mishandling of sexual assault cases by university administration, which not only lowers rates of reporting, but also exacerbates the psychological harm to survivors. The institution itself becomes a second victimizer when the students feel it will take care of the victimizers and not the victims.

2.2 Empirical Review

There are formal policies for GBV in the higher education system, but these are often incomplete or not enforced. Comparative reviews show that enforcement mechanisms are weak, sanctions are not clearly defined, and operationalisation is weak due to poor dissemination (Seidu *et al.,* 2024; Bull, 2025). Formal help-seeking knowledge and awareness of where to seek help have been consistently found to be a predictor of formal help-seeking, and large multi-campus surveys have revealed that a significant number of students are unaware of formal help-seeking or are afraid to seek formal help (Owusu-Antwi et al., 2024; AAU, 2019).

A key factor in determining whether students will file a formal complaint is whether they feel that institutional fairness, confidentiality, and action by administration is upheld (Dufour, 2024). Research on institutional betrayal reveals that perceived lack of action, blaming the victim, and/or the bureaucratic handling of the situation can not only reduce reporting rates but can exacerbate the mental health problems among the survivors (Smith & Freyd, 2014). The reduction of anonymity regarding investigation processes, independent adjudication panels, and survivor advocates has been found to boost trust and reporting rates in empirical studies conducted both in South Africa (Brink et al., 2021) and England (Bull, 2025). On the other hand, those institutional cultures that have a strong focus on protecting reputation over ensuring justice create incentives for not reporting and internal mismanagement (Hearn et al., 2025).

Moreover, there is a proven link between the built environment and risk and perceptions of safety. Students' sense of security is found to be significantly affected by the features of lighting, sight lines, and access control in Crime Prevention Through Environmental Design (CPTED) research (Shariati & Guerette, 2019; Peng et al., 2024). The South African and other Sub-Saharan African contexts highlight the impact of on-campus housing on exposure and reporting (Lekganyane et al., 2023; Wangu Kanja Foundation, 2024). Formal reporting and outcomes for survivors is highly correlated with the availability of trauma-informed support services, including counselling, medical/forensic referral and legal assistance (Keynejad *et al.,* 2020; UNFPA & CCGD, 2024).

In Kenya, additional insights are provided by institution-level studies. A cross-sectional descriptive study conducted in selected KMTC campuses found that 27 % of the respondents had experienced GBV, and most of these were reported to be of sexual and economic abuse; 34 % knew how to report GBV and to whom (Bally et al., 2022; Koi et al., 2018). These studies provide information on prevalence, but there are key gaps. First, the absence of multivariate analysis that separates out institutional trust from just the presence of a policy makes it difficult to understand why formal channels are not used. Second, little research has focused systematically on the hierarchical power dynamics of institutional betrayal and reporting willingness in health trainings. These gaps could be filled to enhance integrated, context-specific, survivor-centred solutions in Kenya's health training institutions.

III. METHODOLOGY

3.1 Research Design

This study employed a cross-sectional research design with analytic and predictive modelling components to determine the effect of institutional environment on willingness to report GBV among KMTC students. The study used descriptive and inferential statistics as well as qualitative thematic analysis to capture generalisable patterns of institutional trust and gain an in-depth understanding of the socio-political and hierarchical barriers which underpin disclosure decisions.

3.2 Study Site

The study was done at selected Kenya Medical Training College (KMTC) campuses. In total, KMTC has a widespread presence across the country with 96 campuses in 46 counties, an estimated 60,000 students. Selected campuses were selected for their geographic diversity, campus size, and student composition. The hierarchical structure of medical training, with students engaging with the clinical supervisors, lecturers, and external placement sites, was highlighted, and this results in complex power dynamics that are relevant to GBV reporting.

3.3 Study Population and Sampling Strategy

The study population comprised all the students of KMTC in pre-service training programmes from March – May 2026. A multistage sampling (stratified and systematic random sampling) strategy was used. The final sample of 478 respondents was larger than the minimum calculated sample of 427 and was thus large enough to provide adequate statistical power for multivariate analyses. All 500 students who were invited accessed the questionnaire, and 478 out of 500 completed the questionnaire fully (95.6% response/completion rate).

3.4 Data Collection and Analysis

Data collection instruments used were structured questionnaires sent to the respondents using secure online survey platforms through official communication channels on campus with anonymous collection, and open-ended questions were used for qualitative triangulation for primary data collection. Data obtained from the questionnaires were analysed using SPSS Version 27. Data were analyzed through descriptive statistics, and bivariate associations were explored using a Chi-square test with Cramer's V. Independent contribution of the institutional factors was estimated using multivariate binary logistic regression and expressed as adjusted odds ratios (aOR) with 95% confidence intervals (CIs). Physical campus safety was significantly associated in bivariate analysis but was not included in the final multivariate model because the small number of students who were not willing to report (n = 58) resulted in insufficient stability of additional categories of predictors. Three open-ended questions were used to collect qualitative data which was analysed using inductive thematic coding.

3.5 Validity, Reliability and Ethical Considerations

To ensure rigour of the instruments, a pilot test was conducted with nearly 30 students in a campus not included in the main study. The quantitative instruments were subjected to test of reliability using Cronbach's alpha of .769 which was acceptable for the construct of institutional factors. Ethical clearance was granted by Masinde Muliro University of Science and Technology Institutional Scientific Ethics Review Committee (Approval No. MMUST/ISERC/077/2026 dated 30th March 2026) while research clearance was sought from KMTC administration. The participation was anonymous, voluntary, and with electronic informed consent. All data was kept in password-protected, encrypted files and were only accessible to the research team. Information was given to participants on counselling support services that are available.

IV. FINDINGS & DISCUSSION

4.1 Results

4.1.1 Willingness to Report

420 (87.9%) out of 478 students surveyed said they would be willing to report serious GBV to authorities and 58 (12.1%) would not be willing. The estimates in the multivariate model are to be interpreted with caution as the "not willing" group is small.

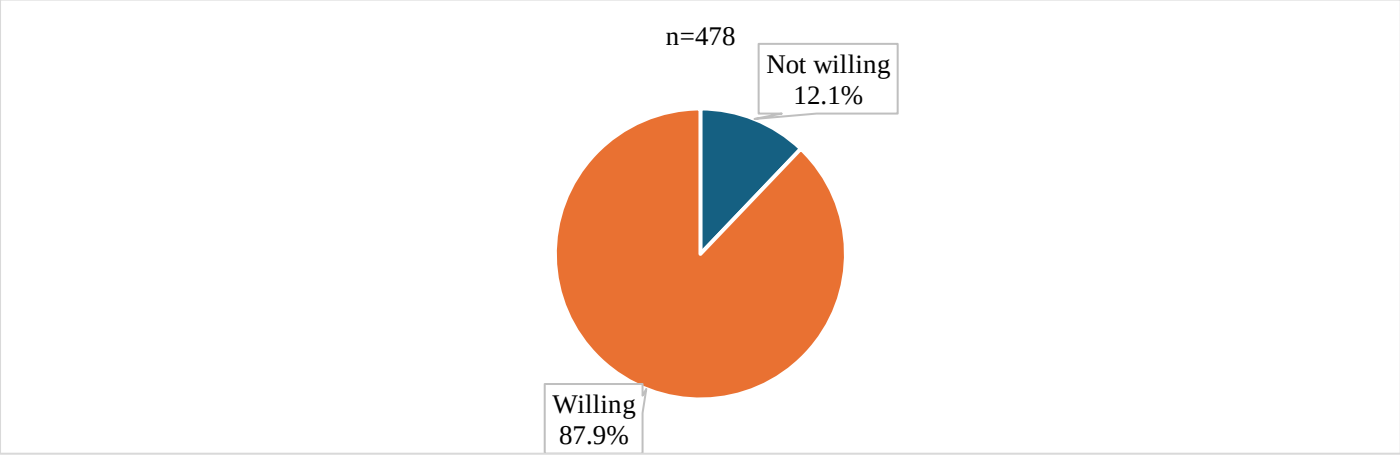

Figure 1

Willingness to Report GBV to Authorities

4.1.2 Selected Institutional Indicators

Table 1 shows students' overall perceptions of indicators of the key institutional environment. The highest level of agreement was for institutional trust, with 65.2% of students agreeing or strongly agreeing that institutional trust, fairness, and accountability were present. This was followed by Policy awareness (agreement 54.2%) and Reporting mechanisms (agreement 50.2%). Physical Campus Safety had moderate agreement (46.7%). Survivor support services, on the other hand, were the least endorsed with only 12.1% of students agreeing or strongly agreeing that they were available and adequate, and 54.8% disagreeing or strongly disagreeing.

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

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

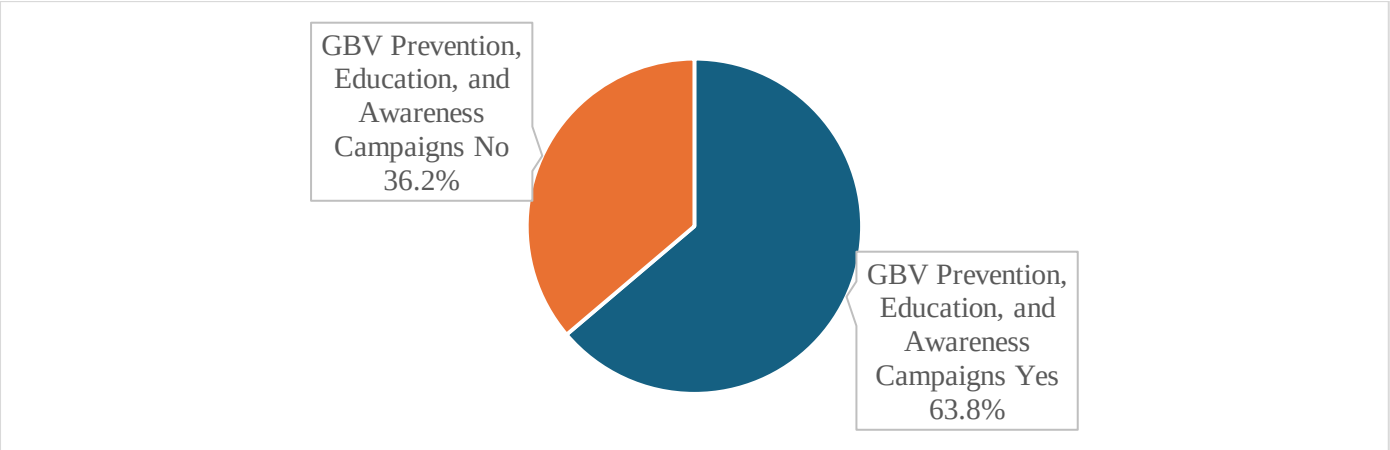

Figure 2
GBV Prevention, Education, and Awareness Campaigns

4.1.4 Bivariate Analysis between the factors of Institutional Environment

Table II shows the bivariate statistical tests on the relationship between various factors of the institutional environment and willingness to report serious GBV to authorities.

Table 2
Bivariate analysis of Willingness to Report Serious GBV by Institutional Environment

Institutional Environment Factor	Sub-category	Not willing *n* (%)	Willing *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%)		

Results show that there is a strong relationship between Policy awareness and knowledge and willingness to report ($\chi^2 = 106.84$, $p < .001$). There was a significant relationship between reporting mechanisms and accessibility, and willingness to report GBV ($\chi^2 = 82.73$, $p < .001$). The highest association was observed for institutional trust, fairness and accountability ($\chi^2 = 123.45$, $p < .001$) suggesting that institutional trust was the most important predictor. A moderate, but significant, association was found with physical campus safety ($\chi^2 = 34.43$, $p < .001$). There was a weak association with the availability of survivor support services ($\chi^2 = 8.07$, $p = .045$). Finally, there was a significant relationship between willingness and the GBV prevention campaigns ($\chi2 = 5.45$, $p = .020$).

4.1.5 Multivariate Logistic Regression of Institutional Environment and Willingness to Report

In bivariate analysis, there was a significant association between physical campus safety and willingness to report. It was not, however, carried over to the final multivariate model as there were too few students who were not willing to report; there were not enough subjects to provide stability for additional predictor categories. Thus, the physical presence of safety on campus, in turn, is identified as an important bivariate and contextual result, and the awareness of policy and institutional trust were the primary independent factors in the adjusted model. The multivariate logistic regression model, which assessed the independent predictive value of various institutional environment factors on willingness to report serious GBV to authorities, is presented in Table 3.

Table 3

A Multivariate Logistic Regression was used to predict Willingness to Report Serious GBV

Predictor	aOR	95% CI Lower	95% CI Upper	*p*
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.

Results showed that the most important independent variables that correlated with willingness to report serious GBV to authorities were institutional trust, fairness, and accountability. Adjusted odds ratios (aOR) ranged from 6.16 to 17.60 across categories and were all significant ($p = .001$ to $p < .001$) among high trust respondents. Policy awareness and knowledge was also highly associated with aOR of 11.55 ($p = .008$) and 7.64 ($p = .048$), respectively, for the highest categories. Reporting mechanisms and accessibility, on the other hand, were not statistically significant in the multivariate model (all ps > .05), indicating that their effects might be through institutional trust, but formal mediation analyses were not performed. Similarly, adjusted analysis found survivor support services were not significantly associated with the availability and adequacy (all ps > .05). Finally, there was no significant association between GBV prevention and awareness campaigns and reporting willingness in the adjusted model (aOR = 1.23, $p = .581$); suggesting that while campaigns can help raise awareness, they cannot replace lack of institutional trust.

4.1.6 Qualitative Triangulation

Qualitative responses explicitly call for structural independence. Students were not just saying "more policies" but they were saying independent tribunals because at the heart of the matter, they have no trust for the current administrative hierarchy.

> *"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 most important individual independent predictor of the willingness to report serious cases of GBV was institutional trust (aOR = 17.60, 95% CI [4.18, 74.05], p < .001). This discovery is a significant response to the organisational level of the Ecological Model of Violence (Heise, 1998), showing that the structural provisions are functional via the sense of institutional fairness and confidentiality that the student perceives. Students were much more likely to report if they thought that authorities would respect confidentiality, investigate fairly, hold perpetrators accountable, and that there would be no retaliation. This is similar to what has been documented in the institutional betrayal literature, which highlights that a lack of response, victim blaming, or a lack of responsiveness from the institution involved not only reduces reporting but also exacerbates the psychological damage inflicted upon the victim (Smith & Freyd, 2014; Dufour, 2024). The qualitative requirements of the "independent tribunals" and "separate entities" highlight KMTC's serious institutional betrayal. The existing discipline structure is viewed as paradoxical, with those who are disciplining students being the ones who also have authority over academic progression, such as lecturers or senior staff (Bally *et al.,* 2022; Wangu Kanja Foundation, 2024).

The second highest independent predictor was policy awareness (aOR = 11.55, p = .008). This indicates that policies need to be made public, comprehensible, and in practice, rather than just sitting in administrative paperwork. Students should be informed about the definition of GBV, who to report to, what actions will take place after the report, who will be working on the case, timelines, and how confidentiality will be maintained. Campus studies also reveal that lack of clarity of procedures and lack of confidence in outcomes are key challenges to formal reporting (AAU, 2019; Sabina & Ho, 2014; Owusu-Antwi *et al.,* 2024). This is consistent with evidence that knowledge of pathways to formal help-seeking is one of the most straightforward individual-level factors influencing formal help-seeking (UNFPA & CCGD, 2024; Bally *et al.,* 2022).

The loss of significance of reporting mechanisms after adjustment is not a weakness, but informative. It implies that channels do not bring about reporting willingness. If students do not trust confidentiality and accountability, anonymous links, gender desks, deans' offices, or counselling contacts will be underused. This has led to the need for KMTC to be wary of increasing the number of points for reporting without improving the credibility and independence of the entire reporting chain and to make it more survivor-centred. This is in line with the fact that transparency of investigation procedures and independent adjudication panels has been found to enhance trust and reporting rates (Brink *et al*., 2021; Bull, 2025). Support services were important in bivariate analysis and weaker after adjustment, which indicates that counselling, medical/forensic referral and legal support are important, but are mediated by trust and awareness (Garcia-Moreno *et al.,* 2015; Keynejad *et al*., 2020).

In bivariate analysis, there was a significant association between physical campus safety and willingness to report ($\chi^2 = 34.43$, p < .001). Those who felt that the environment was not safe were very reluctant to involve formal systems. This is in line with the principles of CPTED that state that the built environment directly affects the psychological sense of security that is needed to seek help (Shariati & Guerette, 2019; Lekganyane et al., 2023; Peng et al., 2024). Only the bivariate-level prevention campaigns were significant and not in the adjusted model (aOR = 1.23, p = .581). This indicates that awareness campaigns can be helpful but are not enough if trust is low. Violence-prevention research shows that mixed prevention strategies which include bystander training, leadership accountability, survivor services, environmental safety, and sanctions are effective (Banyard *et al.,* 2007; Coker *et al*., 2011; DeGue *et al.,* 2014).

There is a policy-practice gap in the current institutional set-up of KMTC. The study notes that a lack of active, survivor-centred accountability cannot be made up for with passive policy presence, as corroborated by Brink *et al*. (2021). Institutional change analyses highlight the need for policy change to be complemented by culture change: formal policy, trained investigators, visible sanctions, support for survivors, and periodic culture audits are all essential components of institutional culture change in order to disrupt entrenched dynamics (Ginocchio et al., 2025). This study has some limitations. Since it is a cross-sectional design, causality cannot be inferred. There were few students who did not want to report (n = 58); therefore, multivariate model stability was limited. Willingness to report is a self-reported intention, and social desirability may have contributed to the high rate of willingness (87.9%). Formal mediation analysis was not performed to test for mediation of the relationship between reporting mechanisms and willingness to report about institutional trust.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The institutional environment has a significant influence on KMTC students' willingness to report GBV. The study shows that policy awareness, reporting mechanisms, institutional trust, campus safety, support services, and prevention campaigns were all related to willingness to report GBV incidences. In the adjusted model, however, institutional trust (aOR = 17.60) and policy awareness (aOR = 11.55) were the most powerful independent predictors, whereas the reporting mechanisms, support services, and campaigns were no longer significant. Results show that students don't report because channels are available, but because institutions are trusted, processes are transparent,

confidentiality is credible, and accountability is evident. The main problem of KMTC is the lack of trust within the institution that makes the use of existing structures less than optimal. This study finds that attitudes towards reporting GBV are not only related to the availability of reporting channels, but also to institutional trust and perceived fairness.

5.2 Recommendations

An independent approach that is survivor-centred is needed to overcome the institutional mistrust of KMTC in relation to GBV. The suggestions are: setting up an independent GBV court with external experts to safeguard against retaliation, and the introduction of secure and anonymous online platforms for reporting. Further, there is a need for bi-annual third-party climate audits to be required by KMTC, to gain transparency and to regain trust. Physical safety needs to be improved through CPTED (Crime Prevention through Environmental Design) – such as lighting, secure transport, etc. Lastly, GBV policy education should be part of student orientation and clinical placement, in a practical and scenario-based manner.

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.

Funding Declaration

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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