

## Physical aspects of home-based violence on children in Nairobi County, Kenya

Juliah Sungu<sup>1</sup>  
Kennedy Onkware<sup>2</sup>  
Crispinous Iteyo<sup>3</sup>  
Peter Odera<sup>4</sup>

<sup>1</sup>jatwoli@gmail.com

<sup>1,2,3,4</sup> Masinde Muliro University of Science and Technology, Kenya

**Recommended Reference:** Sungu, J., Onkware, K., Iteyo, C., & Odera, P. (2026). Physical aspects of home-based violence on children in Nairobi County, Kenya. *African Quarterly Social Science Review*, 3(3), 1146–1157.

<https://doi.org/10.51867/AQSSR.3.3.111>

### ABSTRACT

Physical violence against children remains a pressing child-protection concern, particularly within household settings where parents, caregivers and other family members may use physical punishment or violence as a disciplinary practice. Despite the existence of legal and institutional mechanisms for protecting children in Kenya, physical violence and its associated consequences continue to be reported in Nairobi County. This study examined the physical aspects of home-based violence against children in Nairobi County, Kenya. The study was guided by Frustration-Aggression Theory and Social Learning Theory and employed a descriptive research design. The study targeted household heads and key child-protection stakeholders, including administrators, chiefs and assistant chiefs, police officers, children's welfare officials, social workers, head teachers, psychologists/counsellors and representatives of non-state actors. Simple random and purposive sampling techniques were used. Data were collected using questionnaires, interviews, focus group discussions and observation, while quantitative data were analyzed using descriptive statistics and qualitative data through thematic analysis. Of the 384 questionnaires administered to household heads, 341 were returned, representing an 88.8% response rate. The findings indicated that respondents identified several physical consequences associated with home-based violence against children. Specifically, 40.46% agreed or strongly agreed that bruises were associated with physical violence, while corresponding proportions were 41.35% for disability, 41.64% for poor health conditions and 40.76% for retardation. Qualitative findings further indicated that corporal punishment, domestic conflicts, physical abuse and neglect contributed to injuries and adverse health and developmental outcomes among children. The study concludes that physical violence against children remains an important child-protection concern requiring stronger identification, prevention and response mechanisms. The study contributes to knowledge by demonstrating the interconnected physical and developmental consequences of home-based violence and highlighting the need for systematic identification and documentation of abuse within child-protection and healthcare systems. The study recommends standardized screening, documentation, referral and reporting protocols, accompanied by training of healthcare workers, teachers and other professionals who interact regularly with children.

**Key Words:** Children, Home-Based Violence, Physical Home-Based Violence

### I. INTRODUCTION

Home-based violence is a peril that has been witnessed in the society over a long period of time. The problem has evolved to manifest in several different ways other than it previously was. So being the case, violence at the household level has grown to become one of the most belligerent problems facing virtually all communities at a global level. The vice can essentially be defined as any abusive behavior that is committed by any of the individuals in the domestic cycle of the victim as in the work of Lanchimba *et al.* (2023). In this scenario, one party has to gain power over the other. In the event of violence in a marital setup, the violence can be perpetrated towards one's partner or their children all of which consequently lead to negatively impacted lifelong health and well-being. That is, the repercussions of this type of violence are numerous and can range from minor physical injuries to major ones or even death.

Physical violence in the domestic setting is one of the major forms of intimate partner violence. It is a type of violence that involves the use of mechanical force to physically inflict harm on one's partner or family member. In the views of Mudany *et al.* (2013), the implication of physical home-based violence could be serious injuries that can be fatally life-threatening. There are numerous actions that are a manifestation of physical abuse in a domestic relationship some of which include choking, kicking, or slapping. All of these actions hurt the victim and thus a significant factor as to why home-based violence is a vice that should not be condoned in the society.

Physical violence against children is the most common form of childhood violence. It is most commonly perpetrated by parents and caregivers in the home setup as emphasized by a study conducted by Elbially *et al.* (2023). However, there are instances where physical violence against children has been exhibited as a form of disciplinary action. The existence of violent discipline prevailing as corporal punishment is high and affects almost half of females and 4 out of 10 males as per Elbially *et al.* (2023). The characteristic force and injury inflicted on a child is the major determinant of whether the action was disciplinary or abusive. Physical violence is estimated to affect nearly two out of five females and half of males. Whether direct or indirect, physical violence negatively impacts the growth of children and may lead to retardation in their developmental processes.

Violence at the household level is inclusive of several forms of violence. The severity of the repercussions of violence in the domestic setup on children is largely dependent on the extent of exposure. Globally, it is estimated that up to 1 billion children aged 2-17 years have experienced a type of violence (Elbially *et al.* 2023). This may have been physical, sexual, or emotional violence and neglect. Home-based violence against children has been a rampantly growing problem with evidence from a worldwide basis proving that it is a peril that can be prevented. The type of violence that is directed against either girls or boys because of their biological sex can be categorized as gender-based violence.

Child abuse and neglect are common in the United States. Statistics show that at least one in seven children experience child abuse or neglect in the states. However, many have deemed this as a likely understatement since many of the cases go unreported. The adamant rise in the vice has prompted the U.S. Agency for International Development to collaborate with the World Health Organization [WHO] in coordination with the Centers for Disease Control to develop the INSPIRE framework, which is a set of seven evidence-based strategies to end violence against children (WHO, 2020). Of the many aims of such cooperation has been to ensure that children have their rightful experience of feeling safe at home, in the school and other environment in their communities.

In Africa, home-based violence against children is a serious and rapidly escalating problem. There are many instances of violation of children's rights in Africa with many of them passing unreported. Older children and adolescents in Africa are greatly impacted upon by the peril of abuse at the domestic level (Cook *et al.* 2022). Poverty on the other hand has been a major causative agent of violence against children at the household level in the continent as per research conducted by Kays Ebrahim *et al.* (2022). The results of research carried out on Africa further imply that home-based violence against children is also promoted by the growth of many of African parents in homes where violence would be used as a way of disciplinary action. Many thus grew up believing that violence was the only way through which children can be brought up.

In the Kenyan context, violence against children refers to any form of violence directed to an individual under the age of 18 years by a parent, relative, their caregivers, peers, strangers or any other individual. Home-based violence is a menace that is experienced in every part of the country with the variation depending on the severity of the matter in different localities. Such places as the city of Nairobi are greatly impacted and thus experience the adverse effects with much higher intensity than most of the other less developed regions. The effects of home-based violence are not only felt by the victimized partner but also by the intermediate family and the society indirectly (Diyaolu *et al.* 2023). The victims often experience feelings of low self-esteem, helplessness, self-doubt, and loneliness where they lack remedial measures to their peril. Depending on the form of violence in question, home-based violence may manifest in multiple ways all of which ultimately lead to the infliction of harm on the victims. In the marital setup, there are numerous negative effects that children are burdened with as a result of home-based violence.

### 1.1 Statement of the Problem

Even though consequences of violence against children may vary according to its nature and severity, short-term and long-term repercussions are often grave and damaging (Kivuva, 2023). Globally, millions of children in different countries have been subjected to various forms of abuse. The types of violence against children's prevalent countries in Sub-Saharan Africa ranging from sexual molestation, physical and emotional abuse as well as child labor (Khemthong & Chutipongdech, 2021). In recent decades, home-based violence has been widely regarded as one of the threats to Kenya's socio-economic prosperity through the far-reaching impact it imposes on society, with several instances outlined in the work of Donald *et al.* (2023). The menace remains an entrenched and pervasive form of violence in the country. Similarly, the country has witnessed a profound increment in child abuse, an emerging form of violence in domestic settings. Nairobi County epitomizes high prevalence of child exposure to household violence, especially physical, verbal, sexual and psychological violence which have afflicted multiple negative effects on children's cognitive and psychosocial development. Unfortunately, despite the seriousness of the menace, it continues to attract limited attention from the government, policymakers, and scholars, making the current study relevant. For instance, the existing laws have done little to protect children against violence (Wangamati *et al.* 2018). Similarly,

despite the increment of home-based violence against children, the field has attracted scanty research, thus the necessity of the current study.

## 1.2 Research Objective

The main objective of the study was to examine the physical aspects of home-based violence against children in Nairobi County, Kenya.

## II. LITERATURE REVIEW

### 2.1 Theoretical Review

The study was grounded in frustration-aggression theory and social learning theory.

#### 2.1.1 Frustration-aggression theory

The Frustration-aggression theory was engineered by scholars including Dollard and Miller in early 20<sup>th</sup> century. In the wake of 1960s, it was improvised by Berkowitz. The theory is grounded in the assumption that aggression mainly originates from frustrations, especially when an individual fails to secure his/her objectives (Grady *et al.* 2023). In its early years of formation, it was restructured by Miller and Sears to state that not only frustration necessitates the need to react but some forms of aggression are one possible outcome. Within the study context, the theory can be used to explain how parents and caregivers who are constantly frustrated as a result of economic struggles may redirect their anger to children. Consequently, they may unleash physical violence against children which in turn may perpetuate physical abuse of children in Nairobi County, Kenya. However, the theory has failed to shed light on the specific reasons that would lead to aggression, culminating in the adoption of social learning theory.

#### 2.1.2 Social Learning Theory

The theory is amplified by the influential works of Albert Bandura (1977) who is considered as the key architecture. According to Bandura, social interactions play an essential role in influencing people's behaviors (Adewale & Potokri, 2023). The theory underscores that learning is critical in everything that we engage ourselves into. Much of the learning in mankind stems from behavioral observations of other people's actions as well as from imagining the dire consequences of our actions. It is embedded in several assumptions; that people's learning come through observations and emulation; the rewards, especially punishment that may arise from one's actions pose direct effects on both learning and observations (Wangamati *et al.* 2018). In the context of the study, home-based violence, precisely physical violence against children stems mainly from observation and imitation. For instance, courtesy of printed media, house helps get access to information related to the plight of their colleagues and their ultimate response on the same. Most of them tend to own this information and become eager to experiment it on the children whom they are supposed to be protecting.

### 2.2 Empirical Review

Research carried out by United Nations Children's Fund [UNICEF] (2020) shows that millions of girls and boys around the world undergo sexual abuse and exploitation every year. Sexual violence against children is any sexual activity with a child by an older child, adolescent, or adult as explained by Langevin *et al.* (2022). As such, sexual abuse involves the use of minors for the gratification of one's sexual desires. There have been many factors stipulated to be the causative agents of child sexual abuse including as a weapon during conflicts and in the case of the household setup, drug abuse can be the driving force behind such an occurrence. Children are usually the target of sexual abuse in that they are more vulnerable than adults as articulated by Ladegard and Tse (2023). Victimization of children in the context of sexual abuse is a vice that involves a range of factors with poverty leading course in Nairobi County. It is important to note that most sexual abusers are not only sexually interested in children but also have other motivating factors including the urge to hurt someone for pleasure, to act out difficult emotions in the event that the perpetrators cannot manage them positively, or to gain the feeling of powerfulness.

Among the Quebec population in Canada, a study by Tourigny *et al.* (2008) sought to determine the prevalence and the simultaneous occurrence of forms of violence (physical, sexual and psychological) and explore gender and age difference. The findings suggest that more than one in three adults (37%) reported having experienced at least one of three forms of violence in childhood. Twelve per cent (12%) of the adults experienced two forms of violence while 4% of the respondents reported having experienced all three forms of violence in childhood. Psychological violence (22%) was the form most frequently reported, followed by physical violence (19%) and sexual violence (16%). The different prevalence rates did not vary as a function of age. However, regarding gender, women were more likely to report having been sexually victimized (rape and fondling) and less likely to report having experienced physical violence. A lower percentage of women reported having sustained no form of childhood

victimization and a higher percentage of women reported have experienced both sexual and psychological violence compared to men.

Jones *et al.* (2012) conducted a systematic review and meta-analysis to identify cross-sectional, case-control, or cohort studies reported between Jan 1, 1990, and Aug 17, 2010, with estimates of prevalence of violence against children below the age of 18 years with disabilities or their risk of being victims of violence compared with children without disabilities. From the review the findings indicate that children with disabilities were more likely to be victims of violence than are their peers who are not disabled.

Pankowiak *et al.* (2023) attempted the provision of preliminary evidence on the extent of experiences of violence during childhood participation in Australian community sport and to identify common perpetrators of and risk factors for violence. The Violence towards Athletes Questionnaire (VTAQ) was administered online to a convenience sample of Australian adults (>18 years), retrospectively reporting experiences of violence during childhood community sport. Frequencies of experience of violence were calculated and Chi-square tests were conducted to determine differences between genders. In total, there were 886 respondents included in the analysis. Most survey respondents were women (63%) and about a third were men (35%). About 82% of respondents experienced violence in sport as a child. Psychological violence was most prevalent (76%), followed by physical (66%) and sexual (38%) violence. Peers perpetrated the highest rates of psychological violence (69%), and the rates of physical and psychological violence by coaches (both >50%) were also high. Age, sexual orientation, disability, and hours of weekly sport participation as a child were all associated with childhood experience of violence in sport. The rates of interpersonal violence against children in sport were high.

### III. METHODOLOGY

#### 3.1 Research Design

The study utilized descriptive research design. The researcher adopted the design to acquire an in-depth information about the attitudes, experiences and opinions of the respondents regarding the physical aspects of home-based violence against children.

#### 3.2 Study Area

The study was conducted in Nairobi County. Specifically, the study randomly selected 4 Sub-Counties for the study. Based on the 20% sampling units recommended by Mugenda and Mugenda (2003), 2 out of 4 Sub-Counties were purposively selected due to their reported high prevalence rates of home-based violence against children. Therefore, the study selected Embakasi Central and Mathare Sub-counties

#### 3.3 Target Population

The study population was a combined population of Nairobi City County which according to Kenya National Bureau of Statistics (KNBS, 2019) stood at 4.3 million people. From this, the study's targeted population comprised of 1.4 million household heads, 2 deputy county commissioners; 17 chiefs; 34 assistant chiefs; police officers mandated to curb the maltreatment of children in the County; 20 officials from Children's Welfare Department, 200 social workers, 200 head teachers, and 30 psychologists/counselors and 30 Non-state actors including NGOs, CBOs and FBOs.

#### 3.4 Sampling and Sample Size

Sampling technique allows the researcher to empirically derive a small group from the targeted population (Mugenda & Mugenda, 2003). The study adopted both purposive and simple random sampling techniques. Simple random sampling technique was used because it allows every researcher an equal chance of selection. Specifically, it was adopted to sample household heads. Purposive sampling was used to sample chiefs and assistant chiefs, police officers, psychologists, head teachers, NGOs, FBOs, CBOs officials and the officials from the children's welfare department.

#### 3.5 Data Collection Instruments

The study utilized both primary and secondary data. For primary data interviews, focus group discussions, questionnaires and observations were used as follows. Household Questionnaires were used to collect from the household heads. Interview guides were used to obtain rich and contextual information from key informants who were major actors and stakeholders in home-based violence in Nairobi City County. Key informants who were interviewed were Deputy County Commissioners, chiefs and assistant chiefs, police officers, officials from Children welfare department, head teachers, psychologists, and heads of NGOs, CBOs and FBOs. Focused group discussions guide was used to collect data from the social workers. The researcher utilized observation method to observe the physical

impacts of home-based violence in the study area. On the other hand, various documents such as research publications, government reports, and other relevant minutes from meetings such as records from chiefs' office, website searches, newspaper and magazine publications and other relevant literature were reviewed as secondary data.

### 3.6 Data Analysis

According to Mugenda and Mugenda (2003), analyzing data incorporates a process of acquiring and searching for meaning to information collected by the researcher in a bid to present the same in a better and clear way to enhance understanding. Quantitative data was obtained with close-ended survey questions in the questionnaires. SPSS version 25 was used in analyzing the quantitative data. It gave frequency distribution, means and percentages. The analyzed outcomes were presented in diagrams, percentages, tables and graphs to give a clear knowledge on the influence on home-based violence on children development in Nairobi County. Qualitative analysis was adopted for the interview and focus group discussion findings. The yielded data was transcribed before coding into categories, organized according to the respective research items reflecting the study objectives. The themes were separately structured based on the objectives. Generalization of the analyzed data was subsequently made and results presented in narrative form as well as through verbatim quotation of the study participants.

### 3.7 Ethical Consideration

To ensure the conformity of the study to ethical requirements, the researcher acquired permission to conduct research from the University and other relevant bodies. The researcher obtained research approval letter from MMUST upon acceptance and approval of the research proposal by the Directorate of Postgraduate Studies (DPS) of MMUST. The researcher then used the letter to seek for research permit from NACOSTI to ascertain the legality and the authenticity of the study.

The process of data collection was done on voluntary basis. None of the respondents were compelled to provide information they were not willing to give. Respondents were encouraged to provide information freely and in good faith to the researcher on the basis that confidentiality of their views was guaranteed. Confidentiality and privacy of the respondents were ensured by making the research instruments anonymous and the respondents were assured that their responses were not to be used for any other purpose apart from academics.

## IV. FINDINGS & DISCUSSION

### 4.1 Findings

#### Physical Aspect of home-based violence against children in Nairobi County, Kenya

The study sought to examine the physical aspects of home-based violence against children in Nairobi County, Kenya. The response rate for the households is as shown in Table 1;

**Table 1**

*Response Rate*

| Category       | Administered | Returned | Response rate |
|----------------|--------------|----------|---------------|
| Questionnaires | 384          | 341      | 88.80%        |

The validity of the findings are met since according to Mugenda and Mugenda (2003), a response rate of 50% is adequate for data analysis, interpretation and reporting of the findings; a response rate of 60-69% is considered to be good while that above 70% is considered excellent and outstanding.

**Table 2**

*Physical Aspects of Home-based violence against Children in Nairobi County*

| Physical Aspects       | Agree       | Disagree    | Strongly Agree | Neutral     | Strongly Disagreed |
|------------------------|-------------|-------------|----------------|-------------|--------------------|
| Bruises                | 66 (19.35%) | 72 (21.11%) | 72 (21.11%)    | 61 (17.89%) | 70 (20.53%)        |
| Disability             | 76 (22.29%) | 63 (18.48%) | 65 (19.06%)    | 72 (21.11%) | 65 (19.06%)        |
| Poor Health Conditions | 74 (21.70%) | 68 (19.94%) | 68 (19.94%)    | 73 (21.41%) | 58 (17.01%)        |
| Retardation            | 68 (19.94%) | 63 (18.48%) | 71 (20.82%)    | 76 (22.29%) | 63 (18.48%)        |

The distribution of responses was relatively balanced across all categories. Combined "Agree" and "Strongly Agree" responses accounted for 40.46% for bruises, 41.35% for disability, 41.64% for poor health conditions, and 40.76% for retardation. A substantial proportion of respondents either disagreed, strongly disagreed, or remained neutral, indicating mixed perceptions regarding the association between physical violence and these outcomes.

#### 4.1.1 Bruises

Qualitative findings indicated that bruises were prevalent in Nairobi County and were triggered by various factors. Respondents reported that bruises stemmed mainly from corporal punishment, which they described as prevalent in households and learning institutions. Corporal punishment was said to manifest through caning, hitting with objects, and slapping. Respondents noted that this form of punishment continued despite the Children's Act of 2022 which banned its use. Respondents further reported that children sometimes sustained bruises when caught in the crossfire of violent conflicts between parents or caregivers. Direct abuse by parents or caregivers, particularly through corporal punishment, was also identified as a cause of bruising. Some respondents argued that many African cultures embrace corporal punishment as an effective child-rearing practice, although they noted that in contemporary society, children are typically punished only by their parents or caregivers. For instance, a key informant interview with the head teacher yielded the following;

*"I am acutely aware of the ban on the use of corporal punishment by the government of Kenya. I also hold the view that corporal punishment when admitted to the extreme may cause severe physical injuries to the child. However, I also think that this form of punishment can be applied without inflicting negative effects on children. For example, when teachers use cane on children, it should be done slightly with love and letting the child to understand why he or she has been caned so that he will not repeat the same mistake. This requires the teacher to be emotionally balanced"* (Key informant interview with the head teacher held on 16th November, 2024).

Regarding the use of corporal punishment, an official from the Children's welfare department stated the following;

*"Corporal punishment at the household level can never be overlooked. The justification for the use of corporal punishment is cultivated at the household level by either the parents or caregivers. It is instructive to note that the utility of corporal punishment is permissible in virtually all African societies and Nairobi is not an exception. Most parents and caregivers believe that instilling respect on children require physical beatings which in most cases tend to be severe on the victims. Most of the cases of violence against children that I have handled are related to those that have been perpetrated by either the parent or a caregiver. Admittedly, some of the victims that I have attended to had bruises in their bodies which reveal the lethality of corporal punishment on children"* (Key informant interview with an official from child welfare department held on 16th November, 2024).

Additionally, one of the psychologists added the following;

*"One should not that bruises not only results from corporal punishment perpetrated by either the parent or caregiver. National statistics reveal an exponential rise in domestic gender-based violence in various parts of the county. If you delve deeper into these statistics, you will realize that children too are victims of this form of violence and are rarely spoken about. Most recently, I handled a case where the victim was a child who sustained deep cuts from the confrontation between the parents. This reveals that some of bruises inflicted on children are as a result of direct confrontation between the parents whereby the child may be used as a shield against attack from another parent. Also, they child who is innocent in this case may find itself at crossfire during the violent confrontation"* (Key informant interview with a psychologist held on 15th November, 2024).

#### 4.1.2 Disability

Qualitative findings revealed a high prevalence of children with disabilities, some of which respondents attributed to physical violence. Key informants reported that certain disabilities stemmed from physical violence inflicted by parents or caregivers, while others were present at birth but worsened by subsequent violence. Respondents identified physical abuse, child neglect, and exposure to domestic violence as key drivers of disability.

Corporal punishment involving beatings, burns, or severe physical punishment was reported to cause fractures, brain damage, and spinal damage. Neglect, particularly failure to provide medical care for illnesses, was said to jeopardize children's health and contribute to disability. Respondents also noted that children born with disabilities were not insulated from physical violence and that such cases often remained underreported. In light of this, one of the discussants yielded the following;

*"Violence against children is a global problem that has attracted significant global attention and Kenya is not an exception. Physical violence against children is often overlooked yet it is one of the worst forms of child abuse. I have handled several cases of this form of violence and sometimes I feel for the victims. Most recently, I handled a case of a child that was mercilessly beaten and left for the dead. The child had deep cuts on his body which I could not handle myself and I had to refer him for further treatment...indeed, he suffered deep fractures. This case highlights how physical violence against children has led to certain children's disabilities such as fractures"* (Focused group discussions with social workers held on 21st November, 2024).

Another key informant weighted by highlighting the following;

*"Whenever we talk about physical violence against children, especially how it inflicts disabilities to children, little is mentioned about the children with existing disabilities. Children with disabilities are victims of several types of abuse: they are beaten in the at home, in schools and they are ridiculed and rejected not only by their peers but also*

by some adults. Besides suffering from physical violence, some of them suffer discrimination, especially those with mental deficiencies, the blind and the epileptic. Most of African societies perceive their disability as a contagion. This is why the cases of violence against them remain underreported. Honestly, I must say that children with disabilities suffer the most from physical violence and an urgent action must be taken if we want to secure the future of our children” (Key informant interview with an official from the child welfare department held on 20th November, 2024).

#### 4.1.3 Poor Health Conditions

Qualitative findings established that certain health conditions among children stemmed from physical violence. Key informant interviews with officials from the children’s department and psychologists revealed that poor health conditions mainly manifested as physical illnesses, severe injuries, and long-term medical conditions. These conditions ranged from mild to acute or chronic, depending on the magnitude of inflicted pain. Respondents reported that poor health conditions resulted from physical beatings that often caused fractures and traumatic brain injuries. Denial of basic needs such as food, clean water, proper medical care, and hygiene was identified as a key driver of malnutrition, which in turn increased children’s vulnerability to infections and untreated ailments. These assertions were reinforced by one of the officials from the Children’s Department who explained the following;

*“Children’s right to good health is enshrined in all international, regional and national laws which signify its vitality. However, this inalienable right continues to be threatened by persistent violence against children, especially physical violence. Victims of physical violence sometimes develop complex medical conditions, especially when they sustain serious injuries. For instance, when a child is denied food frequently which is often the case, there is a possibility that his health condition may deteriorate, especially when it is not swiftly attended to. Also, you find that some beatings may cause permanent fracture which may be beyond medical attention...this child’s health would be weak”* (Key informant interview with an official from Children’s department held on 5th December, 2024).

Another key informant solidified the findings by explaining the following;

*“Children who are victims of physical violence which are meted on the by their parents and caregivers rarely have good health unless they are attended to by medical personnel. This is not always the case and this has resulted in deteriorated health conditions among them. The best we can do is to assist the victims of physical violence get medication to avoid worsening their health conditions. The situation is normally worse when a victim of physical violence had a pre-existing health conditions. For instance, recently, I counseled a child who revealed to me that he has been suffering from migraine and was beaten by his caregiver without being told about the offence he committed. I had to refer him to a nearby health facility where upon examination, it was revealed that the beatings on the head may have caused mild brain injuries...do you think this child will have good health? I doubt...I suggest the parents and caregivers should be humane enough and refrain from physical punishment, especially when the child has existing pre-health conditions”* (Key informant interview with a psychologist held on 4th December, 2024).

#### 4.1.4 Retardation

Qualitative findings obtained from key informant interviews with psychologists and officials from the department revealed that a significant population of children in Nairobi suffered from delayed growth, cognitive delays, and motor-skill impairments that respondents attributed to physical abuse. Key informants reported that several factors contributed to developmental impairment, including: frequent denial of basic needs such as food, leading to severe malnutrition; physical trauma from frequent beatings, reported to cause brain damage and subsequent cognitive and motor delays; chronic stress from prolonged exposure to violence, disrupting brain development and memory; lack of medical attention, leaving other illnesses untreated and exacerbating developmental delays. Respondents identified the main manifestations of developmental impairment as cognitive delays, speech and language delays, growth delays, and motor-skill impairment. For instance, one of the psychologists stated the following;

*“Retardation among children is an emerging health condition and it is caused by a variety of factors which are complex and intertwined. One of the causes is physical abuse of children. Beating which remains one of the most exploited traditional forms of punishment among children is the greatest contributor to this aspect of physical violence. Through physical violence, retardation may be two fold; it may lead to brain damage which may interfere with the cognitive capability of the child. This may result in poor memory and difficulty in learning and grasping issues. Secondly, beatings may also lead to crippling of the child, especially when the supporting bones are fractured which may result in growth retardation”* (Key informant interview with a psychologist held on 18th November, 2024).

## 4.2 Discussion

**Bruises:** The findings suggest that bruises were prevalent in Nairobi County. The respondents pointed out that bruises in children were triggered by various factors. In view of this, they pointed out that bruises as a form of

violence against children stemmed from corporal punishment which they asserted were prevalent in households and various learning institutions of the study areas. The study established that corporal punishment served as a form of discipline and was highly embraced by the parents, teachers as well as caregivers. Specifically, the respondents pointed out that corporal punishment on children mainly manifested in the form of caning, hitting with objects and slapping. It also became clear that this form of punishment continued despite the existing laws such as the Children's Act of 2022 that had banned its use.

Revelations from the key informants indicate that corporal punishment is still permissible in school settings despite the existing laws that had banned it and teachers are not hesitant to deploy it on the children. Some teachers were still using this form of punishment to instill discipline on children. The justification for the use of corporal punishment was attributed to an increase in bad behaviors by the pupils who attracted punishment to deter such behaviors from morphing into serious indiscipline cases. The findings corroborate with Mweru (2010) whose study revealed that teachers were cognizant of the existing laws that prohibit the utility of corporal punishment in schools. However, their justification for the utility of this form of punishment ranged from the belief that it was the most effective way to discipline the children and that parents had authorized its utility. The study further revealed that despite the prohibition of corporal punishment by the government of Kenya, teachers were not hesitant to use it if they believed that it benefited the child.

The findings further suggest that corporal punishment was not only perpetrated within the school settings but also at the household level, especially through domestic violence. Regarding this, the respondents revealed that children may sustain bruises which sometimes stem from violent conflicts between the parents and caregivers whereby a child may be caught in crossfire during the feud. Direct abuse by either the parent or a caregiver, especially in the form of corporal punishment also emerged during the study. The respondents revealed that most of African cultures embrace the use of corporal punishment on children. In view of this, they argued that this form of punishment has been used for generations to mend bad behavior in children and has since been considered as one of the most effective way of childrearing practice. Beliefs such as children belonged to community and those found on the wrong side could be punished by any adult even when such adult was not biologically related to children have perpetuated the continuation of this vice. However, they also reported that in the contemporary society, children are only punished by their parents or caregivers for wrong doings, something that some of them argued that contributed to continued misbehaving of children in other environmental settings beside the household level.

The findings also suggest that bruises as a form of physical aspect of violence against children were perpetrated by some parents and caregivers through corporal punishment. This suggests that corporal punishment at the household level was still embraced by either parents or caregivers as an effective form of instilling discipline on children at home. The continuous utility of this form of violence was justified by strong cultural practices that embrace corporal punishment of children. The findings corroborate with Lansford *et al.* (2010) and Mudany *et al.* (2013) whose studies suggest that cultural practices of many societies are to be blamed for the increased corporal punishment of children.

The frustration-aggression theory (Breuer & Elson, 2017) provides a theoretical explanation for these findings. According to this theory, aggression, including physical violence, often stems from frustration, such as economic stress or interpersonal conflicts. In the context of home-based violence, caregivers may displace their frustration onto children, resulting in physical harm such as bruises. This theoretical framework underscores the role of external stressors in perpetuating cycles of violence within households. The social learning theory (Bandura, 1977) further explains how children who witness or experience physical violence may internalize aggressive behaviors, perpetuating cycles of abuse. The presence of bruises as a visible marker of violence underscores the immediate physical consequences of such behaviors.

**Disability:** The findings revealed high prevalence rates of children with disabilities. The researcher was informed that certain disabilities on children stemmed from physical violence meted on them by either the parents or caregivers. Similarly, it also emerged that some children were born with certain disabilities which were worsened by physical violence. The respondents identified physical abuse, child neglect and domestic violence exposure as key drivers of disabilities in children. The respondents cited corporal punishment that encompasses beatings, burns or severe physical punishment by parents and caregivers which they argued could lead to fractures, brain damage and as well as spinal damage. Regarding child neglect, they argued that failure by the parents and caregivers to provide medical care for certain illnesses in children could jeopardize their health security and lead to disabilities. Moreover, physical disabilities among the children were also attributed to violent altercation among adults whereby children may suffer direct harm, especially when exposed to the violence. The researcher was also informed that children born with disabilities were not insulated from physical violence and the situation may have been worse because such cases remain underreported in certain parts of Nairobi County.

The findings corroborated Njelesani *et al.* (2018) who asserted that children with disabilities experience violence four times more frequently than non-disabled children in high income countries. Their study noted the lack of

systematically collected data from low and middle-income countries (LMICs), pointing to an underrepresentation of the issue of violence against children with disabilities in LMICs on the agendas of governments and researchers. However, they postulate that despite a dearth of evidence, the prevalence of violence against children with disabilities can be expected to be higher in LMICs where there are greater stigmas associated with having a child with a disability, fewer resources for families who have children with disabilities, and wider acceptance of the use of corporal punishment to discipline children. Additionally, rates of violence against children are greater in regions with high levels of social conflict, war, crime, domestic violence, unemployment, and poverty. Their study established that children with disabilities experience violence more than non-disabled children, episodes of violence start at birth, and that how children with disabilities participate in their communities contributes to their different experiences of violence.

The frustration-aggression theory (Breuer & Elson, 2017) provides a theoretical explanation for these findings. According to this theory, caregivers who experience frustration, such as economic hardship or interpersonal conflicts, may resort to physical violence as a coping mechanism. This violence can result in severe injuries, potentially leading to long-term disabilities. The social learning theory (Bandura, 1977) further elucidates how children who witness or experience physical violence may internalize aggressive behaviors, perpetuating cycles of abuse. The potential for disability as a result of violence underscores the severe physical consequences of such behaviors.

**Poor Health Conditions:** The findings established that certain health conditions among children stemmed from physical violence. Particularly, key informant interviews with officials from children's department and psychologists revealed that poor health conditions that resulted from home-based violence against children mainly manifested in the form of physical illnesses, severe injuries and long-term medical conditions that confronted children. These health conditions may be mild, acute or chronic depending on the magnitude of the inflicted pain. The informants pointed out that poor health conditions among children resulted from physical beatings of children which often inflicted fractures and traumatic brain injuries. Denial of basic needs such as food, access to clean water, proper medical care and lack of hygiene were identified to be key drivers of malnutrition which in turn increases children's vulnerability to infections and untreated ailments.

Tiwari *et al.* (2018) reinforce these assertions by arguing that any person including the child with health problems possesses a plethora of problems in their lives which may hinder the execution of various responsibilities. There are many different kinds of health issues and illnesses. Some are long-term, others are short-term and some are temporary. Malnutrition, poverty, injuries and accidents, a lack of education and employment, a lack of health care facilities and medical centers, a lack of facilities and infrastructure, criminal and violent acts, homelessness, toxins and drugs, and hazardous occupations are all factors that contribute to health problems. In some circumstances, adequate treatment for one's health concerns can be found.

The frustration-aggression theory (Breuer & Elson, 2017) provides a theoretical explanation for these findings. According to this theory, caregivers who experience frustration, such as economic stress or interpersonal conflicts, may resort to physical violence as a coping mechanism. This violence can result in chronic health conditions, such as migraines, due to the physical and psychological toll on children. The social learning theory (Bandura, 1977) further elucidates how children who witness or experience physical violence may internalize aggressive behaviors, perpetuating cycles of abuse. The potential for poor health as a result of violence underscores the severe physical and psychological consequences of such behaviors.

**Retardation:** Both quantitative and qualitative findings obtained from key informant interviews with psychologists and officials from the department reveal that a significant population of children in Nairobi suffered from delayed growth, cognitive delays and motor skill impairments which stemmed from physical abuse. The key informant informed the researcher that several factors contributed to retardation. Among the factors mentioned included frequent denial of basic needs like food which led to severe malnutrition; physical traumas inflicted through frequent beatings which they opined led to brain damage causing cognitive and motor delays among the affected children; chronic stress as a result of prolonged exposure to violence which disrupted brain development and memory; the informants also cited lack of medical attention for children which left other illnesses untreated and this they argued exacerbated retardation among children. The informants also identified the main manifestations of retardation which included cognitive delays, speech and language delays, growth delays as well as motor skill impairment. These assertions corroborate with Pratt and Greydanus (2007) whose findings reveal that violence against children including physical abuse often lead to developmental and cognitive delays in children. In particular, the study highlights that it was highly likely that children who have experienced physical traumas in their lives may have intellectual disability which they argued may be due to cognitive failures of the child.

The frustration-aggression theory (Breuer & Elson, 2017) provides a theoretical explanation for these findings. According to this theory, caregivers who experience frustration, such as economic hardship or interpersonal conflicts, may resort to physical violence as a coping mechanism. This violence can result in severe injuries, potentially leading

to cognitive and developmental delays. The findings suggest that while some respondents recognize this dynamic, others may lack awareness or understanding of the long-term consequences of violence. The social learning theory (Bandura, 1977) further elucidates how children who witness or experience physical violence may internalize aggressive behaviors, perpetuating cycles of abuse. The potential for retardation as a result of violence underscores the severe physical and psychological consequences of such behaviors. However, the significant percentage of neutral and disagreeing responses reflects gaps in awareness and education about the link between violence and retardation, as highlighted by Undie & Mak'anyengo (2022).

## V. CONCLUSION & RECOMMENDATIONS

### 5.1 Conclusion

The study examined the physical aspects of home-based violence against children in Nairobi County, Kenya. The findings demonstrate that physical violence constitutes a significant child-protection concern, with respondents identifying bruises, disability, poor health conditions, and developmental impairment among the physical and health-related consequences associated with violence against children. Although the quantitative findings showed relatively balanced responses across the different categories, the qualitative evidence provided contextual accounts indicating that children experience physical harm through corporal punishment, direct physical abuse, domestic conflicts and neglect. The findings further indicate that corporal punishment remains an important manifestation of physical violence despite its prohibition within Kenya's child-protection framework. Participants reported that some parents and caregivers continue to regard physical punishment as an acceptable disciplinary practice, while cultural beliefs and established child-rearing practices contribute to its persistence. The study also found that children may sustain physical injuries indirectly when exposed to violent conflicts between adults within the household. These findings demonstrate that home-based violence is not restricted to direct physical assault but may also occur through children's exposure to violent domestic environments. Furthermore, the study established that the consequences of physical violence may extend beyond immediate injuries. Qualitative evidence indicated that severe physical abuse may be associated with fractures, disability, deteriorating health, cognitive difficulties, developmental delays and motor impairments. Children with pre-existing disabilities were also identified as particularly vulnerable to further abuse and neglect. These findings highlight the need to view physical violence against children as both a child-protection and public-health concern. Generally, the study concludes that addressing physical violence against children in Nairobi County requires a coordinated prevention and response system involving families, schools, healthcare providers, law-enforcement agencies, child-protection officers, community organizations and other relevant stakeholders. Prevention should move beyond responding to visible injuries to include early identification of less visible forms of abuse, systematic reporting, appropriate referral, psychosocial support and sustained community education on non-violent approaches to child discipline.

### 5.2 Recommendations

Based on the findings, the study recommends that healthcare and child-protection providers adopt standardized procedures for the early identification and documentation of physical abuse against children. Clear reporting, referral and follow-up mechanisms should also be strengthened to ensure that suspected cases receive timely intervention. Parents, caregivers and teachers should be sensitized on the harmful effects of corporal punishment and encouraged to adopt positive, non-violent approaches to child discipline. In addition, healthcare workers, teachers, police officers and child-protection personnel should receive regular training on the identification and appropriate response to physical abuse. Particular attention should be given to children with disabilities and those exposed to domestic violence. Finally, relevant government agencies, schools, healthcare facilities and non-state actors should strengthen coordination and documentation of cases of physical violence to support effective child-protection interventions.

### 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.

## REFERENCES

- Adewale, S., & Potokri, O. C. (2023). Assessment of child protection policy awareness in secondary schools. *EUREKA: Social and Humanities*, 3, 20–30. <https://doi.org/10.21303/2504-5571.2023.002866>
- Bandura, A. (1977). *Social learning theory*. Prentice-Hall.
- Breuer, J., & Elson, M. (2017). Frustration-aggression theory. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 1–12). Springer.
- Cook, C. J., Howard, S. J., Cuartas, J., Makaula, H., Merkle, R., Mshudulu, M., Tshetu, N., Scerif, G., & Draper, C. E. (2022). Child exposure to violence and self-regulation in South African preschool-age children from low-income settings. *Child Abuse & Neglect*, 134, 105944. <https://doi.org/10.1016/j.chiabu.2022.105944>
- Diyaolu, M., Ye, C., Huang, Z., Han, R., Wild, H., Tennakoon, L., & Chao, S. D. (2023). Disparities in detection of suspected child abuse. *Journal of Pediatric Surgery*, 58(2), 337–343. <https://doi.org/10.1016/j.jpedsurg.2022.10.039>
- Dollard, J., Doob, L. W., Miller, N. E., Mowrer, O. H., & Sears, R. R. (1939). *Frustration and aggression*. Yale University Press.
- Donald, A., Doss, C., Goldstein, M., & Gupta, S. (2023). Sharing responsibility through joint decision-making and implications for intimate-partner violence: Evidence from 12 sub-Saharan African countries. *Review of Economics of the Household*, 21, 1–32.
- Elbialy, A. A., Elsayed, Z. E. H., Khaton, S. E., & Elsehry, N. K. M. (2023). Effect of health educational program on knowledge, practices and attitudes of mothers toward child maltreatment. *Tanta Scientific Nursing Journal*, 31(4), 104–128. <https://doi.org/10.21608/tsnj.2023.319662>
- Grady, M. D., Yoder, J., Deblinger, E., & Mannarino, A. P. (2023). Developing a trauma-focused cognitive behavioral therapy application for adolescents with problematic sexual behaviors: A conceptual framework. *Child Abuse & Neglect*, 140, 106139.
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 899–907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)
- Kays Ebrahim, B., Fouche, A., & Walker-Williams, H. (2022). Losses associated with childhood sexual abuse in women survivors: A scoping review. *Trauma, Violence, & Abuse*, 23(5), 1695–1707. <https://doi.org/10.1177/15248380211013137>
- Kenya National Bureau of Statistics. (2019). *2019 Kenya population and housing census: Volume I, population by county and sub-county*. <https://www.knbs.or.ke>
- Khemthong, O., & Chutipongdech, T. (2021). Domestic violence and its impacts on children: A concise review of past literature. *Walailak Journal of Social Science*, 14(6), Article 249759.
- Kivuva, R. M. (2023). *Effectiveness of community-based child protection structures on child safety in Mukuru Kwa Njenga, Nairobi County, Kenya* [Doctoral dissertation, Kisii University].
- Ladegard, K., & Tse, J. (2023). Victims of physical and sexual violence. In T. Thrasher (Ed.), *Emergency psychiatry*. Oxford University Press. <https://doi.org/10.1093/med/9780197624005.003.0019>
- Lanchimba, C., Díaz-Sánchez, J. P., & Velasco, F. (2023). Exploring factors influencing domestic violence: A comprehensive study on intrafamily dynamics. *Frontiers in Psychiatry*, 14, 1243558. <https://doi.org/10.3389/fpsy.2023.1243558>
- Langevin, R., Kenny, S., Kern, A., Kingsland, E., & Pennestri, M. H. (2022). Sexual abuse and sleep in children and adolescents: A systematic review. *Sleep Medicine Reviews*, 64, 101628. <https://doi.org/10.1016/j.smrv.2022.101628>
- Lansford, J. E., Alampay, L. P., Al-Hassan, S. M., Bacchini, D., Bombi, A. S., Bornstein, M. H., Chang, L., Deater-Deckard, K., Di Giunta, L., Dodge, K. A., Oburu, P., Pastorelli, C., Runyan, D. K., Skinner, A. T., Sorbring, E., Tapanya, S., Tirado, L. M. U., & Zelli, A. (2010). Corporal punishment of children in nine countries as a function of child gender and parent gender. *International Journal of Pediatrics*, 2010, 672780. <https://doi.org/10.1155/2010/672780>
- Mudany, M. A., Nduati, R., Mboori-Ngacha, D., & Rutherford, G. W. (2013). Perceptions of child discipline and its contributions to child abuse in a low-income community in Nairobi, Kenya. *Paediatrics and International Child Health*, 33(4), 228–232. <https://doi.org/10.1179/2046905513Y.0000000071>
- Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. African Centre for Technology Studies.
- Mweru, M. (2010). Why are Kenyan teachers still using corporal punishment eight years after a ban on corporal punishment? *Child Abuse Review*, 19(4), 248–258. <https://doi.org/10.1002/car.1121>



- Njelesani, J., Hashemi, G., Cameron, C., Cameron, D., Richard, D., & Parnes, P. (2018). From the day they are born: A qualitative study exploring violence against children with disabilities in West Africa. *BMC Public Health*, 18(1), 1–7. <https://doi.org/10.1186/s12889-018-5057-x>
- Pankowiak, A., Woessner, M. N., Parent, S., Vertommen, T., Eime, R., Spaaij, R., Harvey, J., & Parker, A. G. (2023). Psychological, physical, and sexual violence against children in Australian community sport: Frequency, perpetrator, and victim characteristics. *Journal of Interpersonal Violence*, 38(3–4), 4338–4365. <https://doi.org/10.1177/08862605221114155>
- Pratt, H. D., & Greydanus, D. E. (2007). Intellectual disability (mental retardation) in children and adolescents. *Primary Care: Clinics in Office Practice*, 34(2), 375–386. <https://doi.org/10.1016/j.pop.2007.04.010>
- Tiwari, A., Self-Brown, S., Lai, B. S., McCarty, C., & Carruth, L. (2018). Effects of an evidence-based parenting program on biobehavioral stress among at-risk mothers for child maltreatment: A pilot study. *Social Work in Health Care*, 57(3), 137–163. <https://doi.org/10.1080/00981389.2017.1371096>
- Tourigny, M., Hébert, M., Joly, J., Cyr, M., & Baril, K. (2008). Prevalence and co-occurrence of violence against children in the Quebec population. *Australian and New Zealand Journal of Public Health*, 32(4), 331–335. <https://doi.org/10.1111/j.1753-6405.2008.00250.x>
- Undie, C. C., & Mak'anyengo, M. (2022). If we ask, will they tell? (And then, what?): Screening for sexual violence against children in Kenya. *Child Abuse Review*, 31(1), 11–26.
- United Nations Children's Fund. (2020). *Global status report on preventing violence against children 2020*. United Nations Children's Fund.
- Wangamati, C. K., Sundby, J., & Prince, R. J. (2018). Communities' perceptions of factors contributing to child sexual abuse vulnerability in Kenya: A qualitative study. *Culture, Health & Sexuality*, 20(12), 1394–1408. <https://doi.org/10.1080/13691058.2018.1438666>
- World Health Organization. (2020). *Global status report on preventing violence against children 2020*. World Health Organization.