

**Effects of Interparental Violence on Mental Health of Students from Selected
Secondary Schools in Kibera Slum, Nairobi, Kenya**

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Abstract

Exposure of adolescents to interparental violence has proved to be a worldwide concern with a great influence on the mental health of adolescents. Therefore, this quantitative study investigated the impact of interparental violence on adolescents' mental health in selected secondary schools within Kibera Slum, Nairobi, Kenya. A self-generated questionnaire and a standardised psychological instrument, the Beck Depression Inventory (BDI-II), were utilised. The target population comprised 4 selected secondary schools with a total student population of 2,404. Using a random sampling technique based on the Yamane formula, 343 participants were included in the study. Data were analysed using quantitative techniques with the Statistical Package for the Social Sciences (SPSS). The study uncovered a high prevalence of depressive symptoms among adolescents exposed to interparental violence, including being physically harmed, and high emotional impact from witnessing parental arguments, as the strongest predictors of

elevated depressive symptoms. The study recommends that parents/guardians should consider prioritising children's emotional safety and seek family counselling when the need arises. Implementation of psychosocial services in schools, with a keen interest in those exposed to family violence, parenting workshops and integrating mental health education into the school curricula.

Keywords: Interparental violence, depressive disorder, exposure, adolescents, parents/guardians.

INTRODUCTION

Interparental violence (IPV) is meant to refer to verbal, physical, emotional, and sexual abuse or threats of the same between parents in a household (Southern & Sullivan, 2021). According to van Eldik et al. (2020), children are exposed to IPV through touch, sound, smell, and physical presence, among other means. They may become aware of the aggression by overt displays of it, such as seeing injuries, hearing terrified cries, or experiencing tension in the marriage, or through less overt ones.

Without being keen on the developmental challenges caused by such traumatic experiences, some parents fight in the presence of their children. In contrast, others often try to use them to harm the other partner. Some will even harm these children in the name of causing distress to their partners. Unfortunately, this leaves the child vulnerable and fearful, sometimes unsure how to speak out (Aul, 2023). The experience of violence leads one to self-esteem issues, anxiety, and even aggression due to the trauma (Smiley et al., 2021). On the flip side, there is a high likelihood that students from peaceful, loving, and close-knit families will have good mental health as compared to those who witness violence between their parents.

According to WHO (2022), it is globally estimated that 27% of women who are over the age of 15 have been physically or sexually abused by a romantic partner. Additionally, 1 in 3 women and 1 in 4 men have been victims of physical abuse from an intimate partner, which covers a variety of actions, such as pushing and slapping (National Centre for Domestic Violence (NCDV), 2022). Those who experience such violence, including children who witness it, risk the development of mental health problems.

On average, around 275 million youngsters worldwide see domestic abuse each year (Walker-Descartes et al., 2021a). It is noted that 30% to 60% of the time, when there is IPV, the men who beat their wives also beat their kids. It is also noted that 80% to 90% of the victims of such violence maltreat or abandon their kids as a result (Huecker et al., 2023). A study among adolescents from public secondary schools throughout the southeastern United States found that 23.7% of the respondents had seen violence involving parents once or twice, and 10.7% said they had seen it 3 to 20 times (Saxbe et al., 2018). In comparison, 4.8% of respondents reported having seen it more than 20 times (Sharp et al., 2020). Further, United Kingdom statistics on domestic violence, as reported by the NCDV, show that 2.4 million adults, that is 1.7 million women and 699,000 men, were victims of domestic violence in 2017 (NCDV, 2021). In addition to the damage caused by seeing such violence, 20% of the children, or 1 in 5 children, registered exposure to domestic violence. These findings show the high prevalence of IPV and how they significantly affect the lives of children.

A study on a Finnish population indicated that children are likely victims in cases of violence within the home. Additionally, the researchers highlight that the probability of violent victimisation could be increased by parental non-employment and lower levels of education for both parents. There is a gradient-like relationship between victimisation and income, with children who receive less social assistance from their parents being the most

vulnerable (Ellonen et al., 2023). In other European countries like Australia, as reported by the Australian Bureau of Statistics (ABS), research on domestic violence and related assaults showed that 1 in 6 women (16%) and 1 in 9 men (11%) had experienced parental abuse as children by the age of 15 years (ABS, 2021). In addition, the most prevalent primary form of abuse, identified in 55% (27,200 children) of justifiable cases with child protection agencies, was exposure to familial violence.

A study on Asian countries shows that high levels of intimate partner violence are prevalent in South Asia, which includes India, Nepal, and Pakistan, where this violence has also affected 29% of women in India who have ever been in relationships. (Vyas et al., 2023). Additionally, recent studies reveal that 41% of Indian women, 36% in Indonesia, and 58% of women in Vietnam said that they had experienced physical and emotional abuse from their spouses. According to the same research, 34% of children in some Chinese regions had seen violence between their parents (Ahinkorah et al., 2023). This data shows that even in South to Southeast Asia, domestic violence is prevalent and is a cause of major trauma to children.

IPV is also a concern on the African continent. Results from a survey in Cambodia, Malawi, and Nigeria indicated that the participants who experienced IPV as children ranged from 22.4% to 34.3%, and when compared to respondents who did not observe such violence, the former had a greater likelihood of experiencing mental discomfort (Kieselbach et al., 2020). Additionally, the NHRC reported a surge in domestic violence cases, particularly in the Nigerian north-central zone, with women and girls accounting for over 60% of victims in 2023, and the adolescents who witnessed IPV had a high likelihood of experiencing mental health problems like anxiety, despair, and PTSD (Ojwang, 2024). Similarly, findings from a 2020 Uganda Bureau of Statistics poll showed that 44% of married men had experienced IPV (Gubi & Wandera, 2022).

Additionally, research conducted in sub-Saharan Africa, which included Uganda, pinpointed that 23.8% of women who had gone through intimate partner violence reported having observed IPV as children. These statistics were associated with greater rates of adult IPV justification (Aboagye et al., 2021). Likewise, in South Africa, adolescents aged 11 to 18 participated in a study on adverse childhood experiences. 50.4% reported being exposed to violence, followed by 48.6% of physical abuse and 38.9% of IPV (Rasool, 2021). Additionally, Marete & Mburugu (2019) researched the psychological effects of parental conflicts, and they noted that 72.9% of the students said they were ashamed of themselves and had low self-worth, while 84.0% had self-doubt because of the violence exposure.

According to the WHO (2021), depressive disorder is one of the leading causes of psychological impairment among adolescents. Additionally, adolescents aged 10 to 14 years tend to have an estimated 1.1% depression occurrence and 2.8% for those aged 15 to 19 (WHO, 2021). They also note that depression is likely to affect the academic progress and school attendance of specific students. Leil et al. (2022), in their longitudinal study findings, note that adolescents who have experienced IPV while growing up are at a high risk of having adverse effects on their development.

Individuals are highly susceptible to depressive disorders because of the disruption of normal emotional regulation and coping systems caused by the chronic stress and trauma linked with exposure to IPV (Shorey et al., 2021). This indicates that parental conflicts have a ripple effect in producing individuals who are not whole emotionally and psychologically, who are likely to show expressions of anxiety, stress, depression, academic problems, and even suicidal tendencies.

Studies have repeatedly demonstrated a robust correlation between early life

exposure to IPV and the emergence of depressive symptoms and disorders, as such exposure can have a severe emotional and psychological impact on children (Haj-Yahia et al., 2021). Witnessing interparental violence can cause long-term stress and trauma that can interfere with the normal development of coping strategies and emotional regulation abilities, increasing the risk of depression in affected persons (Mueller & Tronick, 2020). In addition, children and teenagers who experience IPV run the danger of internalising the idea that conflict and aggression are typical parts of relationships, which increases their likelihood of engaging in abusive relationships themselves or perpetuating them in the future, transferring such from generation to generation (Hong et al., 2021).

Problem Statement

Children witnessing IPV suffer psychologically after exposure. They are affected and sometimes are even more traumatised by such abusive relationships than the adults themselves (Carnevale et al., 2020). Such violence can prolong violent cycles across generations by having long-lasting consequences on mental health, interpersonal connections, and subsequent life trajectories (Shorey et al., 2021). Wairimu et al. (2023) found that 8.7% of women in the Kibera slum had been victims of physical assault, 24.4% of verbal abuse, and 15.4% of sexual harassment. 13.1% of the gender-based violence survivors had gotten medical care, and the majority had never received any intervention. The researchers further noted that such acts of violence are still prevalent in the Kibera slum, hence intensifying the interest to survey the influence of IPV on adolescents in this study.

Working with adolescents from challenging families and having personally experienced the detrimental psychological impacts of IPV, the researcher, who was a school counsellor, was interested in assessing the impact of such violence on adolescents who witness it. This study therefore sought to investigate if there was any relationship

between IPV and mental health among adolescents and make recommendations of how these effects of IPV can be mitigated.

Objective of the Study and Research Question

The main objective of the study was to investigate the prevalence of depressive disorder among victims of interparental violence in selected Secondary Schools in Kibera slum, Nairobi, Kenya. The research study question was: What is the prevalence of depressive disorder among victims of interparental violence in selected Secondary Schools in Kibera slum?

Theoretical Framework

This study applied two theories, namely Social Learning Theory (SLT) and Bowen's Family Systems Theory (BFST), to examine the complex dynamics surrounding IPV. According to SLT, adolescents who watch and emulate their parents' aggressive conduct may internalise it, which could hurt their mental health. Conversely, BFST emphasises the relationship between family dynamics and personal functioning, implying that patterns of dysfunction in the family may be the root cause of parental violence.

Bowen's Family Systems Theory

This theory was employed because it explains human behaviour and the interconnections within the family. It states that people seek one another's approval, attention, and even support, and in doing so, they react to each other's annoyances, wants, and demands. In a family, there are those who accommodate others, and so they absorb family anxiety, which leads them to pick up maladaptive tendencies such as alcoholism, promiscuity, physical illness, and depression (Rothbaum et al., 2002).

Emotional triangles, differentiation of self, nuclear family systems, family projective processes, multi-generational transmission processes, emotional cutoff, sibling position, and society emotional processes are among the eight ideas put out by Bowen.

The basis of the theory is that the family unit is an emotive system. According to this viewpoint, one family member's actions and feelings invariably impact the entire family. The intense emotional interactions between parents in households produce a very stressful and unpredictable atmosphere. Teenagers in these settings are frequently caught in the crossfire, soaking up stress and anxiety on an emotional level that can result in issues that both internalise and externalise (Gleason, 1992). These concerns show themselves as behavioural difficulties, anxiety, and depression.

The differentiation of self, or a person's ability to sustain their self-perception while maintaining an emotional bond with their kin, is a fundamental concept in BFST (Calatrava et al., 2022). Adolescents who grow up in high-conflict homes frequently experience low differentiation, which makes it harder for them to distinguish between their ideas and feelings and those of their parents (Lampis et al., 2020). Teenagers may find it more difficult to focus, make decisions, and control their stress because of this lack of difference, which can also increase their susceptibility to the emotional upheaval brought on by IPV (Cepukiene, 2021).

According to Bowen's theory of triangulation, a triangle forms when a third family member becomes involved in a dispute between two other family members. Adolescents are often the targets of misplaced aggression in parental disagreements (Rothbaum et al., 2002). Teenagers are emotionally burdened more by this dynamic, which can lead to increased worry and a sense of powerlessness. Another crucial element of FST is where parents project their psychological issues onto their kids. They may unintentionally transfer their unresolved disputes and fears to their adolescents, aggravating their emotional and behavioural problems. As teenagers absorb the unfavourable feelings and expectations imposed on them, this projection results in low self-esteem, a negative self-concept (Kerr, 2023).

The study by Cepukiene (2021) supports Bowen's theory, as its results highlight the significance of the family-of-origin connection by showing that self-differentiation strongly predicts adult psychosocial functioning and that the quality of interparental relationships directly affects children's psychosocial functioning. Interventions intended to reduce the effects of IPV on adolescents can be improved by having a solid understanding of Bowen's FST (Hesar et al., 2021). Interventions may concentrate on enhancing communication within the family, encouraging individual differentiation, and attending to each family member's emotional needs. For example, family therapy can lessen projection and triangulation, foster better family dynamics and assist adolescents in becoming more resilient.

Social Learning Theory

SLT was established in 1977. It provides a solid foundation for comprehending how adolescent mental health is impacted by interparental conflict. According to his theory, people learn behaviour by observing others, especially within a family setting. This process of learning includes motivation, attention, retention, and reproduction. Adolescents who witness and internalise their parents' actions and emotional reactions can have a substantial negative influence on their own conduct and psychological health.

One of the fundamental principles of SLT is that children pick up habits from watching role models. When IPV takes place in a family, parents are the main role models for behaviour. Adolescents who witness or absorb such violence are prone to internalising aggressive and unhealthy coping mechanisms. They learn from this experience that using aggressiveness to resolve conflicts is appropriate and that violence is normalised (Rumjaun & Narod, 2020).

Emotional dysregulation, anxiety, and depression can result from the ongoing stress and trauma brought on by witnessing violence (Baştan & Dülek, 2023). SLT also

asserts that actions impact subsequent repercussions. Adolescents from households where there is violence may be encouraged to engage in bad habits if doing so gets them attention or temporarily puts an end to conflict (Bandura, 1986).

Interventions may centre on fostering pro-social conduct, offering positive role models, and treating the psychological and emotional effects of seeing violence. Adolescents can acquire healthier coping mechanisms by participating in programs that support social-emotional learning, resilience, and conflict-resolution skills (Rumjaun & Narod, 2020).

Empirical Literature Review

A study on selected Public High School pupils in the Southeast United States revealed that teens with greater levels of borderline personality disorder had a higher likelihood of observing IPV (Sharp et al., 2020). A study by Gondek et al. (2023), a UK survey, discovered that adolescents who had experienced IPV or maternal depression as kids were linked to an average of 25% to 34%. These factors happened to increase the chances of one experiencing depressive symptoms at age 18, which would warrant a diagnosis of depression.

It is important to comprehend the negative behavioural and psychological impacts of exposure to family violence within the cultural context, as demonstrated by research on the influence of interparental violence on early adolescent adjustment issues in China. A significant correlation was found between exposure to IPV and elevated levels of internalizing and externalising symptoms in a study by Chen et al. (2023) that looked at the relationship between IPV and adjustment issues among early adolescents in urban and rural areas of China. Adolescents who experienced interparental violence showed greater rates of aggression, sadness, and anxiety than their peers who were not exposed (Chen et

al., 2023). In Japan, research by the WHO (2021) highlights that depressive disorder in this population is a serious concern, with 1.1% of Japanese teenagers experiencing depression and 2.8% from anxiety. This is a component of the growing global trend of mental health problems.

In a sub-Saharan Africa study, which included South Africa, it was found that depression and anxiety disorders were very common in adolescents (Presentati et al., 2021). Another systematic review that focused on Ghanaian adolescents indicated that those suffering from trauma and interparental violence have a high likelihood of experiencing depression, with rates as high as 32.5% in rural areas (Ahinkorah et al., 2023). In Neno District, Malawi, a study looked at depressed symptoms in the households of patients who had severe depressive disorder. About 19% of household members tested positive for depression, considering the findings. This study highlights the serious mental health issues that exist in depressive households, even if it does not focus only on adolescents. (Mpinga et al., 2024).

A study on Tanzanian primary school adolescents showed that in metropolitan areas like Dar es Salaam and rural areas like Dodoma, the prevalence of symptoms associated with depression among the adolescents was roughly 31.3% and 30.3%, respectively. This study emphasises how serious a public health concern the depression problem among Tanzanian youth is (Nyundo et al., 2023). The Kenya National Adolescent Mental Health Survey, conducted in 2022, indicated that mental health issues are common among teenagers in Kenya. According to the poll, 12.2% of those adolescents met the criteria for a mental condition, with depression among the most often found problems (KNAMHS 2022). Similarly, a study on the psychological health and well-being of teenagers from the Coast and Nairobi areas found that exposure to trauma,

socioeconomic position, and the availability of mental health services had an impact on depression prevalence (Mbithi et al., 2023).

IPV is a serious problem in Kenya and has a direct bearing on the mental well-being of adolescents, especially depression. In the 2019 Abuse Against Children (VAC) study conducted by UNICEF, almost half of the female participants and over 50% of the male participants disclosed having witnessed or suffered physical abuse in their homes as children. Emotional abuse, which is still prevalent and affects 40% of men and nearly half of women, is frequently committed by parents or other caregivers (UNICEF, 2020).

METHODOLOGY

This study adopted a descriptive survey design. This design explained the phenomena present and helped get information from the sampled population. A descriptive survey design provides detailed information on a specific occurrence. It is helpful to define the population under study accurately (Voxco, 2021). Due to the nature of the phenomena, this design was useful for the collection and comparison of the participants' views and the prevalence of depressive disorder among participants exposed to interparental violence. To provide an unbiased evaluation of the data, this quantitative study used descriptive statistical techniques, such as percentages, ratios, and means.

The study was conducted in select secondary schools in Kibera Slum, Nairobi County. Kibera slum is the biggest in Nairobi and the largest in Africa. It has been considered to have high rates of violence against women, robberies, and muggings in addition to large percentages of unemployment and poverty (Bmeitiner, 2024). Urban informal settlements like Kibera show significant domestic violence, which is worsened by factors like poverty, unemployment, substance abuse, and poor living standards depicted by overcrowding.

The target population was secondary school students aged 13-19 years old from four selected schools in Kibera Slum. The researcher studied the different types of schools in the slum, including public and private schools that serve adolescents from Kibera slum. The study was carried out at Olympic High School which had a total population of 1023 students, the Raila Education Centre which had 576 students, St. Aloysius Secondary school which had 290 students, and Lang'ata Barracks Secondary School which had 515 students. The researcher selected these schools as they met the educational needs of students who largely come from the slum, thereby making them a representative population for the study. The total population of the students enrolled in the selected schools was 2,404.

Sample size is the number of respondents needed to achieve the desired study goal in the research being conducted (Águila & Ramírez, 2014). This research used random sampling to select the respondents. The researcher utilised random sampling on several respondents, as this sampling technique would help minimise bias and have a diverse pool of respondents to enhance the validity of the research results. With the support of the school administration, the researcher collected a list of students per class and chose each student from the list using systematic sampling, starting at a random position while skipping one student and picking the one that followed. This ensured that every student had an equal chance of getting chosen and that the sampling procedure was impartial. The study sampled 343 participants, as shown in Table 1.

Table 1: Target Population and Sample Size

Selected School	Category	No. of students	Sample Size	Sample size of male/female respondents
Olympic School	High Public School	1023	$\frac{1023}{2404} * 343 = 146.04$ 146	Female- 73 Male- 73
Raila Centre	Education Private School	576	$\frac{576}{2404} * 343 = 82.08$ 82	Female-41 Male-41
St. Gonzaga Sec School	Aloysius Private School	290	$\frac{290}{2404} * 343 = 41.39$ 41	Female-21 Male-20
Lang'ata Sec School	Barracks Public School	515	$\frac{515}{2404} * 343 = 73.49$ 74	Female-37 Male-37
Total number of Respondents		2404	343	Female-172 Male-171

Source: Researcher (2026)

The study used Beck's Depression Inventory-II (BDI-II), a widely accepted and validated tool for determining degrees of depression, and a Researcher-generated Sociodemographic Questionnaire that was intended to gather data on demographics and exposure to violence between parents.

FINDINGS

The researcher sought to collect data from 343 respondents, out of which 313 questionnaires were filled. This represented a response rate of approximately 91.25%. Such a percentage indicates respondents' willingness to participate in the study and a strong, acceptable response rate, reducing the risk of non-response bias. Additionally, the gender distribution is nearly equal, with male respondents at 50.02% and female respondents at 49.8%, making it easy to compare depression or academic outcomes by gender. Balanced gender proportions strengthened the validity of gender-based comparisons in this study.

Table 2: School Response Rate

	Frequency	Percent	Valid Percent	Cumulative Percent
St. Aloysius Secondary	39	12.5	12.5	12.5
Langata Secondary	70	22.4	22.4	34.8
Olympics High	139	44.4	44.4	79.2
Raila Education Center	65	20.8	20.8	100.0

Source: Researcher (2026)

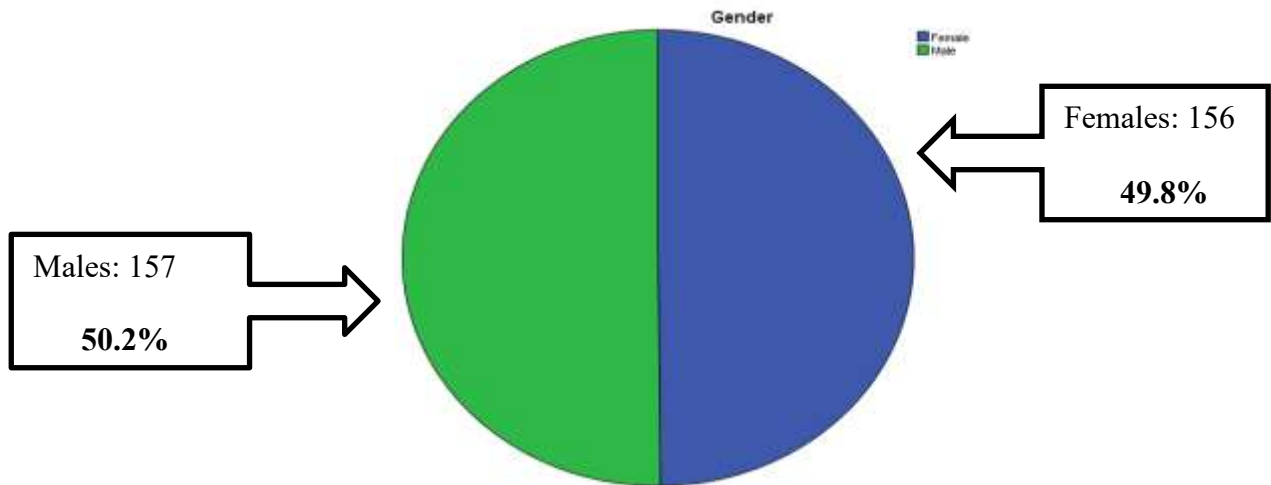


Figure 1: Gender Response Rate

Demographic characteristics

The respondents were requested to write their age, who they lived with, their socioeconomic status, and the relationship status of their parents/guardians. This section was essential, as it provided important background information about the respondents. Age was essential to help in assessing if it has a relationship with depressive tendencies. The socioeconomic status, on the other hand, helped to show if there was a significant impact on interparental violence. The minimum age of the respondents was 14, and the maximum was 22. Only 9 respondents surpassed the required age (19), and the targeted audience was higher at 97.1%.

The respondents' exposure to interparental violence

While exploring the exposure to IPV, the study found that 60.4% of students reported not having witnessed parental arguments or fights, while 39.6% reported that they had witnessed such conflicts. Nearly 2 in 5 students had been subjected to verbal or physical conflicts between their parents or guardians. This data demonstrates that a sizable minority of students grew up in an environment where conflict is visible.

Additionally, 15.0% (46 students) reported being physically harmed because of parental conflict, whereas 85.0% (260 students) reported *not* being physically harmed. Approximately 1 in 7 adolescents had personally experienced physical harm tied to their parents' conflict. This represents direct victimisation, a high-severity form of domestic violence exposure: no longer witnessing violence but experiencing it directly.

The study found that 21.4% (66 students) witnessed one parent physically harming the other, whereas 78.6% (243 students) did not. Roughly 1 in 5 adolescents had witnessed one caregiver inflicting physical harm on another. Witnessing parental physical assault is classified as childhood traumatic exposure, even if the child is not physically harmed. These statistics were consistent with a systematic review focused on Ghanaian adolescents. It indicated that those suffering from trauma and interparental violence exposure had a high likelihood of experiencing depressive symptoms (Ahinkorah et al., 2023).

Prevalence of depressive symptoms among respondents exposed to IPV

The study found that about 64% reported having mild depressive symptoms even without considering IPV exposure. The researcher calculated the total depression score for each student from the BDI entries using the 0-63 score scale for the 21 items. The findings produced a mean BDI score of 15.32, which indicated a mild depression range as the scores ranged from 0 to 46. The BDI Severity Levels were as follows, as displayed in Table 4.7 below: Minimal: 35.8%, Mild–Moderate: 31.6%, Moderate–Severe: 18.5% and Severe: 14.1%. These statistics agreed with the findings of a sub-Saharan Africa study, which found that depression and anxiety disorders were very common in adolescents (Presentati et al., 2021).

Additionally, respondents who were exposed to IPV showed a higher percentage of moderate to severe depression compared to the general sample highlighted above. IPV exposure seemed to be associated with higher depressive symptom severity, with Minimal being 30.2%, Mild to Moderate 35.2%, Moderate to Severe 20.1% and Severe depression stood at 14.5% as shown in the table below.

Table 3: BDI Severity for Respondents Exposed to IPV

BDI Severity for Students exposed to IPV				
	Frequency	Percent	Valid Percent	Cumulative Percent
Minimal Depression	54	30.2	30.2	30.2
Mild to Moderate Depression	63	35.2	35.2	65.4
Moderate to Severe Depression	36	20.1	20.1	85.5
Severe Depression	26	14.5	14.5	100.0
Total	179	100.0	100.0	

A notable proportion of students reported experiencing symptoms of gloominess, hopelessness, or depression, with 38.8% feeling them on several days, 19.1% experiencing them more than half the days, and 17.4% reporting such feelings nearly every day. Only 24.7% indicated they were not feeling depressed at all. These results imply that being exposed to IPV is linked to frequent depressive symptoms in this population, with more than three-quarters of respondents experiencing at least occasional feelings of gloom or hopelessness. The cumulative percentages further highlight the high prevalence and severity of depressive experiences among adolescents facing IPV-related stressors.

Additionally, many students (63.3%) reported not having thoughts of self-harm or behaviours, indicating that most did not experience this level of distress. However, a notable proportion reported self-harm tendencies with varying frequency: 21.5% experienced such thoughts on several days, 8.5% on more than half the days, and 6.8% nearly every day. Although the highest category shows a smaller percentage, these findings highlight that a significant minority of adolescents exposed to IPV experience recurrent self-harm ideation, signalling elevated emotional vulnerability within this group.

Prevalence of depressive disorder in gender, age, and socioeconomic status groups

The crosstabulation between age and depressive symptom severity showed that all depression categories peaked around the ages of 16 and 17, with 17-year-olds forming the largest proportion across severity levels. Specifically, 37% of those with minimal depression, 43% with mild–moderate depression, 44% with moderate–severe depression, and 31% with severe depression were aged 17. In contrast, younger adolescents aged 14–15 were minimally represented in all categories, while those aged 18 and above appeared less frequently, likely reflecting smaller subgroup sizes rather than meaningful differences in depressive symptoms.

Although these descriptive patterns suggest that mid-adolescents reported more symptoms of depression, the chi-square test ($\chi^2 = 21.673$, $p = .599$) indicated no statistically significant correlation between age and depression severity. This means that, within this sample of adolescents exposed to interparental violence, age did not significantly influence the severity of depression.

On the other hand, the analysis of depression severity by gender revealed slight proportional differences but no statistically significant association between the two variables. Across most categories, that is, minimal, mild–moderate, and severe depression,

boys accounted for a marginally higher proportion of cases, representing 57.4%, 54.0%, and 53.8%, respectively. Girls, however, were more represented in the moderate–severe category, accounting for 61.1% of cases. Despite these variations, the chi-square test indicated no meaningful connection between depression severity and gender ($\chi^2 = 3.245$, $p = .355$). This suggests that both genders exposed to IPV experience depressive symptoms at comparable levels. Considering these, psychosocial intervention and mental health support programs should be designed to target both genders equally, as neither group seems to demonstrate a distinctly higher vulnerability within this sample.

In the analysis of socio-economic status (SES) and depression severity, the study revealed notable distribution patterns, although these did not reach statistical significance. Most participants were drawn from middle-income households, followed by those from low-income backgrounds, a trend reflected across the depression categories. Adolescents from middle-income families formed the largest proportions in the minimal and mild–moderate depression groups, suggesting comparatively lower distress levels in these categories. Conversely, adolescents from low-income households recorded higher proportions in the moderate–severe and severe depression categories, indicating a potential pattern in which lower SES may be associated with heightened emotional distress.

Respondents' awareness of support and help-seeking behaviour

The study also aimed to determine if the participants were aware of support systems, and if they would seek help. The results demonstrated that just over half of the adolescents (54.3%) were aware of existing support systems, while a substantial 45.7% had no awareness of such services. This near-even split highlights a significant programmatic gap, as almost half of the adolescents exposed to IPV remain uninformed about available psychosocial support resources. Limited awareness of support structures

can hinder help-seeking behaviour, delay early intervention, and exacerbate emotional or academic challenges among affected adolescents.

The analysis of gender differences in awareness of support systems showed a notable disparity. Among girls, 67% reported being aware of available support services, compared to only 43% of boys. This difference is statistically significant ($\chi^2 = 10.765$, $p = .001$), indicating that gender strongly influences adolescents' awareness of support mechanisms. Targeted outreach strategies could be needed to improve awareness and access among male adolescents.

On help-seeking, the findings show that a strong majority of adolescents (78.9%) indicated that they would seek help if they experienced emotional or psychological difficulties, while 21.1% reported that they would not. This suggests a generally positive attitude toward help-seeking among the participants. However, when compared with the earlier finding that nearly half of the adolescents are *not* aware of available support systems, it becomes clear that willingness alone is not enough, awareness and access remain significant barriers. Strengthening visibility and accessibility of adolescent support services could be crucial.

CONCLUSION AND RECOMMENDATION

The study uncovered a high prevalence of depressive symptoms among adolescents exposed to IPV. Nearly 64% of respondents reported at least mild depressive symptoms, with moderate to severe depression being more pronounced among those directly exposed to IPV. Being physically harmed during parental conflicts, and high emotional impact from witnessing parental arguments, were the strongest predictors of elevated depressive symptoms. This underscores that exposure to conflict alone is less psychologically harmful than experiencing direct or emotionally threatening forms of violence.

Concerning support awareness and help-seeking, the analyses showed that as much as most adolescents are willing to seek help, limited awareness of available support services continues to be a crucial obstacle that needs to be addressed to guarantee successful support and intervention.

The study recommends that parents and guardians should consider prioritizing the emotional safety of children by openly addressing their feelings about family conflict and seeking supportive family counselling when need arises. Schools and Educators on the other hand should implement psychosocial services, including counselling, mentorship, and peer support programs for all students, with a keen interest in those exposed to family violence. Also, school-led campaigns and parenting workshops in high-stress communities, such as Kibera, could help parents and guardians understand how IPV psychologically impacts children and promote supportive home environments. Finally, the Ministry of Education, in partnership with the Counsellors and Psychologists Board, should develop community-level interventions to reduce family violence and provide early identification of adolescents at risk of depression, integrating mental-health education into the school curricula to help adolescents build coping skills, resilience, and emotional literacy.

REFERENCES

- Aboagye, R. G., Seidu, A.-A., Asare, B. Y.-A., Pephrah, P., Addo, I. Y., & Ahinkorah, B. O. (2021). Exposure to interparental violence and justification of intimate partner violence among women in sexual unions in sub-Saharan Africa. *Archives of Public Health, 79*(1), 162. <https://doi.org/10.1186/s13690-021-00684-3>
- ABS. (2021). *Personal Safety, Australia*. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-Australia/latest-release>.

- African Population and Health Research Centre. (2022). *Kenya National Adolescent Mental Health Survey (K-NAMHS) report*. https://aphrc.org/wp-content/uploads/2022/10/K-NAMHS-report_2022.pdf
- Águila, R., & Ramírez, G. (2014). Sample size calculation. *Allergologia Et Immunopathologia*, 42(5), 485–492. <https://doi.org/10.1016/j.aller.2013.03.008>
- Ahinkorah, B. O., Aboagye, R. G., Cadri, A., Salihu, T., Seidu, A.-A., & Yaya, S. (2023). Exposure to interparental violence and intimate partner violence among women in Papua New Guinea. *BMC Women's Health*, 23(1).
- Aul, A. (2023). Children are the forgotten victims of domestic violence. *The Times of India*. <https://timesofindia.indiatimes.com/blogs/voices/children-are-the-forgotten-victims-of-domestic-violence/>
- Bandura. (1986). *Social Learning Theory—Bandura*. <https://www.structural-learning.com/post/social-learning-theory-bandura>
- Baştan, A., & Dülek, A. (2023). Learned Violence: Bandura's Social Learning Theory in Edward Bond's *The Children*. *Nevşehir Hacı Bektaş Veli Üniversitesi SBE Dergisi*, 13(1), 106-118. <https://doi.org/10.30783/nevsosbilen.1123069>
- Bmeitiner. (2024). *Kibera Slum: Life in Africa's largest shanty town*.
- Calatrava, M., Martins, M. V., Schweer-Collins, M., Duch-Ceballos, C., & RodríguezGonzález, M. (2022). Differentiation of self: A scoping review of Bowen Family Systems Theory's core construct. *Clinical Psychology Review*, 91, 102101, <https://doi.org/10.1016/j.cpr.2021.102101>
- Carnevale, S., Napoli, I., Esposito, C., Arcidiacono, C., & Procentese, F. (2020). Children

Witnessing Domestic Violence in the Voice of Health and Social Professionals Dealing with Contrasting Gender Violence. *International Journal of Environmental Research and Public Health*, 17(12) 4463, <https://doi.org/10.3390/ijerph17124463>

Cepukiene, V. (2021). Adults' Psychosocial Functioning Through the Lens of Bowen Theory: The Role of Interparental Relationship Quality, Attachment to Parents, Differentiation of Self, and Satisfaction with Couple Relationship. *Journal of Adult Development*, 28(1), 50–63. <https://doi.org/10.1007/s10804-020-09351-3>

Chen, Z., Ren, S., He, R., Liang, Y., Tan, Y., Liu, Y., Wang, F., Shao, X., Chen, S., Liao, Y., He, Y.,

Li, J., Chen, X., & Tang, J. (2023). Prevalence and associated factors of depression and anxiety symptoms among Chinese secondary school students.

Ellonen, N., PitkÄnen, J., Aaltonen, M., Remes, H., & Martikainen, P. (2023). Socioeconomic differences in children's victimization to maternal and paternal violence: A register-based study. *Scandinavian Journal of Public Health*, <https://doi.org/10.1177/14034948231180670>

Gleason, F. S. (1992). Family Evaluation: An Approach Based on Bowen Theory. *Family and Conciliation Courts Review*, 30, 399, <https://heinonline.org/HOL/LandingPage?handle=hein.journals/fmlcr30&div=54&id=&page=>

Gondek, D., Howe, L., Gilbert, R., Feder, G., Howarth, E., Deighton, J., & Lacey, R. (2023). *Association of Interparental Violence and Maternal Depression with Depression Among Adolescents at the Population and Individual Level*. <https://doi.org/10.1001/jamanetworkopen.2023.1175>

- Gubi, D., & Wandera, S. O. (2022). Prevalence and correlates of intimate partner violence among ever-married men in Uganda: A cross-sectional survey. *BMC Public Health*, 22(1), <https://doi.org/10.1186/s12889-022-12945-z>
- Haj-Yahia, M. M., Hassan-Abbas, N., Malka, M., & Sokar, S. (2021). Exposure to Family Violence in Childhood, Self-Efficacy, and Posttraumatic Stress Symptoms in Young Adulthood. *Journal of Interpersonal Violence*, 36(17–18), NP9548– NP9575. <https://doi.org/10.1177/0886260519860080>
- Hesar, J., Arefi, M., & Yousefi, N. (2021). Comparing the efficacy of family therapy based on Bowen’s family systems theory and logotherapy on dyadic adjustment and clients’ divorce tendency. *Journal of Family Psychology*, 4(2), 43–60.
- Hong, J. S., Lee, J., McCloskey, L. A., Victor, B. G., Wei, H.-S., & Voisin, D. R. (2021). Pathways From Witnessing Parental Intimate Partner Violence to Involvement in Bullying: Empirically Testing a Proposed Conceptual Framework. *The Journal of Primary Prevention*, 42(6), 583–602. <https://doi.org/10.1007/s10935-021-00647-y>
- Huecker, M., King, K., Jordan, Gary, & Smock, W. (2023). *Domestic Violence*. <https://www.ncbi.nlm.nih.gov/books/NBK499891/>
- Kerr, K. B. (2023). Applying Bowen Theory to Psychiatric Assessment and Disposition in the ED. *Journal of the American Psychiatric Nurses Association*, 29(1), 45–56. <https://doi.org/10.1177/1078390320987636>
- Kieselbach, B., Kress, H., MacMillan, H., & Perneger, T. (2020). *Prevalence of childhood exposure to intimate partner violence and associations with mental distress in Cambodia, Malawi and Nigeria: A cross-sectional study*. <https://doi.org/10.1016/j.chiabu.2020.104807>
- K-NAMHS-report_2022.pdf*. (n.d.). <https://aphrc.org/wp-content/uploads/2022/10/K-NAMHS->

[report_2022.pdf](#)

- Lampis, J., Cataudella, S., Speziale, R., & Elat, S. (2020). The Role of Differentiation of Self Dimensions in the Anxiety Problems. *The Family Journal*, 28(1), 90–97.
<https://doi.org/10.1177/1066480719894943>
- Leil, C., Eickhorst, A., Zimmermann, P., Stemmler, M., & Walper, S. (2022). Fathers, mothers and family violence: Which risk factors contribute to the occurrence of child maltreatment and exposure to intimate partner violence in early childhood?
- Marete, A., & Mburugu, B. (2019). Perceived Effects of Parental Conflicts on Self-esteem of Pupils in Public Primary Schools in Igembe Central Sub County, Kenya. *International Journal of Contemporary Applied Researches*, 6(6).
- Mbithi, G., Mabrouk, A., Sarki, A., Odhiambo, R., Namuguzi, M., Dzombo, J. T., Atukwatse, J., Kabue, M., Mwangi, P., & Abubakar, A. (2023). Mental health and psychological well-being of Kenyan adolescents from Nairobi and the Coast regions in the context of COVID-19. *Child and Adolescent Psychiatry and Mental Health*, 17(1),
<https://doi.org/10.1186/s13034-023-00613-y>
- Mpinga, K., Rukundo, T., Mwale, O., Kamwiyo, M., Thengo, L., Ruderman, T., Matanje, B., Munyaneza, F., Connolly, E., Kulisewa, K., Udedi, M., Kachimanga, C., Dullie, L., & McBain, R. K. (2024). Depressive Disorder at the Household Level: Prevalence and Correlates of Depressive Symptoms Among Household Members. *Global Health Action*, 16(1). https://www.rand.org/pubs/external_publications/EP70356.html
- Mueller, I., & Tronick, E. (2020). The long shadow of violence: The impact of exposure to intimate partner violence in infancy and early childhood. *International Journal of Applied Psychoanalytic Studies*, 17(3), 232–245. <https://doi.org/10.1002/aps.1668>

NCADV. (2022). <https://ncadv.org/STATISTICS>

NCDV. (2021). *Domestic Abuse Statistics UK*. <https://www.ncdv.org.uk/domestic-abuse-statistics-uk/>

North Carolina State University Libraries. (n.d.). *Defining research data*.

<https://www.lib.ncsu.edu/do/data-management/defining-research-data>

Nyundo, A. A., Ismail, A., & Fawzi, W. (2023). Prevalence and Risk Factors of Depressive symptoms and Suicidal Behavior among Primary School Adolescents in Dar es Salaam, Tanzania. *Tanzania Medical Journal*, 34(2), Article 2. <https://doi.org/10.4314/6a59rn85>

Ojwang, J. (2024, February 16). *Nigeria human rights commission reports increase in domestic human rights violations*. <https://www.jurist.org/news/2024/02/nigeria-human-rights-commission-reports-increase-in-domestic-human-rights-violations/>

Presentati, A., Napp, A.-K., Dessauvagie, A. S., Stein, D. J., Jonker, D., Breet, E., Charles, W., Swart, R. L., Lahti, M., Suliman, S., Jansen, R., Heuvel, L. L. van den, Seedat, S., & Groen, G. (2021). The prevalence of mental health problems in sub-Saharan adolescents: A systematic review. *PLOS ONE*, 16(5), e0251689. <https://doi.org/10.1371/journal.pone.0251689>

Rasool, S. (2021). *Adolescent Exposure to Domestic Violence in a South African City: Implications for Prevention and Intervention*. <https://doi.org/10.1007/s12147-021-09279-2>

Rothbaum, F., Rosen, K., Ujiie, T., & Uchida, N. (2002). Family systems theory, attachment theory, and culture. *Family Process*, 41(3), 328–350. <https://doi.org/10.1111/j.1545-5300.2002.41305.x>

Rumjaun, A., & Narod, F. (2020). Social Learning Theory—Albert Bandura. In B. Akpan & T. J. Kennedy (Eds.), *Science Education in Theory and Practice: An Introductory Guide to*

Learning Theory (pp. 85–99). Springer International Publishing.

https://doi.org/10.1007/978-3-030-43620-9_7

- Saxbe, D., Khoddam, H., Piero, L. D., Stoycos, S. A., Gimbel, S. I., Margolin, G., & Kaplan, J. T. (2018). Community violence exposure in early adolescence: Longitudinal associations with hippocampal and amygdala volume and resting state connectivity. *Developmental science*, 21(6), e12686. <https://doi.org/10.1111/desc.12686>
- Sharp, C., Vanwoerden, S., Jouriles, E., Godfrey, D., Babcock, J., McLaren, V., McFarlane, J., Brashear, B., Walton, Q., & Temple, J. (2020). Exposure to interparental intimate partner violence and the development of borderline features in adolescents. *Child Abuse & Neglect*, 103. <https://doi.org/10.1016/j.chiabu.2020.104448>
- Shorey, S., Debby, E., & Wong, C. (2021). *Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis*, 61(2) 287-305. <https://doi.org/10.1111/bjc.12333>
- Smiley, A., Moussa, W., Ndamobissi, R., & Menkiti, A. (2021). The negative impact of violence on children's education and well-being: Evidence from Northern Nigeria. *International Journal of Educational Development*, 81. <https://doi.org/10.1016/j.ijedudev.2020.102327>
- Southern, S., & Sullivan, R. D. (2021). Family Violence in Context: An Intergenerational Systemic Model. *The Family Journal*, 29(3), 260–291. <https://doi.org/10.1177/10664807211006274>
- UNICEF. (2020, July 16). *The 2019 Violence Against Children Survey (VACS) | UNICEF Kenya*. <https://www.unicef.org/kenya/reports/The-2019-Violence-Against-Children-Survey>.

Van Eldik, W. M., de Haan, A. D., Parry, L. Q., Davies, P. T., Luijk, M. P. C. M., Arends, L. R., & Prinzie, P. (2020). The interparental relationship: Meta-analytic associations with children's maladjustment and responses to interparental conflict. *Psychological Bulletin*, *146*(7), 553–594. <https://doi.org/10.1037/bul0000233>

Voxco. (2021). *Descriptive survey design*.

<https://www.voxco.com/blog/descriptive-survey-design/>

Vyas, S., Jansen, H. A. F. M., Gardner, J., Tuladhar, S., Hammond, K., & Diemer, K. (2023). An analysis of changes in the prevalence and patterns of intimate partner violence against women in seven Asian countries. *BMC Women's Health*, *23*(1).

<https://doi.org/10.1186/s12905-023-02534-6>

Wairimu, W. B., Keraka, M., & Mutabazi, M. (2023). Exploring the Types of GBV Reported in Kibera Slums and the Available Interventions. *International Journal of Health and Psychology Research*, *11*(1), 15–21. <https://doi.org/10.37745/ijhpr.13/vol11n11521>

Walker-Descartes, I., Mineo, M., Condado, L. V., & Agrawal, N. (2021b). Domestic Violence and Its Effects on Women, Children, and Families. *Pediatric Clinics of North America*, *68*(2), 455–464. <https://doi.org/10.1016/j.pcl.2020.12.011>

WHO. (2021a). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>)

WHO. (2021b). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

WHO. (2022). *Preventing intimate partner violence improves mental health*.

<https://www.who.int/news/item/06-10-2022-preventing-intimate-partner-violence->