

Effectiveness of African Inland Church In-Reach Pastoral Programs on Domestic and Gender-Based Violence in Baringo Central, Kenya

Charles Chirchir Moindi, David Kipkorir Kiptui

Department of Social Sciences, Kisii University, Nairobi, Rift Valley, Kenya

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ABSTRACT

Domestic gender-based violence (DGBV) remains a persistent challenge in Kenya, including within Christian families, despite teachings that emphasize human dignity and non-violence. In Baringo County, where the Africa Inland Church (AIC) is predominant, high levels of DGBV reveal a disconnect between church teachings and lived realities, raising questions about the effectiveness of church interventions. This study assessed the impact of AIC in-reach pastoral programs in addressing and reducing DGBV in the Baring Central Region. Guided by the Triangular Theory of Love and Family Systems Theory, the study employed a descriptive research design targeting a population of 1,500, with a sample of 306 respondents determined using Krejcie and Morgan's (1970) formula. Data were collected through questionnaires, in-depth interviews, and focus group discussions, then analyzed using content, narrative, and thematic approaches, and presented via frequency tables, charts, and verbatim excerpts. Findings provide insights into the role of pastoral programs in mitigating DGBV within church communities.

Keywords: Domestic Gender-Based Violence, Africa Inland Church, Pastoral Programs, Christian Families, Baringo Central region

BACKGROUND OF THE STUDY

Domestic Gender-Based Violence (DGBV) is a pervasive global problem that continues to undermine human dignity, family stability, and societal wellbeing. It cuts across cultures, religions, and socio-economic classes, threatening the family as the basic unit of society (Musune, 2015). Although Christian theology affirms the sanctity of human life and teaches that all persons are created in the image of God (Genesis 1:27), evidence shows that Christian families and church communities are not immune to domestic gender-based violence. DGBV manifests within Christian contexts through intimate partner violence, parent-child abuse, and violence among church members, thereby exposing a troubling contradiction between Christian teachings and lived realities (Bonevac, 2010). This paradox raises critical questions about how churches, as moral and pastoral institutions, respond to violence within their own membership.

Globally, DGBV remains alarmingly widespread. According to the World Bank (2018), approximately 35% of women worldwide have experienced physical or sexual violence by an intimate partner, while over half of women intentionally killed in 2017 were murdered by family members or intimate partners. Although women bear the greatest burden of DGBV, emerging scholarship recognizes the phenomenon as a trans-gender problem. Studies indicate that men also experience domestic violence, though often in less visible forms and with significantly lower reporting rates due to cultural stigma and notions of masculinity (Manzanga, 2020). This gendered silence obscures the full scope of DGBV and limits comprehensive pastoral and institutional responses.

Within Christian communities, the problem is compounded by theological misinterpretations, cultural norms, and a pervasive "culture of silence." Scholars argue that churches often misconstrue the nature, magnitude, and consequences of DGBV, resulting in inadequate pastoral engagement (Tracy, 2007). Victims are frequently encouraged to endure abuse for the sake of family unity or church reputation, while scripture is sometimes misused to justify submission and silence. Such practices not only perpetuate suffering but also undermine the

church's moral authority and pastoral mission. Studies from the United States, United Kingdom, Australia, New Zealand, Latin America, and Africa consistently reveal that while faith communities condemn violence in principle, many lack structured mechanisms for prevention, reporting, pastoral care, and recovery for victims within their congregations.

In Africa, DGBV is deeply embedded in social, cultural, and religious contexts. Research from South Africa, Zambia, and Zimbabwe demonstrates that domestic violence affects both women and men across social strata, including church members and clergy. Despite strong doctrinal opposition to violence, many churches remain ill-equipped to address DGBV practically, with responses often limited to preaching rather than structured pastoral interventions (Chisale, 2020; Chitando & Chirongoma, 2013). The absence of coordinated, church-based support systems continues to weaken faith-based responses to the crisis.

In Kenya, DGBV is widespread despite legal reforms and public awareness campaigns. National data indicate high levels of physical and sexual violence against women, alongside increasing but underreported violence against men (KDHS, 2015; Onwumere, 2012). While the church plays a significant role in community life and moral formation, studies reveal gaps in its capacity to address DGBV effectively among its members (Wanjiru et al., 2013; Nkaabu, 2023). Specifically, there is limited evaluation of in-reach pastoral care programs that target victims within church membership, and little attention to inclusive, gender-sensitive approaches.

Baringo County presents a particularly urgent context for this study. Despite being predominantly Christian and having Africa Inland Church as the leading denomination (KNBS, 2019), the county records some of the highest rates of domestic gender-based violence nationally (NCRC, 2020). Cultural barriers, underreporting, especially among men and limited church-based intervention structures exacerbate the problem. This paradox between high Christian affiliation and high prevalence of DGBV underscores a critical pastoral and institutional gap. Consequently, this study seeks to assess in-reach pastoral care programs of the Africa Inland Church in Baringo Central Region, with a view to understanding their effectiveness, and capacity to respond to victims of domestic gender-based violence within the church community.

Statement of the Problem

Domestic gender-based violence (DGBV) remains a widespread social problem in Kenya, including within Christian families and church communities, despite Christian teachings that promote human dignity, love, and non-violence. In Baringo County, where the Africa Inland Church (AIC) is the leading denomination, the persistence of high levels of DGBV presents a troubling contradiction between faith teachings and lived realities, raising concern about how effectively the church responds to violence among its own members.

Although the AIC is well placed to provide in-reach pastoral care to victims of domestic gender-based violence, existing responses are often constrained by cultural norms, theological misinterpretations, gender bias, and a culture of silence that discourages disclosure. In addition, most church-based studies and interventions focus mainly on women and emphasize outreach rather than in-reach pastoral support. Consequently, there is limited empirical evidence on the nature and effectiveness of in-reach pastoral care programs for DGBV victims within the AIC in Baringo Central Region, necessitating this study.

LITERATURE REVIEW

Domestic gender-based violence (DGBV) remains a pervasive social and moral concern affecting both women and men, with women being the majority of victims in most contexts. The church, as a moral and pastoral institution, has a unique role in addressing DGBV by promoting values of respect, love, forgiveness, tolerance, and dignity (Ephesians 4:2; Tomalin, 2015). Studies indicate that in several African contexts, churches have initiated programs to address DGBV, including capacity building for pastors, reinterpretation of biblical texts, and pastoral counseling for victims. For instance, the Anglican Diocese of Manicaland in Zimbabwe launched the 'Tamar Campaign' to reframe harmful biblical interpretations and foster dialogue between men and women on gender-based violence issues (Magezi & Manzanga, 2019). Similarly, pastors are trained in hermeneutical skills to provide effective counseling and guidance to victims (Magezi, 2018), and church teachings reinforce non-violence through scriptural passages such as Psalm 11:5, Malachi 2:16, and Colossians 3:19.

In addition to pastoral education, churches employ group-based strategies, premarital counseling, and direct victim support to reduce DGBV. Group interventions provide safe spaces for dialogue, community support, and stigma reduction (Bryant-Davis et al., 2011; Parsitau, 2011). Premarital counseling strengthens relationships, communication, and problem-solving skills, lowering the likelihood of marital conflict and domestic violence (Iyeke, 2023; Parhizgar et al., 2017). Direct support initiatives, including counseling, therapy, rehabilitation, and accompaniment, empower victims to recover psychologically and socially (Ager et al., 2015; Njagi, 2017; Thekla & Ryan, 2021). Furthermore, engagement with community and traditional leaders enhances the church’s capacity to influence cultural norms and implement localized interventions against DGBV (Herstad, 2009; Beasley et al., 2010). Faith leaders’ authority and influence position them to coordinate interventions and advocate for victims effectively (Tomkins et al., 2015; McLemore, 2018).

Despite these efforts, gaps remain in the scholarship and practice of in-reach pastoral care. Many studies focus primarily on outreach, advocacy, or awareness campaigns, while insufficient attention is given to structured in-reach pastoral programs targeting victims within church membership. The experiences of male victims are under-researched due to cultural stigmas, leaving interventions largely gender-biased. Additionally, few studies evaluate the effectiveness of pastoral programs, their integration with community and institutional actors, or the challenges churches face in implementing these initiatives. Addressing these gaps is critical for developing inclusive, contextually responsive, and effective church-based interventions against domestic gender-based violence in Baring Central Region, Kenya.

METHODOLOGY

The study used the Triangular Theory of Love and Family Systems Theory to guide understanding AIC in-reach programs. Triangular theory looks at the aspects of church leaders strengthening intimacy, passion, and commitment in marriages to reduce DGBV. While Family Systems theory further aids these efforts by addressing dysfunctional family patterns and guiding interventions that target the root causes of domestic violence within the congregation. Target population, sample size and sampling techniques are as shown in table 1.

Table 1: The Sample Size

Target group	Target Population	Sampling procedure	Sample Size	Percentage
Church leaders	150	Purposive	45	14.7%
Victims of DGBV	700	Snowballing	140	45.8%
Family Members	600	Simple Random	100	32.7%
Government Officials	50	Purposive	21	6.9%
Total	1500		306	100%.

Source: Researcher (2026)

Data were successfully collected from 292 respondents, yielding a response rate of 95.4%, while 14 sampled individuals did not participate. It was collected using questionnaires administered to church and family members to obtain broad, quantifiable information on experiences and perceptions of DGBV. In-depth interviews were conducted with church leaders and government officials to gather detailed insights, expert opinions, and contextual understanding of the institutional responses to DGBV. Focus Group Discussions were employed with victims of DGBV to capture shared experiences, personal narratives, and group perspectives. The data from the three tools were triangulated to strengthen the validity of the study. Quantitative data were analyzed using a Likert scale arrangement, while qualitative data were analyzed thematically and presented verbatim.

RESULTS AND DISCUSSIONS

The study discussed the findings from the field regarding the effectiveness of Africa Inland Church (AIC) in-reach programs in addressing domestic gender-based violence (DGBV) within Baringo Central Region. The responses from the questionnaire are shown in table 1.

Table 2: Africa Inland Church in-reach pastoral programs in Baringo Central Region, Kenya

Item	D	SD	N	A	SA	Total
There is proper training of pastors through seminars and workshops to strengthen their biblical interpretation	R-5 %-5.1	11 11.2	9 9.2	53 54.1	20 20.4	98 100%
The church has advocacy programs to create awareness of the DGBV amongst her members	R-6 %-6.1	52 53.1	8 8.2	22 22.4	10 10.2	98 100%
There are open community based forums for dialogues between women and men on GBV issues	R-9 %-9.2	50 51.0	14 8.2	17 17.3	8 8.2	98 100%
There are pastoral counseling programs to check domestic violence among church members	R-2 %-2.0	15 15.3	10 10.2	46 46.9	25 25.5	98 100%
Premarital counseling help to reduce DGBV cases in the church	R-3 %-3.1	21 21.4	7 7.1	25 25.5	42 42.9	98 100%

Key: R – Respondents, %-Percentage

Source: Field Data, (2026)

Table 2 presents questionnaire thematic results of objective one. On pastoral training and Biblical interpretation of DGBV, the findings indicate a generally positive assessment of the AIC’s efforts in the Baringo Central Region to equip pastors through seminars and workshops that strengthen biblical interpretation of domestic and gender-based violence (DGBV). Questionnaire data show that a strong majority of respondents (73; 74.5%) affirmed that pastors receive adequate theological training to educate church members on DGBV. These quantitative findings were supported by participants in the interviews who informed:

The AIC invests much in the training of pastors for the spiritual development of the faithful. This informed by the fact that without trained pastors, then there will be no AIC and so to spiritual growth of its members (KINF 27).

The strong endorsement indicates that, through clerical formation and ongoing ministerial education, the church has invested significantly in enhancing pastoral capacity to address violence from both biblical and ethical perspectives. This widespread support for pastoral training reflects the AIC’s institutional recognition of the role theological interpretation plays in shaping attitudes toward violence within Christian households. Seminars and workshops serve as critical forums for re-examining scriptural texts that have historically been misused to justify male dominance, the subjugation of women, or the endurance of abuse. By strengthening pastors’ interpretive skills, these initiatives enable clergy to promote non-violent, justice-oriented theological narratives that uphold human dignity, mutual respect, and accountability. The finding agrees with West (2016) and Chitando and Chirongoma (2019), who highlight the transformative potential of theological education in challenging religious discourses that perpetuate gender-based violence.

Despite this generally positive assessment, the 16 (16.3%) of respondents who did not agree that pastors are adequately trained highlights notable gaps in the reach, consistency, or effectiveness of these training initiatives. As one FGD participant observed:

Pastors are well trained to preach the Word of God, however, it is honest to say that they are not well trained in matters of family life, especially in conflict management, resolution and transformation. Domestic gender violence is a matter that most pastors in the AIC are not well informed. They may have natural insights and gifts to handle such matters but not a formal and technical skills to address them (FGD 17).

The dissenting minority represents congregants who have not observed tangible changes in pastoral preaching, counseling, or disciplinary practices addressing domestic and gender-based violence (DGBV). This aligns with findings by Le Roux and Loots (2017), which demonstrate that formal training alone does not automatically produce transformative pastoral practice; its effectiveness depends on institutional accountability, sustained mentoring, and clearly articulated policy frameworks. The 9 respondents (9.2%) who adopted a neutral stance

further suggest uncertainty about the content or impact of pastoral training. Such neutrality may stem from limited transparency around seminars and workshops, the clerical nature of training processes that remain largely invisible to lay members, or inconsistent communication of theological insights on DGBV within congregational spaces. Together, these responses reveal an implementation gap between clergy education and congregational awareness, underscoring the need for deliberate dissemination of training outcomes through sermons, Bible studies, and structured teaching programs.

An important implication is the paradox between the widespread perception of adequate pastoral training and earlier findings indicating limited ecclesial progress in reducing domestic violence. While pastors may be theoretically equipped, structural, cultural, and pastoral constraints appear to hinder practical application. Entrenched patriarchal norms, reluctance to confront influential congregants, prioritization of marital preservation over victim safety, conservative theological interpretations, and weak referral linkages to professional support services all restrict the translation of theological knowledge into effective intervention. Consequently, meaningful change requires not only education but also institutional reform, accountability mechanisms, and integrated support systems that enable pastors to act decisively and safely in addressing DGBV.

Regarding church advocacy programs and awareness creation on DGBV, the findings reveal a predominantly negative perception of their existence and effectiveness within the AIC in Baringo Central Region, Kenya. A majority of respondents (58; 59.2%) disagreed that the church has active advocacy programs addressing DGBV, 8 (8.2%) were undecided, and only 32 (32.6%) affirmed that such initiatives exist. The view on lack of advocacy programs was also reiterated by a participant in the interviews who informed:

Many churches prioritize spiritual well-being, such as prayer and moral teaching, while giving limited attention to social realities that harm the church's integrity, including violence and injustice. This over-spiritualization treats pastoral challenges as purely spiritual problems, ignoring their psychological, social, and legal dimensions. As a result, critical issues affecting members' dignity and safety remain insufficiently addressed (KINF 9).

These findings suggest that, despite the church's pastoral presence and moral influence, advocacy-oriented interventions addressing DGBV remain limited, poorly institutionalized, or inadequately communicated to the wider congregation. The perception that the church is not investing in such programs highlights a significant weakness in the preventive and educational dimensions of its response. Initiatives like awareness campaigns, public sermons on violence, community dialogues, men's engagement forums, and partnerships with civil society organizations are crucial for challenging harmful norms and breaking the culture of silence that often surrounds domestic violence.

The absence or low visibility of advocacy initiatives indicates that the church's engagement with DGBV remains largely reactive and individualized, rather than proactive and structural. The findings are consistent with Phiri (2008) and Nason-Clark (2015), who note that many faith-based responses to gender-based violence prioritize pastoral counseling over public advocacy, limiting the church's ability to shape collective attitudes and behaviors. The proportion of undecided respondents, though smaller, is analytically significant: the 8 (8.2%) who were neutral may reflect uncertainty about what constitutes advocacy or limited exposure to church-led awareness activities. Such neutrality highlights gaps in education, communication, and congregational participation, suggesting that existing advocacy efforts are sporadic, localized, or confined to specific groups, such as women's fellowships or youth ministries. In these cases, advocacy fails to become part of the church's institutional identity, appearing peripheral rather than central to its mission. This underscores the need for clearly defined advocacy frameworks and consistent messaging across all congregational structures.

The 32 (32.6%) respondents who acknowledged the existence of advocacy programs suggest that some awareness-raising activities are taking place within certain congregations or contexts. These positive perceptions likely stem from targeted initiatives, such as occasional sermons condemning violence, observance of international days related to family or women's rights, or informal collaborations with local administrators and NGOs. However, the fact that fewer than one-third of respondents recognize these efforts indicates that

advocacy remains unsystematic, intermittent, and insufficiently visible to be regarded as a core function of the church.

When triangulated with earlier findings that pastors are perceived as well-trained in biblical interpretations of DGBV, the limited visibility of advocacy programs highlights a critical implementation gap. While theological capacity exists at the clerical level, it is not consistently translated into outward-facing, congregational advocacy initiatives. This gap reflects institutional caution, concerns about politicizing the pulpit, or tensions between prophetic advocacy and pastoral neutrality in culturally sensitive contexts. In patriarchal settings such as Baringo Central, public advocacy against domestic violence can be seen as confrontational or disruptive to traditional family structures, prompting church leaders to adopt more restrained approaches.

Regarding open community-based forums on GBV, the findings indicate a predominantly negative perception of their existence within the AIC in Baringo Central Region, Kenya. A majority of respondents (59; 60.2%) reported that such platforms do not exist, 14 (8.2%) were neutral, and only 25 (25.5%) affirmed that community-based forums addressing GBV are present. This data was corroborated with that from the interviews as a participant opined:

I have been a member of the AIC such for a considerable number of years. We have had so many church activities, but there is little or none of structured forums where the Christian community can openly talk about this critical menace of DGBV. Domestic violence is only addressed from a personal perspective where those families or couples that have personal conflicts report to the pastor. This being a social vice should be constantly addressed by the church (KINF 27).

Open community-based forums on DGBV provide safe spaces for awareness, dialogue, and collective learning, helping to break silence and challenge harmful norms. By connecting survivors, faith leaders, and community stakeholders, such forums strengthen prevention and response through shared solutions and support systems. However, the findings indicate that structured, inclusive spaces for collective engagement on GBV are largely absent or insufficiently visible within the church's outreach and in-reach strategies. The perception that these dialogue forums are lacking points to a significant shortfall in participatory and preventive approaches. Forums that bring together women and men are especially critical for fostering shared reflection, mutual accountability, and the deconstruction of harmful gender norms that normalize violence. Their apparent absence suggests that DGBV continues to be treated primarily as a private or pastoral issue rather than a communal concern requiring collective moral deliberation. This is in tandem with Jewkes et al. (2015), who emphasize that the lack of safe, dialogical spaces reinforces silence and stigma, particularly in patriarchal contexts where power asymmetries limit women's voices.

The proportion of neutral respondents, 14 (8.2%), further underscores ambiguities in communication and participation. Neutrality may reflect limited awareness of any existing forums, irregular or informal dialogue initiatives, or uncertainty about whether church-led discussions qualify as open and community-based. It suggests that where dialogue opportunities may exist, they are not institutionalized, consistently scheduled, or clearly framed as GBV-focused forums. Consequently, such initiatives may fail to achieve broad community recognition or sustained engagement.

The minority of respondents, 25 (25.5%), who acknowledged the existence of community-based forums suggests that some localized or episodic efforts are being undertaken. A participant in support informed:

In the AIC, family visits provide opportunities to address various issues, including GBV. However, these visits are largely informal and their effectiveness in addressing cases and issues of DGBV depends on the level of skill and preparation of church members involved in the visits (KINF 43).

The findings acknowledge the existence of open community forums, including *ad hoc* discussions during church gatherings, joint meetings of men's and women's fellowships, and community forums convened in response to specific incidents of violence. While these efforts are valuable, their limited recognition indicates that they are not part of a coherent or systematic church strategy. This agrees with Le Roux and Loots (2017), who note that reliance on sporadic or leader-driven initiatives often results in uneven coverage and minimal

long-term impact, as observed in studies of faith-based community engagement on GBV in sub-Saharan Africa.

When considered alongside earlier findings that pastors are perceived as adequately trained in GBV and biblical interpretation, the absence of structured community dialogue forums reveals a critical gap between clerical capacity and participatory practice. Although theological knowledge and pastoral awareness exist, they do not appear to translate into inclusive, community-level engagement. Cultural resistance to open discussion of family matters, fear of public conflict, and concerns that mixed-gender forums could challenge traditional authority structures often lead religious institutions to favor controlled, internal discussions over open dialogue, limiting their transformative potential.

Collectively, these findings indicate that the AIC in Baringo Central has not sufficiently institutionalized open, gender-inclusive community forums as a core component of its GBV response. The predominance of negative perceptions underscores the need for dialogical and participatory approaches that engage both women and men as agents of change. Establishing regular, well-publicized community forums would foster collective ownership of GBV prevention, challenge entrenched norms, and strengthen relationships between pastoral leadership and the wider community.

The findings reveal a generally positive perception of pastoral counseling programs for victims of domestic and gender-based violence (DGBV) within the Africa Inland Church (AIC) in Baringo Central. A substantial majority of respondents (71; 72.4%) affirmed their existence, while 17 (17.3%) perceived them as absent and 10 (10.2%) remained undecided. These results were further supported by insights from FGD participants, who highlighted the presence and accessibility of pastoral counseling services for DGBV victims.

When I had issues of intimate partner violence, I talked with my pastor who sought for us a counsellor. The counselor took us through sessions of marriage counselling and our problem was resolved. Now we are living as a happy family. However, I must also point out that the AIC should have well trained church members in matters of counseling who can integrate spiritual development with such social vice of gender violence (FGD 8).

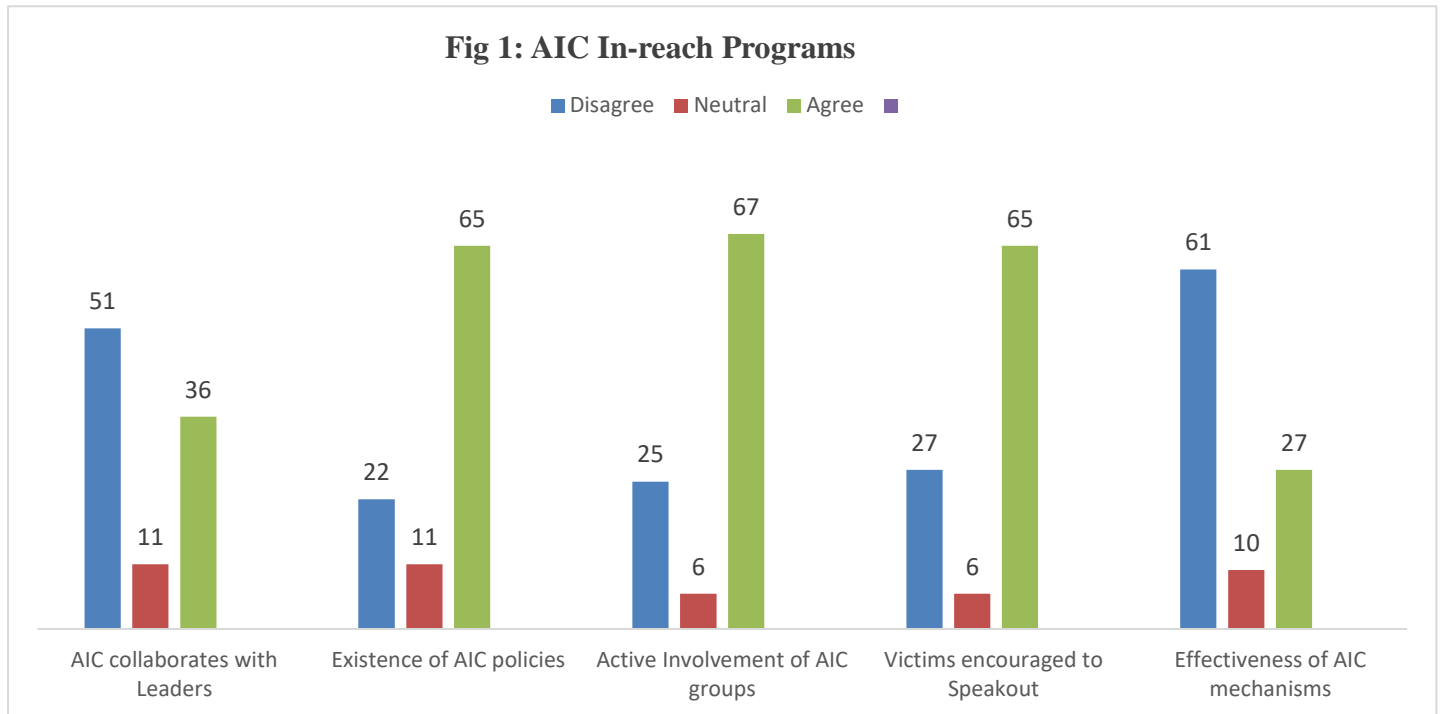
The findings indicate that pastoral counseling is one of the most visible and recognized components of the church's internal response to DGBV, underscoring its centrality within the AIC's pastoral care framework. Counseling services, deeply embedded in church life, are often perceived as the most accessible and culturally acceptable form of support for individuals experiencing domestic violence. The high level of awareness and affirmative responses suggests that victims and congregants know where to seek guidance, emotional support, and spiritual care from pastors or designated church counselors. This aligns with Nason-Clark (2015) who identifies pastoral counseling as the primary entry point for faith-based responses to intimate partner violence, particularly in contexts where formal psychosocial services are limited or stigmatized.

However, the presence of a notable minority of respondents who either disagreed or were undecided highlights important limitations in the reach and effectiveness of pastoral counseling programs. The 17.3% who denied the existence of such programs may reflect experiences in which counseling is informal, ad hoc, or dependent on individual clergy availability rather than structured institutional systems. Similarly, undecided respondents may lack clarity on whether counseling services are specifically designed for DGBV victims or are part of general pastoral care. This ambiguity suggests that, while counseling exists, it is not always clearly defined, publicized, or distinguished from routine spiritual guidance.

When considered alongside earlier findings on weak advocacy initiatives and limited community-based dialogue forums, a critical insight emerges: the church's response to DGBV appears predominantly remedial rather than preventive. Pastoral counseling often intervenes after violence has occurred, focusing on healing and reconciliation, but may not address the structural, cultural, and relational factors that enable violence. While counseling is indispensable, its effectiveness is constrained if not complemented by advocacy, awareness-raising, and community engagement.

Concerns regarding faith-based counseling approaches further underscore these limitations. Without specialized training in trauma-informed and gender-sensitive care, pastoral counseling risks prioritizing

forgiveness, endurance, or marital preservation over survivor safety and empowerment. The minority skepticism reflected in the findings may signal apprehension about the adequacy, confidentiality, or victim-centeredness of these services. This highlights the importance of integrating professional referral mechanisms, safeguarding policies, and continuous training to ensure that pastoral counseling promotes justice and healing rather than inadvertently reinforcing harmful norms. The study continued with other in-reach programs as illustrated in figure 1.



Source: Field Data, (2026)

Results in Figure 1 further extend the theme of AIC in-reach programs in addressing DGBV, particularly regarding collaboration with traditional and community leaders in Baringo Central Region, Kenya. The findings reveal mixed perceptions: a majority of respondents (51; 52.0%) denied the existence of such collaboration, 11 (11.2%) were neutral, and 36 (36.7%) affirmed that the church partners with traditional and community leaders to combat DGBV. Participants in the FGDs asserted:

The collaboration between the Africa Inland Church (AIC) and non-church stakeholders in addressing domestic gender-based violence (DGBV) remains inadequate. The church appears insufficiently prepared in this area and tends to operate in isolation, despite lacking the full capacity to effectively address gender-based violence within its membership. This gap undermines the church’s effectiveness and highlights an area the AIC must address to remain relevant and effective in its family apostolate (FGD 16).

The predominance of negative perceptions highlights a significant gap in multi-sectoral engagement, which is critical for addressing the complex social problem of DGBV. Collaboration with traditional elders, local administrators, and community opinion leaders is particularly important in Baringo Central, where customary authority structures continue to shape social norms, conflict resolution processes, and family relations. The limited visibility or absence of such partnerships suggests that the church’s response remains largely inward-focused, relying primarily on pastoral mechanisms rather than broader community-based strategies. The findings are supported by Jewkes et al. (2015) who emphasize that sustainable GBV prevention through faith-based interventions requires coordinated action across religious, cultural, and civic institutions.

The proportion of neutral respondents further indicates ambiguity regarding the nature and scope of church–community collaboration. Such neutrality may reflect a lack of awareness of joint initiatives, informal or ad hoc engagements that are not publicly communicated, or uncertainty about whether interactions with community leaders extend beyond routine social relations to deliberate collaboration on DGBV. This suggests

that even where partnerships exist, they are not sufficiently institutionalized or communicated, limiting their perceived legitimacy and impact.

The minority of respondents who affirmed collaboration point to localized partnerships, such as mediation efforts, community peace meetings, or joint responses to specific incidents of domestic violence. These examples indicate that some pastors or congregations recognize the strategic value of engaging traditional and community leaders to reinforce anti-violence norms and promote social accountability. However, the limited reach of these collaborations suggests they rely heavily on individual leadership initiative rather than denominational policy or structured frameworks.

When considered alongside earlier findings on weak advocacy programs and limited community dialogue forums, the lack of widespread engagement with community leaders underscores a broader pattern of constrained outward-facing interventions. Despite strong pastoral training and counseling capacity, the church appears less effective in leveraging external social structures to address DGBV as a communal and cultural issue. This imbalance may stem from historical tensions between Christian institutions and traditional authority systems, concerns over conflicting moral frameworks, or uncertainty in navigating cultural practices that may perpetuate gender inequality.

On the aspect of existence and implementation of AIC policies addressing perpetrators of DGBV, the findings indicate a largely positive perception of the existence and implementation of AIC policies addressing perpetrators of domestic and gender-based violence (DGBV) in Baringo Central Region, Kenya. Quantitative data show that a substantial majority of respondents (65; 66.3%) affirmed these policies are in place and implemented, while 22 (22.5%) disagreed and 11 (11.2%) were undecided. Participants in the interviews informed:

The church's position supported by policies on DGBV is clear. Members of the church know this, and whenever one is found involved in gender violence, especially those in the leadership positions of the church, he or is immediately removed from the responsibility he holds. And if it happens within the lay membership of the church, church leaders are immediately involved to ensure that such happening does not spill out (KINF 34).

Policies do exist, but are too general; they are not specific in the ways of implementation. Furthermore, in the manner of implementation there is no clarity on how it relates with government policies on gender violence (KINF 12).

The findings suggest that formal regulatory frameworks are a recognized component of the church's institutional response to DGBV. High agreement on the existence of policies indicates that the Africa Inland Church has formalized its stance through documented guidelines, disciplinary procedures, and codes of conduct, moving responses beyond discretionary pastoral judgment to standardized practice. This institutionalization reinforces accountability, signals that DGBV is incompatible with Christian ethics, and agrees with Le Roux and Loots (2017), who highlight the importance of policy in legitimizing faith-based anti-violence action.

The presence of a significant minority of respondents who either disagreed or were undecided raises critical questions about the consistency, visibility, and enforcement of AIC policies on DGBV. The 22.5% who denied the existence of such policies may reflect experiences where disciplinary action is perceived as selective, lenient, or obscured by pastoral confidentiality, while undecided respondents may be uncertain about policy content, procedures, or outcomes. This lack of clarity undermines policy effectiveness, as rules require transparency and shared understanding to serve as deterrents and protective mechanisms.

Triangulated with earlier findings on weak advocacy and limited community engagement, these results suggest that policy frameworks often remain confined to internal church structures rather than integrated into broader preventive and educational strategies. Policies without awareness creation, reporting mechanisms, and survivor-centered safeguards risk being reactive and underutilized. In Baringo Central, strong kinship ties and patriarchal authority may further compromise enforcement, as social pressure to preserve harmony or protect influential individuals fosters skepticism among some congregants. The results also raise concerns about the

nature of the policies themselves. While their existence is recognized, it is unclear whether they are gender-sensitive, aligned with national legal frameworks, or grounded in trauma-informed principles. Without such alignment, policies may unintentionally prioritize repentance and reconciliation over justice, accountability, and survivor safety.

The findings indicate a predominantly positive perception of the AIC's use of women's and men's organizations, as well as prayer groups, in addressing DGBV within Baringo Central. Quantitative data show that a strong majority of respondents, 67 (68.4%), affirmed the active involvement of these church-based groups, while 6 (6.1%) were undecided and 25 (25.5%) expressed a contrary view. These results were further supported by FGD participants, who highlighted the role of such groups in mobilizing members, raising awareness, and providing spiritual and social support in efforts to combat DGBV.

We have church groups dedicated to various activities, including prayer, home visits, family life, and evangelism. Members of these groups are expected to serve as role models, and when a member is identified as having family issues that may escalate into violence, it is their mandate to intervene promptly and seek resolution. Through such actions, the church seeks to preserve its integrity and witness within the community (KINF 12).

The findings indicate that church groups and operations are central to the practical life and ministry of the AIC in Baringo Central. Informal, lay-led structures such as women's and men's organizations and prayer groups provide safe spaces for members to express challenges affecting family relationships and the wider church community. These groups are among the most visible and recognized mechanisms through which the church engages with issues of domestic and gender-based violence (DGBV), enabling early identification of problems and offering avenues for collective support and guidance.

A strong majority of respondents affirm the critical role of these groups in the social and spiritual life of the church. Functioning as accessible platforms for moral formation, peer accountability, and mutual support, they are particularly effective for addressing sensitive issues like DGBV. Their effectiveness is reinforced by regular meetings, relational intimacy, and cultural legitimacy, which allow discussions on family life, marital challenges, and moral conduct to take place in trusted, informal settings. This agrees with Nason-Clark (2015), who identifies small-group ministries as pivotal agents of behavioral change and norm diffusion within faith-based communities.

However, the presence of a significant minority (25.5%) who did not affirm this role raises important considerations. Dissent may reflect variations in how consistently these groups address DGBV, with some prioritizing spiritual devotion, social welfare, or church administration over violence prevention. Similarly, prayer groups, while valuable for spiritual support, may lack the theological and psycho-social tools required to provide victim-centered or transformative interventions. The relatively small proportion of undecided respondents further suggests that, although the activities of these groups are visible, there is ambiguity about whether they explicitly engage with DGBV or address it indirectly through teachings on love, respect, and family harmony.

When corroborated with earlier findings on limited advocacy programs and community-based dialogue forums, these results indicate that the AIC's engagement with DGBV is strongest within internal fellowship structures. While this inward focus leverages trust, continuity, and moral authority, it may limit the church's capacity to address DGBV as a broader social problem extending beyond congregational boundaries. Maximizing the impact of women's and men's organizations and prayer groups requires deliberate capacity building, clear guidelines, and integration with pastoral counseling, policy enforcement, and advocacy initiatives. Strengthening their theological, educational, and referral competencies would enable these groups to contribute not only to spiritual support but also to effective prevention and transformation in addressing DGBV.

On the theme of encouraging victims to speak out and seek help, the findings indicate a largely positive perception of the AIC's efforts. Quantitative data show that a substantial majority of respondents, 65 (66.3%), affirmed that the church actively encourages victims to disclose abuse and pursue assistance, while 6 (6.1%) were neutral and 27 (27.6%) expressed opposing views. These results suggest that the church has made notable

progress in fostering a climate that supports disclosure and help-seeking among DGBV survivors, even if challenges remain.

In my Christian community, victims of domestic gender-based violence (DGBV) are encouraged to speak out and not remain complacent in the face of mistreatment. They are advised to report their experiences directly to a spiritual leader, a pastor, or a trusted church member. Seeking solutions from non-church entities is generally discouraged, as church-related issues are expected to be addressed within the church environment. This approach is believed to preserve the spiritual integrity of both the church and its individual members (FGD 46).

The strong affirmative response suggests that many congregants perceive the AIC as a relatively safe and supportive space where victims of DGBV can share their experiences without immediate condemnation. Encouragement to speak openly represents a shift away from traditional norms of silence, endurance, and privatization of domestic violence common in patriarchal and collectivist contexts. By promoting disclosure, the church facilitates early intervention, access to pastoral counseling, and potential referral to external support services. This aligns with Nason-Clark et al. (2015), who highlight the role of faith communities in reducing stigma and legitimizing survivor narratives through moral affirmation and spiritual support.

However, the 27.6% of respondents who opposed this view indicate persistent barriers to disclosure within the church. These perceptions may arise from fear of social stigma, breaches of confidentiality, victim-blaming attitudes, or pastoral responses that prioritize reconciliation over survivor protection (Chitando & Chirongoma, 2019). The small proportion of neutral respondents further suggests inconsistencies in how encouragement is communicated across congregations, with some leaders actively inviting disclosure while others remain silent or indirect. Triangulated with earlier findings on strong pastoral counseling but weaker advocacy and community engagement, the results indicate that encouragement to disclose is largely confined to internal pastoral spaces. Without clear reporting pathways, confidentiality safeguards, and visible consequences for perpetrators, victims may be encouraged to speak but remain uncertain about the benefits or risks of disclosure.

Finally, on effectiveness of AIC measures against DGBV in Baringo Central Region, quantitative data show that 61 (62.2%) of respondents disagreed that church interventions are effective, while 10 (10.2%) were neutral and only 27 (27.5%) affirmed their effectiveness. This indicates a significant disconnect between the existence of multiple church-based initiatives, which include pastoral counseling, trained clergy, policies, and mobilized women's and men's organizations, and their perceived impact on reducing DGBV among church members.

The dominant negative perception suggests that, although these measures exist in form, they lack coherence, integration, or sufficient intensity to produce observable change. Fragmented or isolated interventions, particularly those focused primarily on internal pastoral care, are unlikely to yield measurable reductions in DGBV without complementary preventive, advocacy, and community-based strategies (Jewkes et al., 2015). The minority of respondents who perceived interventions as effective may reflect localized successes like counseling, prayer group support, or disciplinary action, but these appear uneven across congregations and insufficiently visible to shape broader perceptions. Neutral responses further point to uncertainty regarding outcomes, likely stemming from the private nature of domestic violence, limited monitoring, and low transparency in reporting or follow-up.

A critical insight emerging from these findings is the gap between institutional intent and lived experience. While the AIC has invested in training, policies, and internal support structures, cultural resistance, fear of social disruption, and prioritization of marital cohesion over survivor protection constrain their effectiveness. Moreover, the church's limited engagement with advocacy, open dialogue forums, and community collaboration undermines its capacity to address the structural and normative drivers of DGBV.

CONCLUSION

The study highlights the need for the Africa Inland Church in Baringo Central to adopt a holistic, coordinated, and outcome-oriented approach to DGBV, integrating pastoral counseling, advocacy, community dialogue, policy enforcement, and collaboration with traditional and civic leaders. By institutionalizing gender-sensitive practices, promoting transparency and accountability, and linking theological training with practical action, the church can transform its moral and spiritual authority into tangible reductions in violence.

RECOMMENDATION

The study recommends that the Africa Inland Church (AIC) in Baringo Central strengthen and institutionalize its in-reach programs by integrating DGBV prevention into counseling, fellowship groups, and marriage programs with clear, gender-sensitive guidelines. The church should expand advocacy and awareness through sermons, workshops, community dialogues, participatory forums, and partnerships with civil society, linking these efforts to counseling and policy enforcement. Finally, AIC should formalize survivor-centered counseling, clarify and enforce policies consistently, and collaborate with traditional and community leaders to create a holistic, sustainable, and culturally grounded approach to preventing and addressing DGBV.

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