Bindura University of Science Education

FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF SUSTAINABLE DEVELOPMENT

CHALLENGES FACED BY GBV SURVIVORS IN SAFE SHELTERS. A CASE STUDY OF MUSASA SAFE SHELTER IN HARARE, MARLBOROUGH.

DISSERTATION SUBMITTED TO THE FACULTY OF SCIENCE AND ENGINEERING IN PARTIAL FUFILMENT OF THE REQUIREMENTS OF BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES
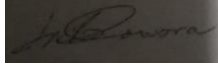
BY

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17 JUNE 2025

APPROVAL FORM

I certify that I have supervised Elizabeth Mawarire **B211887B** in undertaking the research titled: **CHALLENGES FACED BY GBV SURVIVORS IN SAFE SHELTERS. A CASE STUDY OF MUSASA SAFE SHELTER.** This is in partial fulfilment of the requirements of a Bachelor of Science, Honors Degree, in Development Studies of Geo Sciencesand hereby recommend it for acceptance by Bindura University of Science Education.

Signature   13/06/2025

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Chairperson of the Department Board of Examiners

The department board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to BUSE to accept this research project by Elizabeth Mawarire titled: Challenges faced by GBV survivors in safe shelters. A case study of Musasa safe shelter, in partial fulfilment of the Bachelor of Science, (Honors) Degree in Development Studies of Geo Sciences.
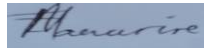
Chairperson

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DECLARATION FORM

I declare that the dissertation entitled **"Challenges faced by GBV survivors in safe shelters. A case study of Musasa safe shelter"** is my own work. I also declare that all sources I have used or quoted have been fully cited and acknowledged. I authorize Bindura University of Science Education to loan this dissertation to any individual for scholarly purposes only.

Name: Elizabeth Mawarire.

Signature:

Date: 17/06/2025

DEDICATION

This dissertation is dedicated to my loving parents, friends and other relatives who made it possible for me to study this degree program through their financial and emotional support from day one. Also to the university that made it possible for me to reach this level and be able to understand most of the work I did in this report and my supervisor and lecturers who also made it possible for me to reach this level of education through their guidance and support. I love you so much, may the dear Lord continue to bless you.

ACKNOWLEDGEMENT

I would like to thank many people who helped me to make my research project a success. First, I would like to thank my supervisor Dr J. Bowora, who helped and guided me from the beginning to the end of the research. I would also like to express my appreciation to my mother and my father for their caring love and heart. Most of all, my appreciation goes to GOD ALMIGHTY for guiding me and making the whole process successful.

ABSTRACT

The study was finding the challenges faced by GBV survivors in safe shelter focusing on Musasa Safe Shelter. The research's main objectives were to analyze some types of the challenges faced by women in Musasa safe shelter, to examine the effects of these challenges to women in Musasa safe shelter, to assess the support given to the survivors by different institutions and to recommend improved strategies of helping women in Musasa safe shelter. The study used case study research design, qualitative and quantitative approach designs and data was collected using key informant interview guides, in-depth interviews and questionnaires for the survivors, caregivers and institution representative. Twenty women from the shelter participated in the research. Data was presented in a thematic method, which was divided into subtopics that related to the response of the research instruments. The researcher used thematic analysis to identify themes related to the challenges faced by GBV survivors in safe shelters and each objective was analyzed and presented in both quantitative and qualitative methods. The study found that GBV survivors face several challenges such as lack of resources, inadequate support services and stigma associated with seeking help. The study also identified themes related to the need for privacy, safety and security in safe shelters. From the analysis of the findings, the research noted that GBV survivors in safe shelters face numerous challenges such as stress, depression, self-blame, anxiety and fear and have low self-esteem, isolation, stigma and discrimination, financial instability, mood disorder and post-traumatic stress disorders. The study revealed that these difficulties are caused by the economic dependence on the abuser especially married women, the community and family support systems played an important role in victimization, inhumane treatment on the GBV survivor which caused further harm on the victim. The study also found out women often blame themselves for economic abuse hence safe shelter provide livelihood skill training to equip and empower the survivor to generate means of income reducing economic dependency of women on men hence improve the quality of life and standards of living.

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CHAPTER 1: INTRODUCTION AND BACKGROUND OF STUDY.

1.0 Introduction

Gender based violence is a significant public health concern globally. Gender based violence survivors are a vulnerable group in the society and they face multifaceted physical, psychological, economic and social challenges that require both short and long term care and support. One key intervention for gender based violence survivors is providing safe shelters. However, despite the potential benefits of safe shelters, there are still challenges faced by gender based violence survivors in these shelters including physical injuries, sexual transmitted infections, HIV/AIDs, unplanned pregnancies, social issues such as social withdrawal/ isolation, stigma and lack of support and mental health issues such as depression, post-traumatic stress disorder and anxiety. There are also challenges faced by caregivers in mitigating these challenges for gender based violence survivors. This research aims to explore the challenges, strategies used by caregivers and the government to mitigate the challenges faced by gender based violence survivors in safe shelters. This chapter looks at the background of study, statement of problem, aim of the study, study objectives guiding the study, research questions of the study, assumptions of the study, justification of the study, location of the study, delimitation of the study, limitations of the study, key words of the study and chapter layout.

1.1 Background of the study

Gender-based violence (GBV) is a pervasive human rights issue affecting millions around the world. The United Nations estimates that one in three women experience physical or sexual violence in their lifetime (UN Women, 2020). Safe shelters provide critical refuge for GBV victims, offering protection, support and empowerment. Gender based violence seems to be a significant social problem in developing countries like Zimbabwe. It has affected the physical, socio-economic and psychological wellbeing of survivors. Gender based violence affects the survival, development, protection, provision and participation of women in their lives. The continuous perpetration of violence on women has however increased the likelihood of traumatic experience on women which in turn affect both psychological, social and economic status of women. Children have been left to reap the negative effects of Gender Based Violence because their vulnerability comes from the fact that they are emotionally, economically dependent on women. Victims of Gender Based Violence often face victimization from the community, traditional family systems hence have left women without access to justice in most cases.

Economic dependence on the perpetrator or the abuser has contributed significantly to vulnerability of women even if women they get help through Safe homes they tend to return to their abuser. Sharma and Gupta (2008) contend that, survivors of GBV experience psychological trauma in the form of depression, guilt, shame and loss of self-esteem. They also suffer rejection from spouses, unwanted pregnancies, unsafe abortions, health complications and early marriages. WHO (2013) notes that, GBV seriously affects all aspects of women's health that is, physical, sexual and reproductive, mental and behavioral health. Health impacts of GBV can be immediate and critical, as well as long lasting and chronic. Negative health consequences may persist long after the violence has stopped.

Because of culture and patriarchy, traditional institutions like the family have greatly contributed to the difficulties that women face in both their own homes and safe houses. As many survivors choose to suffer in silence rather than risk stigmatization, gender-based violence (GBV) remains both prevalent and vastly under-reported (Spotlight Initiative, 2021). Section 16 of the Zimbabwean Constitution of 2013 declares that culture is an essential part of our heritage because it shapes people's identities, necessitating support to uphold and preserve cultural practices. Family support systems have the obligation to support social solidity, harmony and prosperity for everyone. Culture has increased susceptibility of women to Gender Based Violence given that family support figures such as aunts have the responsibility of resolving family conflicts, mold and provide mutual support on the other hand perpetuate violence as it exposes women to verbal abuse and eventually leads to psychological abuse. For example, in cases of intimate partner violence, a woman is often persuaded and blocked from seeking help and justice hence little action is being done in communities to mitigate GBV. Women who break social norms are stigmatized, making it difficult for them to leave abusive relationships if they are abused. Because social norms discourage women from leaving abusive relationships, they are also encouraged to be strong and stay in them. Cultural assumption adds to challenges been faced by women in Safe homes since society clarifies that a man ought to have control over a woman hence promoting gender-based violence and escalating defenselessness and powerlessness of women in the society.

The government of Zimbabwe in efforts to mitigate GBV enacted numerous laws and policies to curb the increasing number of GBV related cases. The Domestic Violence Act (Chapter 5:16) of

2007 was put in place to provide women with right to protection, safety and life. National Gender Based Violence Strategy 2012 to 2015, Termination of Pregnancy Act (Chapter 15:10), National Gender Policy, Criminal Law (Chapter 9:23), Marriage Act (Chapter 5:11) and so on were put in place to mitigate effects of GBV on women. Non-governmental organizations and various non-state actors have contributed vastly through the implementation of various projects to promote women's rights, helping women receive the justice they deserve. These projects include Safe Shelters for women and children. Organizations such as Family AIDS Caring Trust (FACT), Angel of Hope Foundation, among others provide Safe homes for victims of GBV. The aim of the Safe homes is providing essential services to victims of gender based violence under one roof. Musasa Safe Shelter in Harare in an initiative of government in partnership with Family Aids Caring Trust with the support of UNFPA and other stakeholders to provide a haven for victims of abuse and violence while they wait for legal recourse. The Musasa shelter can house over 20 people which is inadequate to meet the increasing number of people in need of safe shelter. It was established in 2017. Various services are offered these include police and legal aid and psychosocial support. These Safe Shelters offer economic empowerment programs with the goal of empowering communities and women. For example, Family Aids Caring Trust has been executing different programs directed at improving the rights of women for example, Sista to Sista and promoting livelihood projects such as incubator project, detergents, gardening, road runners and beading. Therefore, Livelihood projects generate means of income hence aim at reducing economic dependency of women on men hence thus improve the quality of life and standard of living, reducing gender based violence. However, gender based violence survivors who seek sanctuary in safe shelters face numerous challenges that require targeted interventions and support.

1.2 Statement of the problem

GBV is a major problem globally and survivors of GBV require safe shelters to escape from their abuser. However GBV victims in safe shelters encounter various obstacles that hinder their recovery, rehabilitation and reintegration into the community. These challenges include insufficient funding and resources, limited capacity and infrastructure, inadequate staffing and training, cultural and social stigma, lack of coordination with external services, security concern and safety risks, psychological trauma and mental health issues, difficulty accessing legal aid and justice, long-term health conditions (HIV/AIDS). The challenges faced by gender based violence

survivors in safe shelters highlights the need for comprehensive support services to address these obstacles. Musasa safe shelter was used as a case study.

1.3 Aim of the study

The aim of the study is to mainly focus on finding and researching on the challenges that are being faced by women (GBV victims) in safe shelters mainly focusing on Musasa safe shelter in Harare Marlborough. Also the aim of this study is to explore and analyze the challenges faced by survivors of gender-based violence (GBV) residing in safe shelters. The study seeks to identify the psychological, social, economic and institutional barriers that hinder the recovery and reintegration of GBV survivors. By understanding these challenges, the research intends to contribute to improved shelter policies and support systems that are responsive to the needs of survivors (UN Women, 2021).

1.3.1 Study objectives guiding the study

- To analyze some types of challenges face by women in Musasa safe shelter in Harare, Marlborough.
- To examine the effects of these challenges to women in Musasa safe shelter in Harare, Marlborough.
- To assess the support given to the survivors by different institutions.
- To recommend improved strategies of helping women in Musasa safe shelter in Harare, Marlborough.

1.3.2 Research questions of the study

- What are the primary challenges faced by GBV victims in safe shelters?
- How do these challenges impact the well-being and recovery of gender based violence survivors?
- What are the effects of these challenges to the women in the shelter?
- What type of support given to the survivors by the caregivers, government and the NGOs and other institutions?
- What are the strategies that can be implemented to help these women in the shelter to better their lives?

1.4 Assumption of the study

Participants will be easily accessible because the study if focusing on one safe shelter. Women in safe shelters are all victims of GBV making them more comfortable to contribute effectively to the study. There will be maximum participation from the participants making the project a success. It is easy to gather information because the study is mainly focused on a certain place which is Musasa safe shelter. This study assumes that survivors of gender-based violence residing in safe shelters in Zimbabwe encounter a range of challenges that affect their psychological well-being, social reintegration and access to justice and economic empowerment. It is also assumed that, while shelters provide critical support, gaps remain in service delivery due to limited resources, stigma and institutional constraints (UNFPA Zimbabwe, 2020). Furthermore, it is presumed that enhancing survivor-centered approaches and inter-sectorial coordination will improve outcomes for GBV survivors in these settings.

1.5 Justification of the study

Developing countries have high rates of gender-based violence, which adversely affect women who are mostly affected. Gender based violence affects a woman's social and psychological state and can lead to negative consequences such as self-harm, isolation, depression and even attempted suicide. The Population Reports Series (2015) highlights some of the impacts of gender-based violence on individuals, including physical injury, including disability and death, stress, hypertension, headaches, severe depression. It also includes the development of symptoms such as reproductive problems. People affected by gender-based violence have the right to live with dignity and therefore the right to receive the help they need. Therefore, we should take possible measures to alleviate it. Dignity means more than just physical health. It requires respect for the human being as a whole, consideration of the values and beliefs of victims and their communities and respect for human rights, including autonomy, a sense of right and wrong and adherence to religious principles.

Violence is prevalent in many communities in Zimbabwe. It is associated with serious long-term problems like PTSD (post-traumatic stress disorder), depression and anxiety which affect women in Safe Shelters and even after they are released to the communities (Lacey et al. (2015). Yet there is limited information about the challenges faced by women in safe shelters and their impact on their overall health and wellbeing. This information will enable the formulation of

intervention measures and the development of effective procedures to address the problem. This study will identify existing gaps in the field and encourage further research by other scholars to help Zimbabwean institutions and various agencies improve how they treat victims and create an environment in which they can help victims of gender based violence. Women in safe shelters are often neglected and vulnerable because little effort is made to understand their problems and concerns. This research addresses the challenges faced by gender based violence survivors, fills gaps in mental health care delivery and empowers caregivers in these homes to understand and address survivors' needs. It is intended to give insight into the challenges and possible interventions at Musasa Safe Shelter.

1.6 Location of the study

This study if focused on Musasa Safe Shelter in Harare, Marlborough. .

Figure 1.1 is an image showing the Harare province where the study if focused on.
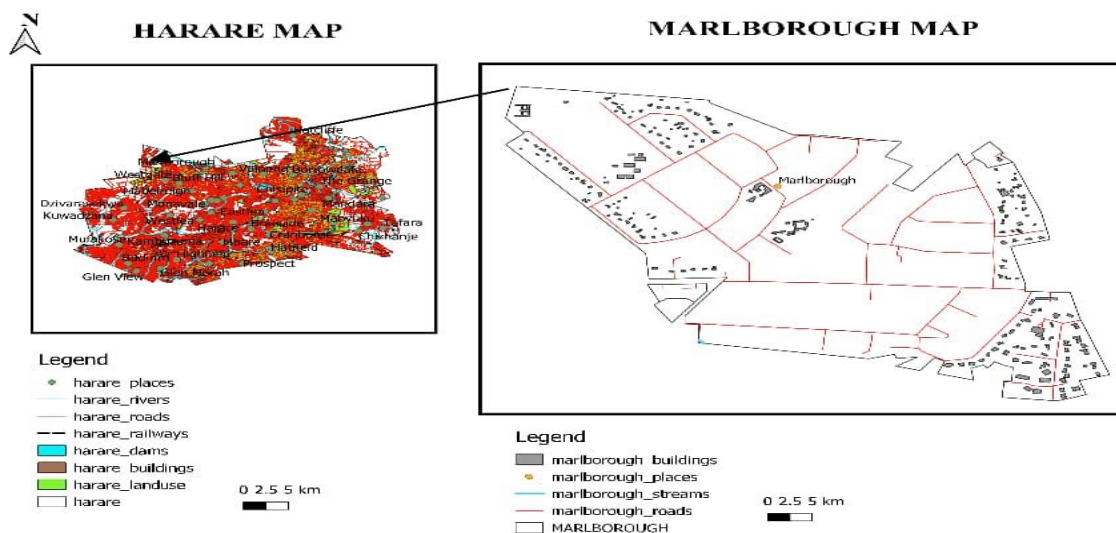
The image on fig 1.1 was done by the author.

1.6.1 Delimitation of the study

The scope of this research includes the women who are victims of gender based violence and how they are living in safe shelters (Musasa safe shelter). The research will concentrate on challenges facing the GBV survivors in Musasa safe shelter and how best can these challenges

be addressed. The research-related literature was mostly obtained from university library, journals, previous researchers, the internet and major local sources in relation with the project objectives.

1.7 Limitations of the study

Focusing on one place to rely on lead to lack of enough information and participants to help with the project. Some women would not agree to share their stories and challenges there are facing because they were scared of their abusers. During the gathering of information the researcher faced challenges like illiteracy within the women, some of them could not understand what was needed most by the study. Some of them could not bring out the whole information due to confidentiality which withhold the progress of the study. The research faced challenges like language barriers, the researcher could not understand what other women where saying which affected the progress of the study.

1.7.1 Key words of the study

Gender based violence constitute acts of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (Makanangana et al., 2014).

1.8 Chapter layout
Chapter 1

In this chapter the researcher has managed to describe the background, statement of problem, aim, study objectives, research questions, assumptions, justification, location, delimitations, limitations and key words of the study. The next chapter reviews the literature and context on gender based violence and safe shelters. The next chapter will be focusing on the literature review of the study.

Chapter 2

This chapter reviews existing literature on challenges faced by women in safe shelters, its effects on women in safe shelters and more specifically, to assess the support given by different institutions to these women in safe shelters.

Chapter 3

This chapter details the research design, data collection methods, sampling techniques and analysis procedures used in the study. The ethical considerations and strategies for ensuring the validity and reliability of the research are also discussed.

Chapter 4

In this chapter, the findings from the research will be presented and analyzed. The results will be discussed in relation to the research questions and existing literature, highlighting key patterns and themes.

Chapter 5

This chapter provides a summary of the research findings and offers recommendations based on the results. It also outlines areas for future research and implications for policy and practice.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

Gender-Based Violence (GBV) remains a pervasive global issue, forcing many survivors to seek refuge in safe shelters. Also, gender-based violence (GBV) is a pervasive global issue that affects millions of women and girls. In response, safe shelters have been established as a form of immediate protection and support. However, despite their critical role, many shelters face systemic and operational challenges that hinder their effectiveness in helping survivors rebuild their lives. This framework outlines a conceptual framework that explores the multifaceted challenges faced by GBV survivors in shelters, using ecological and feminist theories to understand these complexities.

2.1 Conceptual Framework

Figure 2.1 shows a conceptual framework of the challenges faced by GBV women in safe shelters. Done by the author.

```
+-----------------------+
                    |   GBV Survivor in     |
                    |     Safe Shelter      |
                    +-----------+-----------+
                                |

+------------------------+----------------------+
        |                              |
|
  +------------------+      +------------------+
+-------------------+
 | Institutional    |      | Psychological    |      |
Socio-Cultural     |
 |   Challenges     |      |   Challenges     |      |
Challenges         |
 +------------------+      +------------------+
+-------------------+
        |                              |
|
    Understaffing            PTSD/Anxiety/Depression
Stigma/Rejection
    Poor coordination        Retraumatization
Harmful gender norms
    Inadequate funding       Fear of future
Cultural silence

                             insecurity

          +----------------------+
          |   Economic Factors   |
          +----------------------+
                     |
             Poverty/Dependency
             Lack of livelihood
             No long-term housing
```

Institutional challenges are a significant barrier to effective support in shelters. These include inadequate funding, poor infrastructure, lack of trained personnel and limited coordination with legal and health services (UNHCR, 2021). Without sufficient resources, shelters cannot provide comprehensive care such as counseling, legal aid, or vocational training. Staff shortages and lack

of trauma-informed care can result in survivors feeling neglected or re-traumatized, which hinders recovery (WHO, 2018). Survivors of GBV often enter shelters with deep psychological scars. While shelters are intended as places of healing, limited mental health support can compound issues such as depression, anxiety and post-traumatic stress disorder (PTSD) (UN Women, 2021). The environment of the shelter itself especially if overcrowded or lacking privacy may trigger trauma, particularly for survivors of sexual violence (Musasa Project, 2021). The uncertainty of their future and fear of returning to abusive environments further amplifies emotional stress. Cultural and societal norms heavily influence how survivors are treated within and outside shelters. In many communities, women who report abuse or seek refuge are stigmatized, blamed, or seen as having failed in their familial duties (Amnesty International, 2020). Such stigma discourages help-seeking and can lead to isolation within shelters. According to the African Development Bank (2019), traditional beliefs and patriarchal attitudes often prevent women from reintegrating into society after their shelter stay, further marginalizing them. Economic insecurity is both a cause and a consequence of GBV. Many survivors arrive at shelters without income, savings, or employment prospects, making them dependent on shelter services (Human Rights Watch, 2020). Unfortunately, most shelters are not equipped to provide long-term housing or livelihood support, which forces many survivors to return to unsafe environments due to financial necessity (Zimbabwe Women Lawyers Association, 2022). Without economic empowerment, survivors remain trapped in cycles of violence and poverty. Additionally, shelters often lack essential resources such as trained counselors, medical support and proper sanitation (WHO, 2021). In some African shelters, survivors endure overcrowded spaces with no electricity or running water (Plan International, 2023). Residing in a shelter can lead to depression and anxiety, as communities often view these women as "failed" wives or mothers (Gender Links, 2022). This stigma makes reintegration into society difficult. Economic insecurity is a major obstacle for survivors. Many lack independent income, forcing them to return to abusive situations (UNECA, 2023). In Zimbabwe, high unemployment rates exacerbate this issue, as women struggle to secure jobs after leaving shelters (ZimStat, 2023). Also in most countries corruption within the legal institutions often affect the rights of many women to have fair trials against the abuser mostly in countries like Zimbabwe. Corruption within legal institutions further undermines survivors' trust in the system (ZWLA, 2023).

Objective one: Challenges faced by women in Musasa safe shelter

2.2 Global Context

Women in shelters often survivors of gender-based violence (GBV), conflict, or homelessness face numerous challenges globally. Overcrowding and underfunding is one of the challenges tha women faces in shelters globally. Many women are facing GBV in many countries and the lack of enough shelters leading to overcrowding in the existing shelters in many countries. Many shelters struggle with insufficient funding, leading to overcrowding and poor living conditions (UN Women, 2022). In some countries, shelters rely on donations, making services inconsistent (Global Network of Women's Shelters, 2021). Women in shelters around the world often face overcrowding, lack of privacy, poor mental health services and limited long-term support. According to the United Nations High Commissioner for Refugees (UNHCR, 2021), many emergency shelters are not adequately equipped to handle the psychological and physical needs of survivors, especially in refugee or post-disaster settings. The World Health Organization (WHO, 2018) notes that limited access to trained counselors and medical care may worsen the trauma women face. Furthermore, many shelters do not provide sustainable livelihood or reintegration programs, leaving women economically dependent and at risk of returning to abusive environments (UN Women, 2021). Some survivors face restrictive immigration laws, preventing them from accessing shelters (Human Rights Watch, 2023). Lack of legal aid delays justice for abused women (Amnesty International, 2022). For example, in developed nations, such as the U.S. or European countries, shelters may face issues related to underfunding or limited mental health resources despite having more established legal frameworks for GBV survivors

2.2.1 African Context

In Africa, shelter systems are mostly affected by limited funding, poor infrastructure and cultural stigma. Many shelters are overcrowded, understaffed and lack proper sanitation, exposing women to further physical and emotional stress (Amnesty International, 2020). In some cases, women who seek shelter are viewed as having brought shame to their families, making reintegration difficult (African Development Bank [AfDB], 2019). Additionally, survivors face barriers to legal services, as legal systems in many African countries are not well-equipped to handle gender-based violence cases efficiently (Human Rights Watch, 2020). Limited shelter availability in many African countries is one of the challenges women face and this sometimes

force other women to go back to the abuser's house because there will be lack of shelter spaces to live in. Many African countries have few shelters, forcing women to return to abusive homes (AU, 2022). Cultural stigma and family pressure, other women are forced to stay in abusive homes because many communities view shelters as low standards for women as they should be strong to stay in their homes. Some communities discourage women from leaving abusive marriages, viewing shelters as shameful (Gender Links, 2022). Families sometimes pressure survivors to reconcile with abusers (Amnesty International Africa, 2021). For example, In South Africa, despite having some of the continent's most robust legal frameworks for GBV, shelters remain underfunded and face high demand, often leaving rural survivors underserved.

2.2.2 Zimbabwean Context

In Zimbabwe, women in shelters face economic hardship, discrimination and weak follow-up services. While organizations like Musasa Project provide critical support, long-term housing and income-generating support are often lacking, leading to repeated cycles of vulnerability (Musasa Project, 2021). Cultural norms sometimes result in blaming the victim, making some women hesitant to report abuse or remain in shelters (ZimStat and UNICEF, 2020). Additionally, limited coordination among service providers and law enforcement delays access to justice, discouraging women from seeking further help (Zimbabwe Women Lawyers Association, 2022). Shortage of safe spaces, in Zimbabwe many of the safe shelters are located I urban areas which means women who are experiencing GBV in rural areas have difficulties accessing shelters making them most vulnerable to being abused and in most cultures like Zimbabwe most men thinks that beating a woman makes them more dominant and showcase the power that they are the head of the families. Zimbabwe has very few shelters, with most located in urban areas, leaving rural women vulnerable (Musasa Project, 2023). Economic hardships, it is known that Zimbabwe has its own hardships when it comes to economic growth, therefore many women in shelters find it difficult to get jobs after leaving the shelters which usually forces these women to go back to the abusive homes in order to take care of their children. High unemployment makes it difficult for survivors to become self-reliant after leaving shelters (ZimStat, 2023). Lack of skills-training programs in shelters limits women's opportunities (Ministry of Women's Affairs, 2022). Legal delays and corruption, this is one of the most challenge women faces in Zimbabwe, most of GBV cases are not really prioritized in the country and also there is corruption when the abuser pays off the legal team the case becomes less prioritized. Police and courts sometimes

dismiss GBV cases, discouraging women from reporting abuse (ZLHR, 2021). Corruption in the justice system delays protection orders (ZWLA, 2023).

Objective two: Effects of these challenges to the women in Musasa safe shelter

2.3 Global Context

Globally, survivors in shelters may face overcrowding, lack of privacy and inadequate mental health services, especially in conflict or disaster-stricken areas. These conditions can lead to prolonged trauma, anxiety, depression and even re-traumatization (UNHCR, 2020). For instance, women in safe shelters often suffer from PTSD due to poor living conditions and limited access to counseling services (WHO, 2018). Moreover, limited economic opportunities in shelters make survivors vulnerable to exploitation and continued dependency (UN Women, 2021). Psychological distress, most women in shelters due to lack of enough care some suffers from anxiety and pressure leading them to more stress that can cause one to commit suicide or mentally unstable due to psychological distress. Depression and suicidal ideation increase due to unstable shelter conditions (Baker et al., 2019). Economic dependency, without job training, women struggle to achieve financial independence (Ponic et al., 2018). Health risks, overcrowding leads to disease spread, while poor nutrition affects long-term health (Huecker et al., 2022). In many shelters lack enough sanitation and equipment to handle all the women since the shelters will be crowded which can led to the spread of diseases like cholera and diarrhea.

2.3.1 African Context

In Africa, many shelters are underfunded and understaffed, especially in rural and conflict-prone regions. This limits the quality of care and protection offered to survivors. According to a report by the African Development Bank, many survivors in African shelters experience psychosocial neglect and stigma, which undermines their recovery and reintegration into society (AfDB, 2019). Cultural norms and lack of awareness often discourage communities from supporting survivors, resulting in isolation and discrimination (Amnesty International, 2020). Social isolation, many women faces isolation from the communities after leaving shelters which can lead to PTSD and stress for many women. Fear of community rejection prevents women from reintegrating after leaving shelters (Wekwete, 2020). Limited legal protection can cause some victims to be vulnerable to their abusers and this can affect their peace and mental state. Some abusers track women to shelters, leading to further violence (Human Rights Watch, 2022). Lack

of childcare support forces women to return to abusive partners (African Union, 2021). Due to insufficient funds and support also overcrowding in many shelters, there might be lack of resources to help the women and their children and this forces many women to go back to their abusive homes and endure the violence just so their children can have better living conditions.

2.3.2 Zimbabwean Context

In Zimbabwe, survivors in shelters face economic hardships, stigma and limited access to long-term support services. While organizations like the Musasa Project and Zimbabwe Women Lawyers Association provide critical emergency services, they often struggle with resource constraints. Survivors may experience rejection from families and challenges in accessing justice, especially in cases of domestic or sexual violence (Musasa Project, 2021). Some shelters also lack trained personnel to address the psychological needs of survivors, leading to prolonged emotional distress (ZimStat and UNICEF, 2020). Homelessness, many of the shelters in Zimbabwe are not permanent hence women when their time is over most of them become homeless because they are scared ro go back to their homes due to societal norms and rejection and afraid of their abusers. Without long-term housing solutions, women end up on the streets (Chigudu, 2020). Some other faces mental health decline, PTSD and depression rates are high due to lack of counseling services (Zimbabwe National Statistics Agency, 2022). Increased GBV risks, some shelters lack security, exposing women to further abuse (Kwaramba, 2021).

Objective three: Support given to the survivors by different institutions
2.4 Global Context

Globally, institutions such as the United Nations (UN), World Health Organization (WHO) and International Committee of the Red Cross (ICRC) provide comprehensive support to survivors. This includes psychosocial counseling, legal aid, health care and emergency shelter. The UN Women and UNHCR have programs dedicated to supporting gender-based violence (GBV) survivors, especially in conflict and humanitarian settings (UN Women, 2021). The WHO also provides guidelines for mental health and psychosocial support for survivors of trauma and abuse (WHO, 2016). United Nations (UN) Agencies, The UN Women and UNICEF provide psychosocial support, legal aid and economic empowerment programs for survivors of gender-based violence (GBV) and conflict-related trauma (UN Women, 2021). The World Health Organization (WHO) offers mental health and psychosocial support (MHPSS) guidelines for

survivors of emergencies (WHO, 2022). International NGOs, Doctors Without Borders (MSF) provides medical and psychological care for survivors of war and epidemics (MSF, 2023). International Rescue Committee (IRC) supports refugees and survivors of violence with cash assistance and counseling (IRC, 2022). For example, United States, Federal laws like the Violence Against Women Act (VAWA) provide funding for shelters, legal aid and support services. NGOs like the National Coalition Against Domestic Violence (NCADV) offer comprehensive shelter programs and advocacy campaigns. Europe, Countries like Sweden and the Netherlands integrate shelters into broader welfare systems, offering survivors long-term financial, legal and housing support.

2.4.1 African Context

In Africa, regional institutions like the African Union (AU) and African Commission on Human and Peoples' Rights have established frameworks like the Maputo Protocol to protect women and girls from violence and to support survivors (AU, 2003). NGOs such as Doctors without Borders (MSF) and Plan International operate extensively, offering medical and psychological care to survivors, particularly in conflict zones like the Sahel and Great Lakes regions (Plan International, 2022). African Union (AU) Initiatives, the AU's Spotlight Initiative combats GBV by funding survivor support programs in multiple African countries (AU, 2020). There are regional NGOs like Africa Mental Health Foundation (AMHF) offers trauma counseling in conflict-affected regions (AMHF, 2021) and Gender Links works on GBV survivor empowerment in Southern Africa (Gender Links, 2023). All these institutions have played their part in helping women who are victims of GBV in shelter contributing to their safety and well-being. For example, in Kenya, NGOs such as FIDA Kenya and the Coalition on Violence Against Women (COVAW) offer shelters, legal aid and psychosocial support for survivors. Community-based programs engage local leaders to address GBV stigma and promote survivor reintegration. Also in Nigeria, NGOs like Mirabel Centre provide comprehensive services, including counseling, medical care and legal support, to survivors of sexual violence. Advocacy efforts focus on increasing government funding for shelters and strengthening the enforcement of GBV laws.

2.4.2 Zimbabwean Context

In Zimbabwe, support for survivors is provided by both governmental and non-governmental entities. The Ministry of Women Affairs, Community, Small and Medium Enterprises Development collaborates with civil society to offer shelter and counseling. NGOs like Musasa Project and Padare/Enkundleni provide safe spaces, legal support and economic empowerment to survivors of gender-based violence (Musasa Project, 2020). Additionally, the Zimbabwe Republic Police Victim Friendly Unit plays a role in ensuring sensitive handling of abuse cases, especially those involving children and women (Zimbabwe Republic Police, 2021). There are government programs that has also support the women in safe shelters, the Ministry of Women Affairs runs One-Stop Centers for GBV survivors, offering legal and medical services (MoWA, 2022) and the National AIDS Council (NAC) supports survivors of sexual violence with HIV prevention (NAC Zimbabwe, 2021). Local NGOs for example the Musasa Project provides shelters, counseling and legal aid for GBV survivors (Musasa, 2023). Zimbabwe Women Lawyers Association (ZWLA) offers free legal representation (ZWLA, 2022).

2.5 Chapter Summary

Ensuring the safety and well-being of GBV survivors in safe shelters requires a multi-faceted approach that involves not only shelters and support services but also legal, cultural and social interventions. By strengthening the collaboration between caregivers, the government and NGOs and improving access to resources and legal protections, safe shelters can provide a more supportive environment for survivors. The implementation of these strategies will help survivors heal, regain independence and rebuild their lives, although these challenges are also affecting these women in these shelters. In the following chapter the study will be focusing on the research methodology used in the study to collect data.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

The research methods that the researcher utilized to perform the study will be described in full in this chapter. The study methodology employed is mixed research and this chapter will also go over the strategies for research design, sample and data collection. The research design, ethical consideration, research instruments, sampling procedure, sample size, target population and data analysis are all included in the methodology. The qualitative research approach was utilized to

examine the factors that contribute to the challenges being faced by GBV survivors in safe shelters through interviews, focus groups and narrative analysis.

3.1 Research Philosophy

The researcher used the pragmatism which focuses on both the quantitative and qualitative approaches to present data. Research philosophy refers to the system of beliefs and assumptions that guide the development of knowledge in a study (Saunders, Lewis and Thornhill, 2019). It defines how researchers perceive reality (ontology), how knowledge is acquired (epistemology) and the methods used to investigate a phenomenon (methodology) (Creswell and Creswell, 2022). The choice of research philosophy influences the entire research process, from data collection to analysis and interpretation (Guba and Lincoln, 1994).

According to Saunders et al. (2019), research philosophy is categorized into four main paradigms, positivism, interpretivism, realism and pragmatism. Positivism assumes that reality is objective and can be measured through empirical methods, often using quantitative research (Bryman, 2016). Interpretivism emphasizes the subjective nature of reality and the need for qualitative methods to understand human experiences (Denzin and Lincoln, 2018). Realism suggests that reality exists independently of human perception but acknowledges that our understanding is influenced by social structures (Bhaskar, 2008). Pragmatism focuses on practical approaches, using both qualitative and quantitative methods to address research questions effectively (Tashakkori and Teddlie, 2010). In qualitative research, particularly studies focusing on gender-based violence survivors, interpretivism and critical realism are often used to explore personal experiences and systemic influences (Kincheloe and McLaren, 2005).

3.2 Philosophy Assumption

Philosophical assumptions provide a framework to understand the complex challenges faced by gender-based violence (GBV) survivors in safe shelters. These assumptions, rooted in ethics, feminist theory and social justice. They influence both the services offered and the perceptions of these services by survivors and communities. On this philosophy assumption the researcher will focus on explaining more on the social justice and empowerment.

3.2.1 Social Justice and Empowerment.

From a social justice standpoint, shelters are viewed as mechanisms to address systemic inequalities and empower survivors. In Zimbabwe, the establishment of safe shelters is seen as a critical intervention to protect women's rights and promote their participation in developmental projects. Utilitarian ethics suggest that the goal of the shelters is to maximize overall well-being, yet overcrowding, limited resources and emotional distress may hinder this goal (Mullender, 2018). However, challenges such as cultural and religious factors continue to hinder the full utilization of these services, indicating the need for a more integrated and holistic approach that involves various stakeholders, including the church and traditional structures.

3.3 Research Design

Lewis (2015) research design is described as a master plan that gives detailed methodologies and procedures for data gathering and analyzing data. On this study the researcher used mixed methods to analyze data and the findings from the research gatherings. The study used a case study approach to qualitative research. When carrying out this research at Musasa safe shelter in Harare, a case study is a suitable way to gather data. Coghlan, Brydon-Miller, (2014) argued that a case study is an in depth study of a given problem rather than using a statistical survey or comprehensive comparative inquiry. Creswell (2002) cited that a case study is a problem to be studied which will show an in-depth understanding of a case which involves an understanding of an event or activity. The descriptive qualitative design which provides answers to who, what and when and how will be used to accurately acquire information regarding the current situation of the study but they do not answer the why question (Shona McCombes 2023). Researcher also used a descriptive research design, a research method used to describe and summarize the characteristics of studied populations and phenomena. According to Creswell (2014), descriptive research designs are useful when the goal is to explain and understand a phenomenon or population. This is especially useful when conducting exploratory research or focusing on new areas. Design may involve collecting data through surveys, interviews, or observations and analyzing the data using descriptive statistics.

This study design provides detailed information on the characteristics of a particular group or phenomenon (Creswell, 2010). This is particularly useful when investigating the challenges faced by victims of gender-based violence in safe shelters, as it provides a comprehensive understanding of the issues involved. Descriptive studies were important to identify the

experiences of survivors of gender-based violence in safe shelters, the nature of the challenges they face and the coping strategies they employ. A descriptive study design helps researchers understand the scale of the problem and the needs of survivors. For example, using descriptive research designs to identify the number of survivors of gender-based violence in safe shelters, their demographic characteristics, the type of violence they experienced and their coping mechanisms. This information can be used to design appropriate interventions to help address the challenges faced by survivors of gender-based violence in safe shelters. A descriptive research design was therefore an appropriate research method to investigate the challenges faced by survivors of gender-based violence in safe shelters. This provides a comprehensive understanding of the phenomenon and provides useful information for designing effective interventions.

3.4 Research Methodology

According to Dawson (2019), a research methodology is the primary principle that will guide your research. A research methodology is different from research methods because research methods are tools used to gather data (Dawson, 2019). The research methodology has two types which are quantitative research methodology and qualitative research methodology and this research is mostly focused with the qualitative research methodology.

3.5 Target Population of the Study

A study population is an entire collection of people or items of interest (Cohen, Manion and Morrison, 2011). Study population were restricted to the survivors of gender-based violence and caregivers from the Musasa Safe Shelter. Punch (2011) also defined a population as a hypothetically quantified collection of study items. The target population is therefore the combination of items from which the model is derived. The target audience is victims of gender-based violence and caregivers at the Musasa Safe Shelter. These people are important to the study because they provided useful information relevant to the study on the challenges faced by women in safe shelters. Hence the study targeted about 50 people in the shelter to gather enough data from the audience.

3.6 Sampling Procedure

The sampling procedure for the study involved a purposive sampling technique to select participants who are survivors of gender-based violence residing in Musasa safe shelters. Purposive sampling was chosen because it allows researchers to target individuals with specific

experiences relevant to the study (Creswell and Creswell, 2018). The inclusion criteria for participants were, being a survivor of gender-based violence, currently residing in a safe shelter and willingness to participate in the study. Participants were recruited through collaboration with safe shelter administrators, who helped identify potential participants while ensuring ethical considerations such as confidentiality and informed consent were maintained.

Data saturation was used to determine the sample size, where recruitment continued until no new themes or insights emerged from the interviews (Guest, Bunce and Johnson, 2006). A total of about 15-35 participants were included in the study, providing a diverse range of experiences and perspectives on the challenges faced in safe shelters.

3.6.1 Sample Size Requirements

The table 3.1 shows the sample size requirements for the study on challenges faced by gender-based violence (GBV) survivors in safe shelters.

Table 3.1 shows the sample size requirements.

Participant group	Selection criteria	Sample size	Justification
GBV Survivors	-women aged 18+ stayed in the shelter for more than 2 months, willing to participate and provide informed consent.	20	Researcher entered diverse perspectives and data saturation concerning the challenges women where facing in the shelter.
Shelter Staff	-social worker, counsellors, or administrators at least 6 months of experience working in GBV shelters.	10	Captures institutional challenges at the shelter and staff perspectives.
Key Informant	-policy makers, NGOs representatives, shelter	5	Provides insights on policy-level challenges and resource limitations towards solving these challenges.

	managers-direct investment in GBV support services.		

This range ensures rich, in-depth qualitative data while maintaining feasibility. Adjustments may be made based on data saturation (Braun and Clarke, 2006).

3.7 Research Instruments

Research instruments refers to the tools or techniques used to collect, measure and analyze data in a study. These instruments include questionnaires, interviews and key informants depending on the research designs and objectives (Creswell, 2018). The questions on the data collection instruments were designed in the line with the study objectives which formed themes for the findings. Research tools include measurement tools such as structured interviews designed to collect data on the topic under study (Bryman (2012). The researcher used self-administered questionnaires. Close and open ended questions was used. The used of self-administered questionnaires provide pragmatic advantage because unclear questions can be clarified during the interview. Direct observation was used to obtain information from the women.

3.7.1 Questionnaires

A questionnaire is a research tool which contains a series of questions used to collect important information from respondents. In this research questionnaires were used to obtain more data on ways to reduce challenges faced by GBV survivors in Musasa safe shelter in Harare. This method was used because it helped the research to gather more information from the participants like women in the shelter that the researcher could not interview. These questionnaires were presented to 20 women in the shelter and it took about 10 minutes to finish answering it.

3.7.2 Key Informant

The key informants included four caregivers, two shelter managers and one administrator. These key informants will be sourcing information about challenges faced by women in safe shelter, effects of these challenges to women, support given by different institutions and recommend improved strategies to help these women. Key informant interviews were conducted with purposively selected participants like social workers and the counsellors, so that they give their opinions. The structured interview used was very similar to a questionnaire type approach having

a fairly level of response. Questions were open ended and allowed the informants to express their concern on challenges faced by GBV survivors in the shelter.

3.7.5 In-Depth Interviews

According to Morarty (2011), an in-depth interview is one in which an experienced interviewer surveys one of her respondents to reveal their underlying motivations, beliefs, attitudes and feelings about the topic under investigation. It is a face-to-face interview. Depth interviews are used because they give researchers an intuitive picture of the situation and are effective in knowing what people think, believe and even perceive. Because only they can tell. This is a way to obtain comprehensive, detailed and in-depth information about the participants' experiences and views on a particular topic (Turner, 2010). It therefore helps us to gain a deeper understanding of the experiences, opinions and explanations presented by women. As part of the study, an interview guide was developed for the most important informants.

3.8 Validation and Reliability of Research Instruments

The validity and reliability of instruments are crucial for ensuring accurate and consistent results in a research. Validity refers to how well an instrument measures what it is intended to measure (Creswell and Creswell, 2018). Reliability, on the other hand, assesses the consistency and stability of the instrument over repeated applications (DeVellis, 2016). Therefore, the researcher made sure that the research instruments used in the study are validity and reliable to collect accurate data and information from the findings. According to Creswell (2014), validity is the extent to which the results of a study reflect the actual phenomenon being studied and are free from the errors and bias thus validity ensures that the research methods, tools and conclusions are appropriate and meaningful. Bryman (2016) that validity is crucial for experimental studies to ensure that observed outcomes are due to the manipulation of the independent variable and not extraneous factors. Validity is a cornerstone of high quality research ensuring that studies measure what they intended to measure and produce accurate, reliable and credible findings thus it is essential in the attainment of qualitative data. Without validity the results will be bias, unreliable and may lead to inaccurate conclusions.

Creswell (2014) highlights that reliability is crucial for ensuring the consistency of qualitative research findings, researchers must employ reliable instruments to enhance the credibility of their studies. Reliability is essential for enhancing the credibility, validity and applicability of

research findings. Reliability guarantees that the research can be repeated and still find the same results. Reliability refers to the consistency or repeatability of measurement, a reliable measurement yields the same results under a consistent conditions. Reliability and validity are interconnected aspects of research measurement. Reliable measurements can contribute to valid conclusions, a measurement must first be reliable before it can be deemed valid and this shows that the two are interconnected. It is important for researchers to make sure that all the research instruments are reliable and valid before they collect data. It can be done through pilot testing the research instruments.

3.9 Data Analysis and Presentation

Insights and data obtained through interviews were analyzed in the following chapters. As a qualitative paradigm was used in this study, results were presented and explored in exploratory and narrative (thematic) analyses. Thematic analysis is a method of identifying, analyzing and reporting patterns in data (Braun and Clarke, 2006). And for quantitative data method the researcher used excel to analyze data on this study. The goal is to identify patterns of meaning emerging from the data and to display the data comprehensively and in detail. It can be used to analyze many different types of data, such as interviews, focus groups and documents. In the case of survivors of gender-based violence in safe shelters, we use thematic analysis to identify the different types of challenges survivors face and the coping mechanisms they employ to deal with those challenges. Thematic and excel analysis was also used to identify common themes in survivors' experiences of gender-based violence in safe shelters. Problems include, for example, lack of access to basic needs such as food, clothing and shelter, inadequate medical care, psychological trauma, stigma and discrimination and lack of support from family and friends. The analytical process was systematic, transparent and reproducible. Data are presented in a narrative format, with researcher providing detailed descriptions of their findings and also in graphs, charts. In the discussion part, the results can be analyzed in detail and compared with existing literature on the topic in light of research questions and goals. It can also explore the impact of findings on policies and practices, such as the need to increase funding for safe shelters and support services for survivors of gender-based violence. The discussion can also highlight research limitations and suggest future research areas. Therefore, thematic and excel analysis and case study design can be effective methods for collecting and analyzing data. The researcher will

sort the findings into chunks depending on the main theme that they align to. The researcher followed an objective strategy when presenting and discussing results.

3.10 Ethical Considerations

Ethical considerations are important in research, especially when studying gender-based violence (GBV) survivors in safe shelters, as participants are a vulnerable population (Liamputtong, 2007). Ethical research ensures participant safety, confidentiality, informed consent and researcher integrity (Creswell and Creswell, 2022). This study abides to ethical guidelines established by research ethics boards, such as the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979) and the World Health Organization (WHO) Ethical and Safety Recommendations for GBV Research (WHO, 2001).

3.10.1 Informed Consent

Creswell (2014) defined informed consent as the right of a participant to participate in research without being coerced. Participants were fully informed of the risks and benefits of the study and had the right to withdraw from the study at any time. Where the researcher used the names of people involved in the study, participant names were provided with their consent. Otherwise, codes and fictitious names were used to protect participants from harm or disclosure. Participants must provide voluntary, informed consent before taking part in the study (Saunders, Lewis and Thornhill, 2019).

3.10.2 Confidentiality and Anonymity

In this study, anonymity and confidentiality were ensured and maintained throughout the study. Participants were not named by name or identification code and this was accomplished by using fictitious names to disguise participants' identities. Confidentiality is critical in GBV research due to safety concerns (WHO, 2001).

3.10.3 Psychological and Emotional Well-being

The researcher took it into consideration that some of the survivors are still affected by the events therefore it is important to know the status of these women before engaging with them in any discussion. Discussing past abuse may cause emotional distress (WHO, 2001). Ethical

measures include, trauma-informed interviewing techniques to avoid re-traumatization (Patton, 2015). Providing referral information for counselling or support services if needed. Ensuring researchers are trained in handling sensitive topics and responding to distress.

3.10.4 Language

The researcher also considered using language that was clearly understood by the participants. This was done to ensure that participants fully understood the question and could provide relevant information to researcher. The researcher occasionally used Shona during focus group discussions so that people who did not understand the English Language could contribute effectively to the research.

3.11 Chapter Summary

In this chapter research philosophy, philosophy assumptions, research designs, research methodology were explained. Furthermore, targeted population, sampling procedure, sample size requirements were also further examined. And also research instruments for example questionnaires and ethical consideration and also data analysis and presentation were discussed. In the following chapter the researcher will be looking at the data presentation and analysis using the mixed method (quantitative and qualitative methods).

CHAPTER 4: PRESENTATION OF DATA AND FINDINGS AND ANALYSIS

4.0 Introduction

In this chapter the researcher focuses on the presentation, analysis and discussions on the findings of the challenges faced by GBV survivors in the safe shelters (Musasa Safe Shelter) and the effectiveness of government interventions on the survivors in Harare, Zimbabwe. In this chapter, tables, charts and graphs were used to present quantitative data whilst the qualitative data was represented by the verbatim statements that were quoted from the targeted population in the Musasa safe shelter in Harare, Zimbabwe.

4.1 Response Rate

Table 4.1 shows the responds rate of the participants on the research study.

TARGET GROUP	SAMPLE SIZE	RESPONSE RECEIVED	RESPONSE RATE%
GBV survivors	20	18	90
Shelter staff	10	7	70
NGO representatives	5	3	60
Shelter mangers	5	2	40
Government officials	5	3	60
Policy makers	5	2	40
Total	**50**	**35**	**70**

(Source, field work 2025)

In this study the above table shows the response rate of the researcher from the findings. The researcher targeted 50 people for the study and 35 people successfully respond making an overall response rate of 70% showing a better respondents to the study and the high responds shows that people were willing to participate and share their experience with the challenges faced by women in the safe shelters (Musasa safe shelter). The researcher mainly focus on the certain sampling methods which allows the researcher to focus on the people who had information that will help the project.

4.2 Demographic Information

The researcher collected data on variables such as age, gender, marital status and age at first married, education level and occupation and working experience.

Table 4.2 shows a demographic data of participants by age of the respondents.

AGE	FREQUENCY	PERCENTAGE

18-35	22	44
36-45	13	26
46-55	11	22
56+ Years	4	8
Total	**50**	**100**

(Source, field work 2025)

The above age distribution table on fig 4.1 shows that most of the people who participated where the survivors from the age of 18 to 35 years. Their participation is very crucial to the study as they contribute to the information that the researcher seeks on the challenges they are facing whilst living the these shelters and the other ages is where shelter staffs, government officials, NGOs participants are associated with these survivors and their care and they also helped in enlightening about the challenges the survivors are facing.
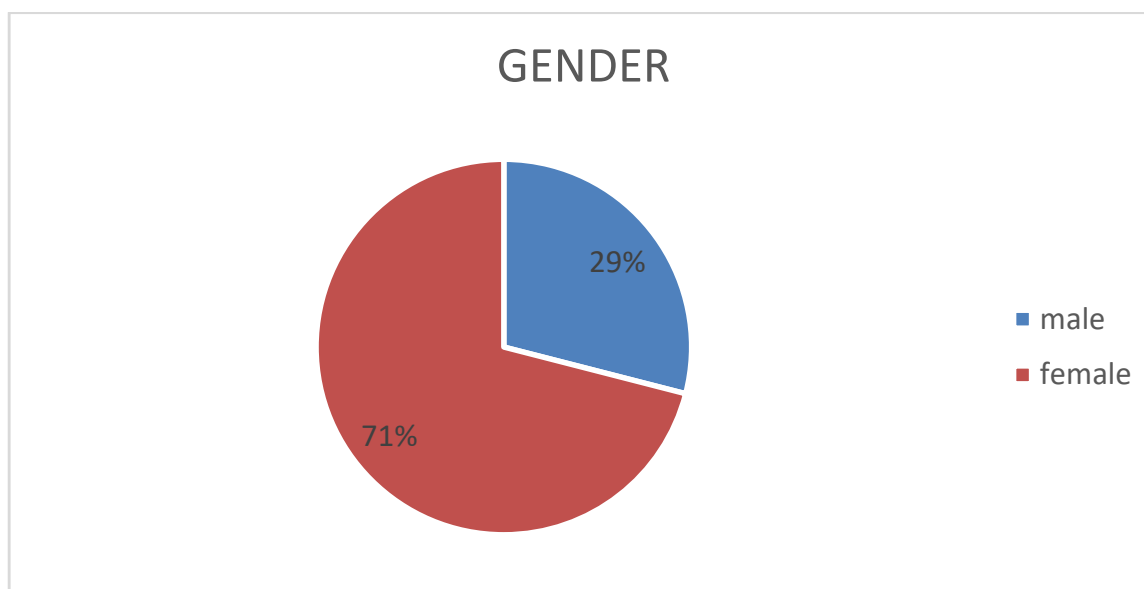
Fig 4.1 shows the demographic data of the participants by gender.

On fig 4.2 shows the demographic data of the participants by gender and the above chart shows that there were both male and female participation in the data collection done by the researcher. It is seen that most population was female because the project was mainly focusing on the challenges faced by women in the Musasa safe shelter and most participants were women. This gender data imbalance was intentional and relevant because it ensured that the voice of women, their experiences and challenges are centered. On the other hand, men cannot be left behind since some of the men where the ones who are managers or government officials or the managers of the shelter who were interviewed to enlighten on the research project.

Table 4.3 shows a demographic data of the participants by marital status.

MARITAL STATUS	FREQUENCY	PERCENTAGE %
Single	6	12
Married	35	70
Divorced	7	14
Widowed	2	4
TOTAL	**50**	**100**

(Source, field work 2025)

On the fig 4.3 the demographic data on this table shows that 12% of the participants were single people this means that some of the people who were interviewed by the researcher were not married and these people were part of the staff members or policy makers and also 70% of the participants were married this involves the women who lives in the safe shelter and some other members of the shelter. 14% of the participants were divorced, after some women seeks shelter their abusive spouses tend to divorce them or the women goes to the court to get a divorce in order to protect themselves and their children from an abusive relationships. Also there is 4% of widowed participants and they provided the study with an insight of the challenges these women are facing and how they can be addressed by different institutions in the country.
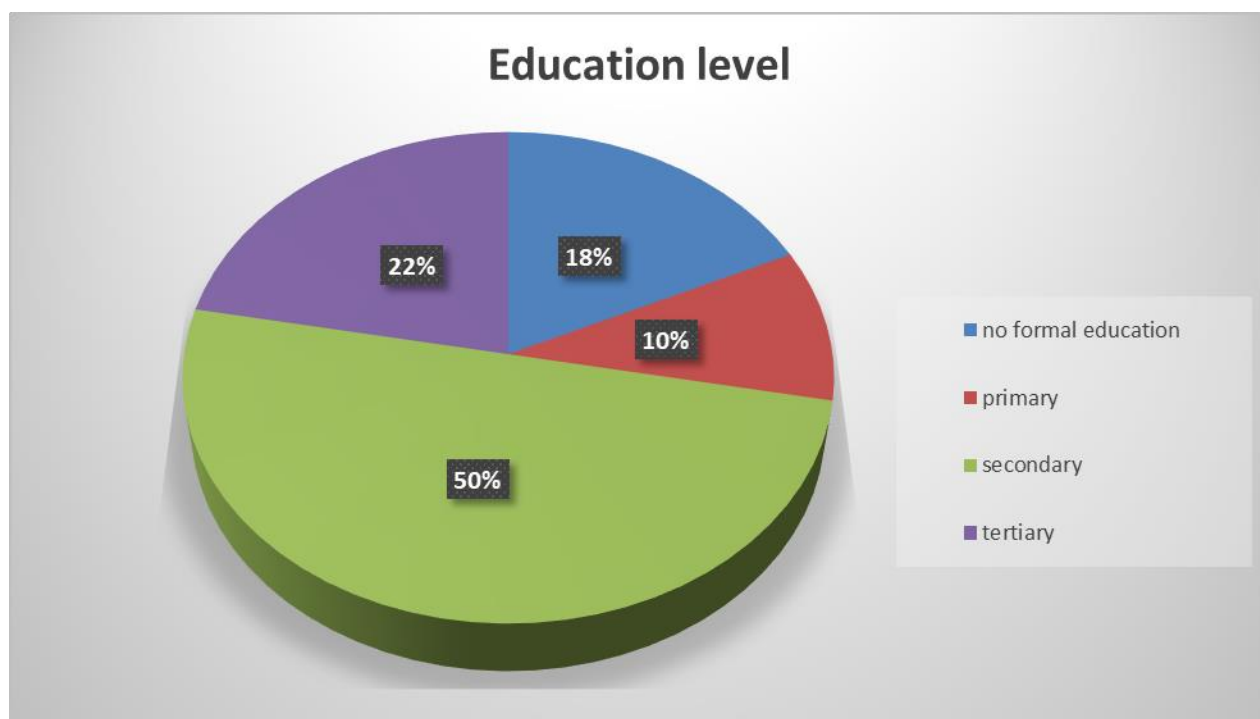
Fig 4.2 shows a demographic data of the participants by education level.

The fig 4.4 below shows demographic data by education level of the participants on the study. The chart shows that 18% of the participants in the study did not attend school, the had no formal education upon them and these participants were mostly GBV survivors in the safe shelter and also 10% of these participants ended at primary level of education and also most of them were women in the shelter. It is seen in the chart that most of the percentage of the participants reached secondary level of education, 50% of the people who participated attended secondary education and most of these people shelter staff and survivors also some of the government officials. 22% of the participants have reached tertiary level of education these are mostly the NGO representatives, policy makers, shelter managers and also a few of the survivors also reached tertiary education and faced GBV from their spouses and they had to seek shelter in fear of their lives. With the results shown it can be evaluated that majority of the respondents at least they reached or finished secondary education, hence, the basic levels for the respondents were generally higher enough to support delaying marriage and offer more progressive views concerning challenges faced by women in Musasa safe shelter.

Table 4.4 shows demographic data of the participants by occupation.

OCCUPATION	FREQUENCY	PERCENTAGE%
Government officials	3	6
Women's advocates	4	8
Shelter managers/ staff	15	30
NGO representatives	3	6
Policy makers	2	4
Unemployed	23	46
TOTAL	**50**	**100**

(Source, field work 2025)

On the occupation of the participants 46% of the people were unemployed and most of these people are the survivors in the shelter as they are going through a lot and some of these survivors are taught about different projects that will help them to survive after they leave the shelters and some of the projects involve sewing, baking, crafting, business management, this will help these women after the leave the safe shelters and allow them not to depend on their spouses for everything which will also reduce the GBV in their households. Government officials, women's advocates and policy makers add professional insight into intervention efforts that helped with a better evaluation of government efforts to reduce challenges that are being faced by women in safe shelters.

Table 4.5 shows demographic data of the participants by working experience.

WORKING EXPERIENCE IN YEARS	FREQUENCY	PERCENTAGES %
0-5	7	38
6-10	5	28

11-15	3	17
16-20	1	6
21+ Years	2	11
TOTAL	**18**	**100**

(Source, field work 2025)

On fig 4.6 the demographic data of the participants by working experience, this was mostly applicable to the government officials, shelter managers and staff, policy makers. The above table highlights that most of the people had that the researcher worked with where mostly experienced with their work and this shows that the researcher had acquired was valuable with enough historical context on the research topic that helped the researcher on the study.

4.3 Objective One: Challenges faced by women in Musasa safe shelter.

In this study objective one seeks to analyse some types of the challenges that are being faced by women in Musasa safe shelter in Harare, Zimbabwe. To address this objective the researcher used both quantitative and qualitative methods. The researcher used questionnaires, interviews and informant guides to carry out the research and collect data from the participants.

Table 4.6 shows a quantitative data on the challenges faced by women in Musasa safe shelter.

CHALLENGES	FREQUENCY(N=50)	PERCENTAGE%
Economic dependency	30	60
Safety concerns	50	100
Inadequate access to services	45	90
Lack of privacy and autonomy	40	80
Stigma and discrimination	50	100
Psychological and emotional trauma	50	100

Legal and bureaucratic hurdles	50	100
Limited capacity and overcrowding	23	46
Poverty	37	74
Religious beliefs	31	62
Financial instability	49	98
Loss of self-worth	42	84
Lack of education	11	22
Social isolation	47	94

(Source, field work 2025)

The researcher also used the qualitative method in this study to collect data from the participants. Most people expressed their views and their experiences in the shelter. In this report the researcher did not use the respondents' actual birth names in order to protect and respect their privacy since the study was a sensitive issue to many survivors, hence the researcher used code names. Interviews and questionnaires where used to collect in-depth data. The above table 4.6 shows many challenges that are faced by women and most participants highlighted that women face challenges like stigma and discrimination, social isolation, poverty inside the shelters and psychological and emotional trauma.

My first participant was a women aged 33 years and was living in the shelter, she had been in the shelter for four and half months. This was translated from Shona to English, woman 1 shares her experience with the legal and bureaucratic hurdles in the shelter and she said *"I came here because my husband used to beat me almost every day and no one in my family believed me. The pain was more emotional than physical and when I move into the shelter I thought things were going to be easy to build a case against him without any hardship but it seems like there is always an excuse to have a hearing against him and mostly the court will not give us a date and at the police most of them are bought buy money and my case becomes invalid to them, I am*

scared to go back in the society because he might harass me again after am out of the shelter and be able to get away with it again." Respondent 1, April 2025.

Woman 2 expresses her feelings and experience in the shelter, this woman has been in the shelter for two months and she said, *"being here has helped me, but people outside think we are weak or failures and that makes it hard to start over after leaving this shelter and because of some of religious beliefs it is difficult to go back into the community as they value some certain types of cultural norms and values. It is hard to be financially stable in this shelter since we do have jobs in here and we fear that after we moved out poverty will strike us because we done have any access to services and jobs in here."* Respondent 2, April 2025.

A representative from the organization that advocates for women's rights explains more on these challenges she said, *"most of these women living in safe shelters are facing most of these challenges whilst living in the shelter and they prefer to endure them than to go back to their abusive husbands and some of them are scare to go back in to the community because most of the people see them as weak to seek shelter than to endure the beating as most of the Shona people normalize that behaviour of men beating their wives as a sign of showing that he is the head of the family and it is hard to get justice for some of these women as their husbands are rich and can buy the law and this makes a lot of women afraid to leave the shelter and some women tend to have suicidal thoughts and goes through psychological and emotional trauma."* Respondent 3, April 2025.

Discussion

According to all this, it is evident that women living inside safe shelters are facing these challenges despite getting as much help as possible and some of these challenges has affected the recovery of other women in Musasa safe shelter. Looking at both quantitative and qualitative analysis it shows that women in safe shelters faces these challenges according to the findings and these findings links to the literature that exists concerning this study concerning the challenges faced by women in safe shelters.

4.4 Objective Two: Effects of these challenges to women in Musasa safe shelter.

The researcher used mixed method to examine the second object which are quantitative and qualitative methods. The objective was to examine the effects of these challenges to women in Musasa safe shelter.

Table 4.7 shows a quantitative data on the effects of the challenges face by women in safe shelters.

EFFECTS	FREQUENCY (N=50)	PERCENTAGE %
Depression/ anxiety	38	76
Loss of income/ livelihood	34	68
Physical injuries	29	58
Low self-esteem	31	62
Suicidal thoughts	15	30
Family separation	40	80
Limited opportunities	49	98

(Source, field work 2025)

The above table 4.7 have illustrated the effects of the challenges faced by women in Musasa safe shelter using a quantitative method and most of these effects has affected these women's lives in and outside the shelter and most women have difficulties in overcoming these effects they face and some end up with suicidal thoughts, low self-esteem and afraid to be seen in the society again. The above table shows that women in safe shelters 15 Participants said women have suicidal thoughts also these women suffers from limited opportunities and suffer from anxiety, depression and low self-esteem.

The researcher had deeper understating on the effects of the challenges faced by women in safe shelters through interviews, questionnaires and there were other respondents to the presented questions. Woman 3 responds saying that, *"I used to be confident about myself, but now I feel*

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useless. I can't even talk to people the way I used to, other days it is hard to think that I am going to leave the shelter and start to live in the society again and face the people after everything that has happened and thinking about all of this makes me go into depression and feel less of myself and how I am going to go back into my business without people mocking me and the decision that I have made to seek shelter in order to protect myself from my abusive husband." Respondent 4, April 2025.

Also woman 4 also said that, "*when I lost my job because of the abuse, I felt like I lost myself too. I depended on him for everything after that and this was when it gets worse, the beating and harassment, I lost my income and my livelihood due to this abuse and most people saw me as a weak person because I had to come here and because of that I lost the support of my family and friends and somehow because of all the stress I had fallen into depression and suicidal thoughts kept ringing in my head and I had to seek help."* Respondent 5, April 2025.

One of the shelter staffs has given his open minded understanding on the effects of the challenges that are being faced by the women in Musasa safe shelter and he said, *"these women have gone through a difficult time and some of them are still going through such times and it is very important to always keep an eye on them as some of them tend to have suicidal thoughts and depression or anxiety which in other cases can affect their mental health and how they operate things. I have seen other women lost their jobs because of GBV and this surely affects their livelihood and even their relationships with their loved ones, it is very sad that some of them go through such things in life without any support from their families or friends."* Respondent 6, April 2025.

Discussion

From the above responds from the quantitative and qualitative analysis it is clear that the challenges that women have been facing in the safe shelters have a very big impact on the lives of these women and how they are seen in the society. Some of these effects are suicidal thoughts, loss of livelihood and income, depression and anxiety. Most of trained staffs and NGO representatives did evaluate that these women needs special care and attention as they will be going through a rough page and hard times. From the literature the researcher has obtained it is

evident that these responds links with the existing literature on the effects caused by the challenges that are faced by women in the safe shelters.

4.5 Objective Three: Support given to the survivors by different institutions.

On the third objective the researcher aimed at assessing the support given by different institutions to the survivors in the Musasa safe shelter and the researcher also used the quantitative and qualitative methods in explaining this objective and the findings.

Table 4.8shows a table with quantitative data on the support given to the survivors by different institutions.

SUPPORT BY DIFFERENT INSTITUTIONS	FREQUENCY (N=50)	PERCENTAGE%
Legal and policy frameworks	41	42
Programs implementation	30	60
Partnership and collaboration with other stakeholders	21	42
Counselling	46	92
Legal aid	35	70
Skills training	47	94
Financial support	40	80
Police support or protection	39	88
Education support	49	98

(Source, field work 2025)

On fig 4.8 it clearly shows the support given to the survivors by different institutions and most of the support given to the survivors by these institutions helped them overcome certain challenges through the support of these institutions.

The qualitative method was also used by the researcher and some survivors shared their experience with these institutions and how they have helped them through-out the whole process, women 5 said, *"I was emotionally drained and fell into depression, when I first came to the shelter I could not leave my room or talk to anyone, I always isolate myself from everyone even the shelter staff. It was very difficult for to socialize with anyone and I always find myself crying and depressed sometimes it felt like I was losing my mental health and I always talk to myself and eventually the counsellors came and started talking to me taking their time with me making sure I understand that whatever happened was not my fault and I was a strong and independent woman. Talking to these counsellors really help me overcome my fears and I started to socialize with other women and made some friends."* Respondent 7, April 2025.

Women 6 responds saying that, *"I have been in this shelter for four months now and these institutions have surely helped most of us women through our problems and many thing like clothes, food and money, however the legal help was slow. I still have not resolved my custody case after months and this scares me that I might never see my kids after I leave this shelter and most of the legal cases are slow because of lack of representatives and sometimes other women's spouses are rich and can buy the police and lawyers."* Respondent 8, April 2025.

One of the representatives from these institutions went on and said, *"As many as the institutions are contributing to support the women in Musasa safe shelter, some women are resilient to the support especially when it comes to the counselling sessions with them. The institutions have funded the shelter in order to provide for the survivors and although sometimes the support cannot be enough to these women we try our best to make sure by the time they leave the shelter they are strong mentally, physically, emotionally, in every way possible."* Respondent 9, April 2025.

Discussion

From the above quantitative and qualitative analysis information it is evident that the institutions are providing their services and support towards the GBV survivors in Musasa safe shelter, although sometimes their support can be slow in some cases. The above findings agrees with the literature gathered by the researcher on the support given to the women by different institutions.

Most of the information presented here on this objective and what the respondents have said clearly shows the link between the existing literature and what happening in the safe shelters.

4.5.1 Challenges faced by these institutions

Fig 4.9 shows a table with challenges faced by institutions in trying to support survivors.

CHALLENGES	FREQUENCY (N=50)	PERCENTAGE %
Corruption	39	78
Cultural resistance	44	88
Limited funding	31	62
Stigma and discrimination	43	86

(Source, field work 2025)

Despite the support they give to the survivors, these institutions faces challenges or problems in trying to help with the support to end the challenges that women face in Musasa safe shelter. On the above fig 4.9 shows a table with some challenges institutions face in trying to support the survivors. 78% of the respondents indicates that corruption is affecting the institutions, 88% cultural resistance, 62% of limited funding in the shelter and 86% stigma and discrimination that hinders the participation of the institutions to the shelter.

Qualitative method was also used to in this research. On this issue only the representatives from the institutions answered on the interviews concerning the challenges they are facing whilst trying to support the survivors in the safe shelter. One respondent said, *"as a government official we face challenges like corruption from the highest people whenever international aid fund the organization some high power people steal the money which causes lack of funding to the shelters due to corruption and also most of the institutions or companies lacks funding and this affects it ability to support the survivor's needs and wants and mostly the basic ones."* Respondent 10, April 2025.

Another respondent said, *"most women from the shelter are scare to go back into the light and it is hard to convince them to become more confident of themselves and dues to stigma and*

discrimination some survivors may not come forward due to fear of judgment from religious communities. Some women says that they are restricted by their beliefs to do certain things and engage themselves in certain activities that we provide for them to do in order for them to be from depending on their spouses which is also another major cause of gender based violence." Respondent 11, April 2025.

Discussion

From the above information it is evident that the institutions are helping the survivors with much support in most areas like, counselling, legal aid, education and this has helped most of the women in the Musasa safe shelter to overcome some of their fears and be able to step into the light again and able to face their abusers with pride and confidence. Although these institutions faces challenges like corruption and religious beliefs that may hinder their support to the survivors.

4.6 Objective Four: Improved strategies of helping women in Musasa safe shelter.
The researcher used both quantitative and qualitative methods on this objective and lastly on the study there were recommendations to improved strategies of helping women in Musasa safe shelter. The researcher had come up with the following strategies on fig 4.10 to help these women become more comfortable and resilient to the challenges they face in the safe shelter.

Table 4.10 shows recommended strategies of helping women in Musasa safe shelter (N=50)

Strategies	Frequency (N=50)	Percentage%
Strengthen shelter capacity and duration	28	56
Improve funding and sustainability	40	80
Expand professionalized services	25	50
Empower women economically	40	80
Strengthen legal and policy frameworks	37	74
Community awareness campaigns	30	60

(Source, field work 2025)

From the above table 4.10 shows strategies that can be implemented in order to help women in Musasa safe shelter. And most of these strategies are important to build up these women into becoming the best versions of themselves without looking back to what happened to them. 60% community awareness campaigns, 80% empower women economically, 74% strengthen legal and policy frameworks, 80% improved funding and sustainability, 50% expand professionalized services as these were improved strategies recommended by the participants.

Qualitative data was also presented and the researcher used methods like interviews to collect information from the participants. Another woman responds said, *"They should give us more training and capital to start our own businesses so that we do not go back to abusive homes after leaving these shelters. It is hard to come here and leave without any better ideas and trainings to support ourselves financially, hence they should provide us with better programs to support our living standards and also they should consider increasing the security level of the shelter so that the abusers don't have access to us and our children."* Respondent 12, April 2025.

The next woman said, *"The community needs to stop judging women who come here. Hence there is need for education and community awareness to the society that will help to reduce stigma and discrimination in the society. The organizations which are involved with the shelter should also strengthen legal and policy frameworks concerning the consequences that comes with GBV within households and this can help most woman to have insurance and safe homes."* Respondent 13, April 2025.

Discussion

The quantitative and qualitative data presented on this objectives reflects the recommended improved strategies that can be implemented to help the women in the Musasa safe shelter and how some respondent has shed some light on these strategies. These strategies agrees with some of the literature the researcher has obtained.

4.7 Chapter Summary

In this chapter, the researcher has presented the findings of the research done showing all the narratives of the quantitative data through tables, charts and graphs to present the data findings

and the qualitative data presenting what the respondents have said concerning each objective and their experience and understanding. This chapter was mainly to transform data to make it more meaningful in relation with the study objectives and research questions. The next will be focusing on the summary, conclusion and the recommendations of the study.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents an the findings of the study on the challenges faced by women in the Musasa safe shelter, highlighting the key challenges faced by the women in the safe shelter, the effects of these challenges and the support given to them by different institutions. Based on the analysis of the data collected, this chapter draws conclusions and provides recommendations for improving the situation of the women in the Musasa safe shelter. The findings and recommendations presented in this chapter aim to contribute to a deeper understanding of the issue and inform policy and practice. The research objectives on this study aim at investigating the following:

- To analyze some types of challenges face by women in Musasa safe shelter in Harare, Zimbabwe.
- To examine the effects of these challenges to women in Musasa safe shelter in Harare, Zimbabwe.
- To assess the support given to the survivors by different institutions.
- To recommend improved strategies of helping women in Musasa safe shelter in Zimbabwe.

5.1 Summary of Key Findings

5.1.1 Objective 1: Challenges faced by women in Musasa safe shelter

The researcher has listed and explain some of the challenges that are faced by women in safe shelters and the findings from the research conducted and their responds to this objective. Some of the challenges were, stigma and discrimination were many women face social isolation and negative judgment from the communities and sometimes families, economic hardships were most women face difficulties in employment opportunities which worsens their vulnerability, legal and bureaucratic barriers when there are delays in legal processes and limited legal knowledge which hinders access to justice and psychological trauma were most women experience severe emotional distress, depression and anxiety due to past abuse and uncertainty about their future.

5.1.2 Objective 2: Effects of these challenges to women in Musasa safe shelter

The effects of these challenges were, mental health impact were most women faces high level of stress, trauma and in some cases suicidal thoughts, reduced self-esteem were many women feel powerless, worthless and hopeless, social withdrawal many women had fear of judgment and trauma leads to isolation from potential support system, as the researcher has highlighted in the above chapter on these effects of the challenges women face in Musasa safe shelter.

5.1.3 Objective 3: Support given to the survivors by different institutions

The researcher also highlighted on the support given to the survivors by different institutions, the shelter itself provided counselling, legal aid and basic needs like food and clothing, the government provided support through social welfare and legal aid offices, NGOs some collaborate with the shelter and offer vocational trainings and advocacy and also healthcare facilities provided with medical attention through accessibility.

5.1.4 Objective 4: Improved strategies of helping women in Musasa safe shelter

Strategies of helping women in the shelter were, expand shelter facilities and security where there is need to improve capacity and resources at the shelter to support the women for longer duration, increase community awareness as to conduct outreach to reduce stigma and discrimination, legal reform and advocacy to simplify legal processes and offer legal education to the survivors and also to strengthen economic empowerment programs were there is the need to introduce sustainable income generating projects and vocational trainings for the survivors in the shelter.

5.2 Conclusion

5.2.1 Conclusion for Objective 1

The objective was to analyze some types of challenges faced by women in Musasa safe shelter in Harare, Zimbabwe. The study concluded that women in Musasa safe shelter in Harare, Zimbabwe face various challenges, including physical and emotional trauma resulting from gender-based violence, limited access to resources such as economic opportunities and social support, stigma and shame associated with being survivors of violence and limited awareness of their rights and available support services. And these challenges has led to some effects to these women which leads us to the next objective.

5.2.2 Conclusion for Objective 2

The objective was to examine the effects of these challenges to women in Musasa safe shelter in Harare, Zimbabwe. The study concluded that the challenges faced by women in the shelter have severe effects on their physical and mental health, including anxiety, depression and post-traumatic stress disorder (PTSD), social and economic well-being, including limited access to education and employment opportunities, also relationships with family and community members including social isolation and strained relationships. Most of the women in the shelter suffer from these effects from the challenges there are facing in the safe shelter and there are some institutions are collaborate with the shelter in order to help these women to overcome these effects, which takes us to the next objective.

5.2.3 Conclusion for Objective 3

The objective was to assess the support given to the survivors by different institutions. The study concluded that many institutions has helped these women, Musasa safe shelter itself provides critical support services, including counselling, shelter and referrals to other organizations, government agencies and NGOs provide some support, but gaps in services and resources exist and also community-based initiatives and support group play a vital role in providing emotional support and practical assistance. There are many institutions that collaborate with the Musasa safe shelter to support the women in the safe shelter to deal with the challenges they are facing, although they face challenges in trying to do so.

5.2.4 Conclusion for Objective 4

The objective was to recommend improves strategies of helping women in Musasa safe shelter in Harare, Zimbabwe. The study concluded that there were recommendations that were made which include, strengthen support services including counselling, economic empowerment and social support programs, increase awareness and education on gender-based violence, women's rights and available support services, also enhance collaboration and coordination among institutions, including government agencies, NGOs and community-based organizations and develop and implement policies and programs that address the specific needs of survivors of gender-based violence.

5.3 Recommendations

Based on research, the study recommends:

- The Government of Zimbabwe should ensure the enforcement of welfare policies and laws for survivors of gender-based violence, including victim protection orders, to protect them from perpetrators and ensure their safety. Women's well-being is paramount as harsh penalties are required for those who commit violence against women. Governments should develop policies and gazette laws specifically aimed at women's well-being. For example, providing incentives to GBV survivors to cater for their wellbeing because GBV cases are often withdrawn due to economic dependence on the perpetrator hence providing incentives reduces cases on victim returning to their perpetrator.

- The police should organize victim-friendly departments need to arrest perpetrators quickly, ensure victim safety and reduce victims' stress so that victims are not constantly

terrified of perpetrators. There is need for this department to effectively conduct investigations through forensic examinations and collecting evidence of gender based violence cases and ensure the perpetrators are brought to justice.

- Ministry of Health and Child Care (MoHCC), there is the need to attend gender based violence survivors as soon as they are referred for medical attention and avoid the victims to wait in long line while they are in pain. The medical report should be processed as soon as possible so that it can be filed to expedite court proceedings. Access to mental health services needs to be improved so that survivors of gender-based violence can cope with the trauma they undergo. Departments of Health should work to improve access to mental health services in safe shelters.

- The social worker's department should provide psychosocial support, relevant experts, including social workers and professionals are important as they provide services such as counselling, to improving the welfare of victims of gender-based violence who have experienced violence. Additionally, social workers should offer counselling to the families that accept the gender based violence survivors when they return from the safe shelter for reintegration into the community to ensure that there is no stigma and discrimination which can further cause harm on the survivor.

- Humanitarian Organizations should Increase funding, safe shelters require more funding to provide adequate resources to GBV survivors. The Government of Zimbabwe and civil society organizations should work together to identify and secure more funding for safe shelters. Education, government and non-governmental humanitarian organizations need to implement educational programs on gender-based violence and its effects on the well-being and mental health of victims to ensure the well-being of women.

- Policymakers need to strengthen laws and policies, to protect survivors of gender-based violence and hold perpetrators accountable, also they need to increase funding for safe shelters and support services, ensuring that they have necessary resources to provide quality care and public awareness, to launch public awareness campaigns to educate the community about GBV and its impact, the importance of supporting survivors.

5.4 Chapter Summary

This chapter provided an overview of the research study and the conclusions drawn from the findings. The chapter also made recommendations in various sectors to improve the provision of services to ensure the welfare of survivors of gender-based violence in the safe shelters.

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APPENDICIES

APPENDIX 1: QUESTIONNAIRE FOR WOMEN IN THE SHELTER.

My name is Elizabeth Mawarire, I am a student at Bindura University of Science Education pursuing Bachelor of Science Honors Degree in Development Studies and Geo Sciences. I am undertaking research titled, a study on the challenges faced by GBV survivors in safe shelters. I am kindly asking you to undertake this interview. Be assured that there are no wrong or correct answers. Your responses shall be strictly accorded due to recognition and confidentiality. All our reports will be written in a manner that no individual comment can be attributed to a particular person. This questionnaire will take approximately 10 minutes. Do you have any questions before we begin?

Questionnaire for Women in Safe Shelters

Demographic Section:

Age   ……………………………………………………………………………………………

Marital status………………………………………………………………………………….

Number of children (if any)…………………………………………………………………...

Education level………………………………………………………………………………...

Employment status before entering the shelter………………………………………………..

Section A: Challenges in Musasa safe shelter. What are the main challenges you have faced while living in the shelter? (Tick).

- Lack of privacy

- Limited food and resources

- Health services access

- Emotional/psychological stress

- Insecurity or threats

- Difficulty accessing legal support

- Discrimination or mistreatment

- Other (please
   specify) …………………………………………..
   ....
   .

How would you rate the living conditions in the shelter? Tick.

- Excellent

- Good

- Fair

- Poor

Do you feel emotionally supported by shelter staff or other women? Tick.

- Yes

- No

- Sometimes

Section B: Effects of the Challenges. How have the challenges in the shelter affected you? Tick.

- Emotionally/psychologically

- Physically (health)

- Socially (relationships)

- Economically (employment or income)

- Other (please
   specify): ……………………………………………………………………………
   …………………………………………………………………………………………..

Have these experiences impacted your long-term recovery or plans for independence? Please explain. …………………………………………………………………………………………………
………
………
………
.

Section C: Support and Recommendations 11. What kind of support have you received in the shelter? Tick.

- Counseling

- Medical services

- Legal aid

- Skills training

- Financial support

- Childcare

- Other
  (specify): ……………………………………………………………………………………
  …………………………………………………………………………….........................

In your opinion, what type of additional support would be most
helpful? …………………………………………………………………………………………………
………………………………………………………………………………………………………..

What improvements would you suggest for better services in the shelter?
………
……………………………………………………………………………………………………...

APPENDIX 2: KEY INFORMANT INTERVIEW FOR SHELTER STAFF/ CAREGIVERS AND MANAGERS.

My name is Elizabeth Mawarire, I am a student at Bindura University of Science Education pursuing Bachelor of Science Honors Degree in Development Studies and Geo Sciences. I am undertaking research titled, a study on the challenges faced by GBV survivors in safe shelters. I am kindly asking you to undertake this interview. Be assured that there are no wrong or correct answers. Your responses shall be strictly accorded due to recognition and confidentiality. All our reports will be written in a manner that no individual comment can be attributed to a particular person. This interview will take approximately 10 minutes. Do you have any questions before we begin?

Key Informant Interview Guide for Shelter Caregivers/Staff.

Interview Questions:

1. What are the most common challenges reported by GBV survivors in this
shelter? …………………………………………………………………………………………
…………..……………………………………………………………………………………...

2. How do you, as staff, respond to these
challenges? …………………………………………………………………………………………
……………………………………………………………………………………………………

3. What are the key barriers to providing quality support to
survivors? …………………………………………………………………………………………
……………………………………………………………………………………………………
.

4. What support systems (medical, psychological, legal) are available to survivors
here? ……………………………………………………………………………………………
……………………………………………………………………………………………………

5. How do you ensure the safety and confidentiality of

survivors? …………………………………………………………………………………

…………………………………………………………………………………………………..

6. Are there any training or capacity-building programs for

staff? …………………………………………………………………………………………

…………………………………………………………………………………………………

.

7. How is coordination done with external organizations (NGOs, government

agencies)? …………………………………………………………………………………

…………………………………………………………………………………………………

8. What are your suggestions for improving services for

survivors? …………………………………………………………………………………

…………………………………………………………………………………........................

APPENDIX 3: KEY INFORMANT GUIDE FOR NGOs AND OTHER INSTITUTIONS.

My name is Elizabeth Mawarire, I am a student at Bindura University of Science Education pursuing Bachelor of Science Honors Degree in Development Studies and Geo Sciences. I am undertaking research titled, a study on the challenges faced by GBV survivors in safe shelters. I am kindly asking you to undertake this interview. Be assured that there are no wrong or correct answers. Your responses shall be strictly accorded due to recognition and confidentiality. All our reports will be written in a manner that no individual comment can be attributed to a particular person. This interview will take approximately 10 minutes. Do you have any questions before we begin?

Key Informant Interview Guide for NGOs and Other Institutions

Interview Questions:

1. What is your organization's role in supporting GBV survivors in safe shelters? …………………………………………………………………………………… ……………………………………………………………...

2. What types of support are currently being provided (funding, training, policy support, services)? …………………………………………………………………………………… ……………………………………………………………………………………………..

3. What challenges do shelters face in meeting the needs of survivors? …………………………………………………………………………………… …………………………………………………………………………………………… .

4. How effective are current policies or frameworks in addressing GBV survivor needs? …………………………………………………………………………………… ……………………………………………………………………………………………

5. Are there mechanisms for monitoring and evaluation of shelter programs? ……………………………………………………………………………………

………

.

6. How do you engage survivors in planning or feedback for

services? …………………………………………………………………………………………

……

.

7. What do you think needs to change or improve to ensure long-term recovery and

empowerment for

survivors? …………………………………………………………………………………………

……

.

8. Are there gaps in coordination among institutions involved in GBV response? How can they

be

addressed? …………………………………………………………………………………………

……..………………………………………………………………………………………….......

SCHOOL OF GEOLOGICAL SCIENCES, DISASTER & DEVELOPMENT

SUSTAINABLE DEVELOPMENT DEPARTMENT

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BINDURA UNIVERSITY OF SCIENCE EDUCATION

CHAIRPERSON'S OFFICE

Thursday 03 April 2025

TO WHO IT MAY CONCERN

Dear Sir or Madam

RE: RESEARCH SUPPORT LETTER FOR SUSTAINABLE DEVELOPMENT STUDENT

I am writing on behalf of the Sustainable Development Department requesting your collaboration on the research of our fourth-year student, ELIZABETH MAWARIRE REGISTRATION NUMBER B211887B.

The student is studying for a 4-year Bachelor of Science (Honours) Degree in Development Studies (HBSc.DG). During the fourth year of study, students are required to do field research which require them to do their data collection for research purposes.

We will be highly obliged to furnish you with additional information about the research project if our request meets your favorable consideration.

Yours faithfully,

Dr. J. Bowora
(Chairperson)

CHAIRMAN
GEOGRAPHY DEPARTMENT
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