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**FACULTY OF ARTS**

**DEPARTMENT DEVELOPMENT STUDIES**

***REHABILITATION STRATEGIES FOR SURVIVORS OF GENDER BASED  
VIOLENCE: A CASE OF MUSASA HARARE SHELTER***

***BY***

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**SUPERVISOR:**

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## DEPARTMENT OF DEVELOPMENT STUDIES

### APPROVAL FORM

Topic REHABILITATION STRATEGIES FOR SURVIVORS OF GENDER BASED  
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## **DEDICATION**

I would like to dedicate my hard work to my lovely parents Mr. R and Mrs. M Mazendame for being the best parents God could ever give me. I would also like to dedicate it to my two brothers and encourage them to work hard to achieve their goals.

## **ACKNOWLEDGEMENTS**

Firstly I would like to thank the Almighty God for the having given me life to finish this project, he has been my source of strength when I felt like giving up. I would also want to whole heartedly acknowledge my parents and family for always encouraging me and praying for me ,thank you so much guys. To my supervisor Dr J. Matunhu thank you for helping me finish this project with so much patience. Lastly I would like to acknowledge my friends we cried together , woke up together, encouraged one another and we made it together. Thank you so much. I particularly want to thank my friends Kudzai ,Stabile , Yeukai ,Grace ,Trish ,Cynthia , Evernice ,Chrissy and Dumisani for being there for me during the time I was writing this dissertation.

## ABSTRACT

*The researcher sought to study the rehabilitation strategies used by Musasa to assist survivors of Gender Based Violence. The research was enriched with a couple of theories, relevant literature by other authors and previous studies that supported the research. The survivors were sampled using the random sampling method. The researcher used the method to pick on whoever wanted to be interviewed because the research is sensitive and therefore the researcher had to be considerate. In addition for the key informants the researcher used purposive sampling as it was clear whom to interview. The research instruments used were in-depth interviews which constituted demographic data, cases that are in the shelters as well as the rehabilitation strategies used at the shelters. Data was analyzed manually using Microsoft Word to explain the phenomenon. Major findings were that women are actually in need of safe shelters post violence to heal both physically and emotionally. The study also revealed that the four most common types of violence women are facing which are physical violence, sexual violence, emotional abuse and economic abuse. Apart from that, the study revealed that women and girls face gender based violence nommater the age using more of emotional coping strategies and social support strategies. Recommendations were given to the organization on way to improve rehabilitation strategies for survivors of Gender Based Violence.*

## **ACRONYMS AND ABBREVIATIONS**

**GBV** –Gender Based Violence

**HIV and AIDS**- Human Immune Deficiency Syndrome

**ISP**- Integrated Support Programme

**IGP** –Integrated Support Programme

**IGPs**- Income Generating Projects

**MWAGD** – Ministry of Women Affairs Gender and Community Development

**UNICEF** –United Nations Children’s Fund

**UNESCO** –United Nations Educational Scientific and Cultural Organisation

**USAID**-United Nations Agency for International Development

**UNFPA** –United Nations Fund Population Agency

**UN** –United Nations

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## Chapter 1

### THE PROBLEM AND ITS SETTING

#### 1.0 Introduction

In this chapter the researcher gave a general idea of the background of the topic under study. In addition, the chapter will outline the aim of the study as well as the significance of the problem in brief. Delimitations and limitations of the research will be described in detail.

#### 1.1 Background of the study

It has become increasingly apparent for those in the field of gender that the campaign for the protection of women against Gender Based Violence has had some considerable progress. This has led to improved response mechanisms in GBV which include the main aim of the research will be to examine the role that temporary safe shelters play in attending to the needs of survivors of gender based violence using Musasa as a case study. The research project was therefore fuelled by the discovery that the response mechanisms for cases of gender based violence had increased in Zimbabwe shelters being part of it. Thus the researcher was compelled to research on the work of shelters in GBV.

Temporary safe shelters for survivors of Gender based violence is not a new phenomenon in the international system. In Europe, the European Union Directive put strong emphasis on access to appropriate support including that member states are to provide safe shelters for survivors of gender based violence According to The European Union Justice (2016), it also establishes mechanisms of an individual assessment to determine special measures required to protect particularly vulnerable victims during criminal proceedings .Thus safe shelters in Europe are facilitated by both the multilateral institutions , local non-governmental organisations and church organisations such as the Jesuit. According to UN Women (2012) the origins for women's sheltering started in the 20<sup>th</sup> century, in the 1960s. The first shelters were established in Britain and The United States. In addition progress was made from the 1970s into Western Europe and Australia with more advocacy and government involvement.

In Africa, the emergency of safe shelters for survivors of gender based violence emanated due conflicts and negative retrogressive cultural practises were women and girls suffered the most as they were sexually violated. In countries such as Uganda, Kenya and the Democratic

Republic of Congo a lot of conflicts based on resources, ethnicity and religion have led to the rise gender based violence. A lot of diseases were reported due to continuous use of abuse such as sexually transmitted infections, vaginal obstetric fistula In Western Africa particularly, multi-lateral institutions working in those areas realised the need to create safe spaces for survivors as they were offered. Notably in war torn countries many shelters have been established for example in DRC, Somalia and Nigeria. The Young Women Christian Association (YWCA) is a non-governmental organisation which has been very dominant in establishment of various domestic violence shelters in Africa for example in Tanzania and Uganda. Closer to home in Southern Africa, shelters are also operating at full scale as evidenced in Botswana and South Africa The United Nations Population Fund(UNFPA) is one of the main actors in provision of safe shelters . The organisation is most seen in areas such as Sudan, Uganda amongst others. UNFPA states that humanitarian responses to GBV have to be increased as there are a lot of gaps that need to be filled. Thus safe shelters are found in countries such as Sudan, Somalia, and Nigeria amongst other war torn countries.

In Zimbabwe, Musasa project is the first local Non-Governmental Organisation to ever establish a safe shelter for survivors of gender based violence. The shelter in Harare was the first Shelter that Musasa had and it was established in 1988. It was established upon the realisation that women are abused but remain in abusive spaces because there was no alternative. The Organisation has established 8 more shelters around the country which also helped to relief the Harare shelter. The organisation has 7 community shelters in remote rural areas such as Bubi and Marange and two urban shelters which are the Harare and Gweru shelters. The shelter has since improved by providing basic needs for survivors such as food, clothing and as well a roof over their head as their cases are being processed eg.medical conditions and court cases. Women and girls in the shelter are also taught entrepreneurial skills to improve their economies this reduce interdependency which is a major factor that promotes gender based violence. The shelter has also become a catchment shelter for other non-governmental organisations and governmental departments who refer their survivors to the Musasa whilst processing their cases.

Musasa worked with ministry of women affairs as well as the UNFPA under the Integrated Support Programme also known as (ISP). This intervention led to a number of intervention

strategies to reduce GBV and increase services and awareness to the community. According to UNFPA (2015) a total of 1960 survivors of GBV have accessed the shelter since 2010-2015.

### **1.2 Statement of the problem**

It has been clear that the government of Zimbabwe has had relatively strong laws policies that have been passed to decrease gender based violence .The numbers of cases of reported cases do not seem to be receding and this is clearly shown by ZDHS (2010/11) ,who state that 30% of women aged from 15 and 49 have faced violence. The researcher was moved to investigate if the rate didn't decrease because of strategies being used. The researcher thus picked the shelter as it has a number of activities that are carried out to ensure that survivors of GBV find themselves, heal before going back to the community. The researcher wanted to interrogate if the shelter is efficiently performing its role in responding to GBV. The researcher also wanted to interrogate if rehabilitation strategies implored at the shelter yielding results and if so how.

### **1.3 Aim**

- To examine the strengths and weaknesses of the strategies being implemented by Musasa Harare shelter in rehabilitating survivors of gender based violence.

### **1.4 Objectives of the study**

- To identify the role that shelters play in response to GBV.
- To highlight the strengths and weaknesses of the Shelter so that the organisation can address the issues for effectiveness.
- To inform policy makers the importance of shelters and advocating for more around the country.
- To find out the adequacy of shelter services offered to clients by Musasa project

### **1.5 Research questions**

- Why are shelters for GBV important as a response mechanism?
- What are the unique services offered at the shelter which makes it important to consider referring survivors to the shelter?
- How effective has been the shelter in meeting the needs of survivors of GBV

- What are some of the challenges Musasa is facing in achieving the intended results for the shelter.

## **1.6 Significance of the study**

A lot of information about GBV has been written from theories of GBV to its causes. The main causes of gender based violence and solutions have been identified. However, the phenomenon of GBV does not seem to have decreased rather the number of cases being reported seems to be increased. The researcher observed that to information on gender response mechanisms is limited .Response mechanisms are important in GBV as they account for the aftermath of the survivor after violence, Thus a critical study into one of the mechanisms which is the provision of safe shelters for survivors was to contribute in identifying the gap that has been left in the field of GBV. The research would therefore benefit the following groups of people

### ***1.6.1The Organisation under study***

The Research was to be of assistance to Musasa as an organisation to look at their successes as well as note their failures as much as providing shelters for survivors of gender based violence is concerned

### ***1.6.2The community***

The community is the beneficiary of the shelter thus it was to assist them to know about the services of the shelters. It was to also improve the referral of survivors who need shelter to Musasa.

### ***1.6.3 The Service Providers***

The information provided in the study was to help the government and other non-state actors to have more information on shelters thus help in advocating and funding for more. This is in order to promote reduction of the impacts of Gbv.

## **1.7Delimitations of the study**

The research will be carried out Musasa Organisations head office in Harare as well as the shelter in Harare. The research will include interviews with survivors of gbv at the shelter as

well as the administrators at the shelter. In addition it will also include the Director of the organisation.

## **1.8 Limitations of the study**

The information collected will only be a representation of the Harare Shelter which limits study participants and findings. In addition the finding cannot be used as a representation of all the shelters in the country. The findings cannot be a true reflection of all the shelters in the country. Repetition of the study at a larger scale would increase knowledge amongst the community, government and the organisation as a whole.

## **1.9 Assumptions**

- The respondents taking part in the interviews will cooperate.
- The responses of the interviews are truthful and correct and will help in the findings of the study.
- The environment at Musasa will be conducive and allow easy access to information for the study.

## **1.10 Conceptual Framework**

### ***1.10.1 Gender Based Violence***

Is the general term used to capture violence that occurs as a result of normative role expectations associated with gender along with the unequal power relationships between two genders within the context of a specific society, Bloom (2008). Gender based violence (GBV) can refer to violence that targets individuals or groups because of their gender. According to the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW) gender based violence is violence directed towards a woman because of her sexuality or that affects women disproportionately. This is violence that is directed at an individual based on her specific gender role in society. The term gender based violence is used interchangeably with sexual violence and violence against women. It also includes inflicting of physical pain, sexual or psychological harm. According to Restless Development (2015), it is also imperative to note that men are face violence from their women partners but it is not understood to be a reality. This is because the attitude that men are expected to portray is tough and invulnerable so that they do not express their pain and suffering. The United



Nations also view GBV as an international global health and developmental issue and a host of policies and public education have been undertaken around the world that aim at reducing the phenomenon (UN 1989).

The term “gender-based” is used because such violence is shaped by gender roles and status in society. Gender based violence against women does not encompass every violent act a woman does not encompass every violent act a woman may happen to experience e.g. (being threatened by a weapon during a robbery). It however encompasses a mix of gender-related cultural values, beliefs, norms and social institutions implicitly and even explicitly have supported intimate partner violence and provided little recourse for its victims (Koss, Bailet, & Yuan, Herrera & Litcher (2003). In particular, gender roles and expectations, male entitlement sexual objectification and discrepancies in power and status have legitimized, rendered invisible, sexualized and helped to perpetuate violence against women.

### ***1.10.2 Survivor***

It is generally a person who carries on after hardships and trauma. . In addition a survivor of gender based violence is a person who has endured the affliction of gender based violence. The term survivor replaced the use of the term victim in order for the survivors not to look at themselves as people who are not in control of their situation. Musasa also regards survivors as women who would have received services at the organisation. Rahila Gupta a free-lance journalist and a feminist argues that the term ‘victim’ needs to be reclaimed by feminist politics whilst 'survivor' is important because it recognises the agency of women, it focuses on individual capacity, but the notion of 'victim' reminds us of the stranglehold of the system.

The way of thinking popularised perhaps by Liz Kelly (2013), in her book *Surviving Sexual Violence* describing women as survivors rather than victims was to emphasise the positive, the heroic; it was a triumph of hope over despair, of the future opening up rather than closing down. Partly it was also a question of accuracy: many women who had faced the most appalling levels of violence had escaped, survived and gone on to build a life for themselves. Partly it was a question of jettisoning all the negative connotations that had attached themselves to the concept of victim: ‘helpless’ and ‘passive’ particularly grated on feminists when our political project was all about the fight back. Passive, in particular, smacked of weakness and quintessential feminine qualities. ‘Damaged’, ‘powerless’ and the shamefulness of being considered weak were also part of the baggage of victimhood.

In the 70s and 80s, when activists were setting up refuges and centres in the UK to deal with domestic and sexual violence, it was strategic to construct women as victims of male violence in order to win over public sympathy to their cause and government funding for their services. Having portrayed domestic violence as a toxic situation and the perpetrators as indefensible, activists needed to find a way of explaining why battered women often returned to their abusers and answering the age-old question, 'why didn't she leave' in such a way that no blame was attached to the victim to the extent that victims are presented as trapped, and survivors, conversely, are shown as making choices to change the situation that they will be in.

### ***1.10.3 Shelter***

A shelter is generally referred to as a place that gives temporary protection from danger. The concept of Safe Shelters was adopted by Musasa upon the realisation that women are abused but remain in abusive spaces because there was no alternative free safe accommodation for survivors for them to recollect themselves and be safe from further violence. The Harare shelter was initially established in 1988 to create a safe space for women and girls. It has over the years been developing with the assistance of donors such as the (UNFPA). Safe shelters offer services that include counselling, psychosocial support, life skills training, medical assistance, rehabilitation and reintegration.

### **1.11 Ethical Considerations**

The Australian Medical Association (AMA) explains that privacy refers to the right to control oneself whilst confidentiality refers to keep information to one's self. In the research the privacy of participants is not to be compromised. The researcher to avoid plagiarism made sure information was taken from different sources. The information given in the dissertation is truthful. Observations of ethics were of great significance to the study. The researcher will firstly debrief the participants before carrying out the study that is explaining the whole purpose and process of the study before commencement and highlighting the importance of the research. In this research, the participants will be given assurance of confidentiality, by so doing there will be no disclosure of information such as names as the information obtained will be personal and private. Thus, the study will apprehend ethical considerations such as debriefing, informed consent, confidentiality and privacy.

## **1.12 Summary**

This chapter presented an overview of the topic under research which is *Rehabilitation strategies for survivors of Gender Based Violence; a case of Musasa Harare Shelter*. The researcher introduced the research study and gave a brief background of the topic under research to familiarise the reader with what the research is about. In addition the chapter covered the statement of the problem and the importance of the study. The chapter in brief helps the reader to understand why the researcher chose the topic, where the writer is coming from and ultimately what the writer wants to achieve by working on the study. The next chapter will further deepen understanding as it will open up on literature written about the research topic and the gaps that the researcher wants to address.

## Chapter 2

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter focuses on the works of other writers or researchers that have contributed information to the topic under study. The researcher will explore rehabilitation strategies used by Musasa to assist survivors of GBV. Cooper (1984), states that the purpose of literature review is to share with the reader outcomes from previous studies that are closely linked to the study being undertaken. It is related to large ongoing studies that are discussing on one topic with different views. In addition literature review fills in the gaps and adds more information to written literature. It also aims to summarise, analyse, evaluate and clarify written literature by other writers. Research studies that have been done before and theories that are relevant for the topic under study will be analysed which will allow the researcher to make sound arguments and knowledge loopholes in reviewed literature. Thus the main aim of the study is to enlighten and add more information from previous studies.

#### 2.2 Theoretical Framework

##### *2.2.1 Liberal Feminism*

Liberal feminism is an individualistic form of feminist theory which focuses on women's ability to maintain their equality through their own actions and choices. Liberal feminists argue that the society holds the false belief that women are by nature less intellectually and physically capable than men thus tend to discriminate women. Alison Jaggar (1983), in her book *Feminist Politics and Human Nature*, she states that the primary goal is to get gender equality in the public sphere. This includes in education, equal pay, job sex segregation and better working conditions. The liberal feminists agree that the private sphere issues are of concern mainly as they influence equality in the public. Liberal feminists also believe that gaining access to male dominated positions such as politics. In addition they argue that domestic violence and sexual harassment have to do with removing obstacles to women in achieving an equal level with men. More so, in issues of marriage they view it as an equal

partnership where both the man and the woman have equal say in decision making as well as taking care of their children amongst other responsibilities.

The liberal feminists also firmly believe that reproductive health rights such as abortion have to do with one's life choices and autonomy. John Stuart Mill a writer in the 19<sup>th</sup> century was one of the first writers of liberal feminism and he also proved to be a firm supporter of the theory. In his book *The Subjection of Women* he claimed that "the vilest malefactor has some wretched woman tied to him, against whom he can commit any atrocity except killing her, and, if tolerably cautious, can do that without much danger of the legal penalty" (1869; rpr.1992:151). The explanation for wife abuse and remedies suggested during the first-wave movement were embedded in liberal feminism, where equality with men was seen both to reduce the incidence of assault, and encourage women's resistance.

This line of thinking helps in understanding the rehabilitation strategies implored at Musasa as they help women to understand that a marriage constitution should be entered using legal rights either traditional means or Morden means. The shelter also helps women by teaching them ways to improve their economic status such that they are not dependent which leads to violence in households. Some of these include the teachings on income generating projects (IGPs)

### **2.2.2 Social learning theory**

Social learning theory was also used to examine how an interaction between victim and offender contributes to the continuance of violence. Leonore Walker (1979), developed a cycle of violence approach, which is based on social learning and reinforcement. She elaborated three stages in man's violence against his intimate partner, wherein tension builds first, then violence takes place, and, finally, the violence reinforcing phase of repentant, respectful, and loving period ensues that is followed eventually by tension building again. The important point here is that violence in longer terms becomes a recurring behavioural dynamic in intimate partners' relationship, consequently increasing in frequency and extremity Follingstad *et al*, (1992).

This clearly shows that it is necessary for survivors of GBV to be isolated from perpetrators of violence not only for their safety but to be able to make informed decisions without forced influence. In addition it also allows for counsellors to be able to facilitate sessions with the perpetrators and the survivor in a healthy environment and clear decision making. Thus the

researcher will also look at how the removal of survivors from the perpetrators helps as a strategy used by the safe Harare safe shelter.

### ***2.2.3 Marxist feminism***

Marxist feminists draw their findings from the economic theories of Karl Max and his collaborator Frederick Engels. They believe that the capitalist drive for profits is responsible for their second class status. Women are exploited as they are the source of unpaid labour which to a greater extent makes them vulnerable to violence.

Frederick Engels further drew his study from the work of early anthropologists to show that women oppression developed in prehistory when matrilineal culture survived in tribal societies throughout the world. Marx and Engels believe that women's entry into paid labour force is the first step towards full liberation of women. The theory also highlights that men are at the top of the economic hierarchy because they own the modes of production, thus women are relegated to the lower end of the economic hierarchy and undertake unpaid labour. This then makes women essentially the property of men. This makes them objects and thus objects are prone to abuse as they do what they are told. Women then are abused because they are financially dependent. The Marxist feminist firmly believes that the solution is in eradicating capitalism and creating an environment where women can accumulate capital and be paid for their reproductive roles. The theory goes in line with the work being done at the shelters; this is because at the shelter assists survivors of gbv with different educational opportunities to help them to be financially independent thus reduce GBV and abuse.

### ***2.2.4 African Feminism***

The theory resulted due to the realisation that the African woman faced double discrimination. This is because the African culture has a lot of negative cultural beliefs thus the African woman is violated in the international system as well as in their own culture. This was also noted by Frederick Engels who is one of the first pioneers of economic theories, in his study he noted that women of colour were more oppressed because of their skin.

African feminism also states that African women are more oppressed than the European lady. According to Chimande Ngozi Adichie an African feminist, the African woman is further oppressed by variables such as ethnicity, negative African cultures as well as other women. The African Culture is filled with negative cultural beliefs that have forced women and girls to be docile in nature and gullibly accept instructions without considering themselves first. Thus in most cultures especially in Western Africa there is the practise of

certain activities that have detrimental effects to a woman's body and even death , some of these include female genital mutilation ,child marriages all this for ensuring that the men is pleased.

The African culture has taught women to endure in cases of gender based violence and this advice is given to younger women by older women thus the research will also evaluate how the stereotype is affecting the effectiveness of safe shelters. This makes the work of shelter even more necessary as the shelter also works to address negative cultural beliefs. This is done by conducting sessions that enlighten survivors of their rights and understanding that they come with responsibility.

### ***2.2.5 An Overview of Gender Based Violence and Rehabilitation Strategies in Zimbabwe.***

Gender Based Violence in Zimbabwe is a topical issue in the country. According to UNFPA the country has a relatively strong legal framework and the government has made strong commitments towards eradicating violence against women and girls. This can be shown by a number of implementations that include progressive gender equality provisions in the constitution, the domestic violence act, The National Gender Based Violence Strategy of (2010-2015), and The Integrated Support Programme for sexual and reproductive health rights. This has helped especially in the promotion of safe shelters for survivors of GBV.

It can clearly be seen that work is being done in the country to reduce GBV, however despite all the policies and ever increasing implementations the Zimbabwe Demographic Health Survey (2011), reports that 30% of women aged 15-49 in Zimbabwe have experienced physical violence since they are aged 15, 27% are claimed to have reported that they had faced sexual violence. In addition population-based surveys around the world have found that between 10-70% of women reported being physically assaulted by an intimate male partner at some point in their lives (Heise, Ellsberg and Gottemoeller, 1999). In addition a substantial proportion of girls and women experience child sexual abuse, rape and other forms of sexual coercion in virtually every setting of the world. Population-based surveys report rates of forced sexual debut among sexually experienced young people ranging from 7% in New Zealand to 46% in the Caribbean (Heise and Garcia Moreno, 2002). Studies from Australia, Canada, Israel, South Africa and United Nation States have found that 40-70% of female murder victims are killed by their husbands or boyfriends, compared to only 4-9% of men, small scale studies from developing countries report similar findings (Heise and Garcia Moreno, 2002).

Most survivors know the perpetrators, who often include intimate partners like stepfathers and other relatives. Most women are often reluctant to disclose experiences of physical or sexual violence due to shame or fear of reprisals. Under-reporting appears to be particularly problematic in large-scale Surveys designed primarily for other purposes such as the Demographic and Health Surveys (DHS), though researchers have reduced under-reporting by providing special training to interviewers, placing greater emphasis on respondents' privacy and safety and allowing women multiple opportunities to disclose their experiences. According to Zimbabwe Demographic and Health Survey (2005/6), 95 percent of victims of domestic violence are women and girls while 99 percent of the perpetrators are men, 25 percent of women have experienced sexual violence, 36 percent experienced physical abuse, 57 percent are emotionally abused and 8 percent reported that they experienced violence whilst pregnant.

Sexual violence within marriage is also common with approximately 10-13%. Some evidence suggests that women who suffer violence are less able to negotiate family planning or condom use (Garcia Moreno, 2002). Hence victims of gender based violence may experience higher rates of unintended pregnancies as well as increased vulnerability to sexually transmitted infection, including HIV/AIDS. WHO (2007), postulated that "a global combination of lifetime occurrence data on gender based violence reveals that high prevalence rates among young women indicates that violence starts early in women's relationships, among women aged 15-19 years a 29 percent have experienced physical and or sexual violence and 40-44 years a 37, 8 percent have experienced physical and or sexual violence and the percentage decreases for women aged 50 and above.

According to the Lakeland Health Organisation rehabilitation is the processes of helping an individual achieve the highest level of function, independence and quality of life possible. In addition Rehabilitation does not undo the damage caused but rather it helps restore the individual to optimal health, function and well-being. This means that the whole purpose when a survivor comes for rehabilitation services is to find ways to get back on their feet. Thus accept their reality and find ways of surviving after the act of violence in their lives. Rehabilitation services offered at the shelter depend on a survivor's case; each survivor has a unique case.

The process of getting into the shelter for rehabilitation services starts from a counselling session whereby the survivor explains the story and it is then determined if rehabilitation is



necessary. Such cases include threats to life, death, rape, rejection by spouse or family, medical attention, legal assistance amongst others. This is important as mentioned in the Socialist Theory by Walker (1979), he states that interaction between a victim and an offender contributes to the continuance of violence thus the shelter is very important in such instances.

The idea of shelters for survivors of gender based violence in Zimbabwe came as a result of the realisation that survivors of gender based violence often have to deal with the unfortunate event of being homeless as well as being a social outcast. The Zimbabwean society is known as one of the most patriarchal societies in Africa therefore when a survivor is abused it is usually blamed on them. This is characterised by the famous saying in Shona that says “munhukadzi anoshingirira” or “dzokera kumurume unotinyadzisa” all these sayings are generally used to abused women and girls and they are prone to recurrent violence. This therefore leaves them with a few options since the society expects them to behave in a certain way .The introduction of shelters therefore came as a panacea to help survivors to make decisions based on what is good for them without external societal influence.

The director of Musasa Netty Musanhu mentioned that the massive shelter project was there to assist women and girls who had been abused, violated or raped to receive immediate physical and mental protection provided with a safe home and information needed to build their confidence and skills so as to increase their capacity to regain control of their lives free from violence. Rehabilitation services offered by the shelter also help in creating a safe space where women do not live in fear of violence. Dr B. Osotimehin who was the director of UNFPA in 2012 alluded that “no development goal can be achieved as long as women and girls suffer from violence or live in fear from it”. Shelters have been trying to address this by creating spaces where survivors live without fear and pick themselves up to become productive women and thus promote development in their individual lives as well as the country as a whole.

The main aim of the shelter is to promote safety of a survivor .In order to avoid abuse of the facility of the shelter there is a process carried out with a survivor to ensure that the needs of the survivor need immediate attention or a temporary safe shelter whilst processing their cases. The process includes a counselling session with a counsellor or shelter administrator to determine the services required, the counsellor will then ask for approval from the Director or programme officer. In addition some cases at the shelter come from partners that are working with survivors of gender based violence such as The Ministry of Women Affairs Gender and

Community Development (MWAGCD), Medecins Sans Frontiers, Adult Rape Clinic and the Department Social Services. Some of the reasons include;

### ***2.3.1 Forced Early Marriage***

The shelter accommodates young girls who are being forced to leave school to marry in order to take care of their selves. This is most common from high density suburbs in Harare such as Epworth and Mbare. In a research carried out by The University of Zimbabwe Institute of Environmental studies in collaboration with Unicef in (2013) one out of ten children are living in extreme poverty. This then leads to a lot of school drop outs. In suburbs like Epworth due to high levels of poverty there are a lot of religious practises practised by people as an alternative to reduce their poverty these include the negative beliefs of the African tradition religion as well as some sects in the apostolic field. Young girls are then required to be married off to reduce poverty. Some of the young girls are can be helped to get into the shelter by community members who are committee members for Musasa. The girls are kept temporarily as they are helped with school courses or life skills and reintegration.

### ***2.3.2 Abandonement and Unwanted Pregnancy***

In addition the shelter also accommodates women and girls who have been left pregnant and abandoned by the spouses and the family. These cases are very common and a lot of women are left homeless without enough resources to take care of themselves. Most of these survivors are referred to the shelter by the department of social services around the country. The shelter accommodates them taking care of them until they have given birth and choose either to keep the baby or give it up for adoption.

### ***2.3.3 Death threats (physical violence)***

The shelter also houses women and girls who are being abused physically and are facing death threats .A lot of women and girls who report cases of physical violence are often threatened by their spouses after they report them or they might be abused more after the spouse serves his term for abuse. They are thus not safe and need to be in a safe environment whilst counselling sessions are being done for the couple if that is what the survivor wants.

### ***2.3.4 Medical attention***

Furthermore, the shelter also accommodates women and girls who need medical assistance. These survivors are usually form partners such as Medicines Sans Frontiers , Adult Rape Clinic and social services. They are usually mentally challenged, epileptic or suffer from severe cases of sexually transmitted diseases. They stay in the shelter until they are fully recovered they are also helped with their cases especially if they are legal issues they only

leave the shelter when they have been reintegrated well in to their families or going to facilities that are more capable of taking care of their conditions such as Annexe a branch of Parirenyatwa hospital.

### ***2.3.5 Physical Violence***

The shelter also accommodates women and girls who have been physically violated. Physical violence refers to any intentional act that causes harm, injury and trauma. Survivors with bad injuries are also accommodated in the shelter to avoid further harm. They are helped to get medical assistance until fully recovered.

### ***2.3.6 Court Proceedings***

The shelter also takes survivors who are not safe whilst waiting for their court dates. The court dates are sometimes moved and changed thus they need a safe space whilst waiting. In addition they are counselled and prepared for court e.g. getting important documents such as national identifications and affidavits. They usually leave the shelter after results of the court ruling and reintegration.

### ***2.3.7 Sexual Violence***

Sexual assault is a most intimate crime, and when it happens our most intimate sanctuaries our homes, are devastating and difficult to escape. The majority of sexual assaults take place in or near victim's homes Mindlin and Vickers (2010). Thus for many survivors of sexual violence home often is not safe. Survivors struggle with seeing and touching constant reminders of the assault. And if the survivor must leave the home to flee from the perpetrator there is need to be in a safe place to heal emotionally and physically. Thus the shelters work would be to help the survivor get back on her feet.

## **2.4 Rehabilitation strategies used at the Safe Shelter.**

### ***2.4.1 Counselling***

Gladding (2004), defined counselling as a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, institution and other interpersonal factors, to clients' intimate concerns, problems or aspirations. According Cormier and Hackney (1993), counselling involves an interpersonal relationship between someone actively seeking help and someone willing to give help who is capable of or untrained to help in a setting that permits help to be given and received. Basically, counselling is a helping relationship between a trained counsellor and a client. Counselling offers hope to survivors of gender based violence,

counselling is a critical intervention that can have a positive benefit for survivors of gender based violence, the benefits include increased level of acceptance, lower levels of depression, higher self-esteem, assertiveness, increased preparedness for future potential abuse and even higher physical functioning.

Counselling providers should be trained to ask the survivors directly about violence particularly women who are pregnant and are showing certain conditions, such as injuries, anxiety symptoms, depression, sexually transmitted infections and substance abuse. Aldridge (2014), also defined counselling as a general term for explaining emotional problems by taking them through a trained counsellor. Support groups are essential to the victims of GBV and are mainly facilitated by trained counsellors. Support groups will assist the survivors in sharing their experiences and support each other, this will therefore give encourage them to become positive minded.

The survivor is also made to understand that they are not powerless victims but they have the power to move on and make decisions to be able to face the world again. It also helps survivors to face their monsters and fears. Types of counselling include;

- **Individual counselling-** this is when a survivor has sessions with a counsellor or a shelter administrator. These sessions always take time and progress is made in each session. This helps the survivor to make decisions without fear and with a clear mind. It also helps them to pour out their emotion without fear of being judged. The main aim of the sessions is that the survivor is able to get back on their feet without fear. A number of techniques are used to ensure that the survivor is able to fully express themselves some of these include the empty chair approach
- **Couple counselling-** this type of counselling includes the counsellor, the survivor and the spouse or companion. It helps the counsellor to understand what created the problem from both ends. It also helps both the survivor and the victim to understand where they are both getting it wrong. This sessions are also done away from the shelter this is to protect the survivor. The sessions also take time as both parties have to air out their views to reach a consensus. The role of the counsellor is not to support but to make the two parties understand that they are in control of the situation.
- **Family counselling** – this type of counselling involves the whole family coming together with the counsellor and the survivor to discuss a common problem. This is usually done in cases of abandonment, unwanted pregnancies and legal issues such as

the survivor reporting one of her relatives as the perpetrator of gbv. This is one of the most sensitive because opinions are many however the counsellor will always control them to make sure that the best interests of the survivor are met.

#### ***2.4.2 Life skills training***

UNESCO (2013) argued that education increases women's employment opportunities and socio-economic status. Women and girls play a critical role in sustainable development if they are healthy and educated and basically their families, communities and governments will benefit from their effort. According to UN Women (2014), the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes. It went on and argues that prevention should begin early in life by educating and working with young people including both girls and boys, this will help in promoting respectful relationships and gender equality.

The shelter has a hub of activities for survivors to teach them to be financially independent. This idea came due to realisation that many women and girls are being abused and are staying in abusive relationships because they depend on their offenders. The activities done at the shelter depend on donors funds; this is because there are resources needed for the projects. Some of the activities practised include

- **Poultry-** depending on the donors available at that particular time survivors are given poultry projects to look after. They are also provided with the space and the resources for the project. The chickens and eggs are sold and they survivors get their commission. Some are also then given cash grants to go start the business when they leave the shelter
- **Gardening-** survivors are also given tasks to work in gardens to plant vegetables, onions and cabbages with the help of the caretaker .The vegetables are also sold to a number of companies and Ngos to promote the business.
- **Sewing** – this is another activity that is practised at the shelter. Survivors are taught how to sew by a professional tailor. This is taught for business as well as for personal upkeep. The organisation prints T-shirts, bags for the organisation. The human labour used there is recruited from the shelter. They are also taught to sew different things such as blouses and aprons for sale. In addition considering that most women who come to the shelter live in poverty they lack access to basic sanitary wear such as pads, thus they are taught how to sew renewable pads amongst others.

- **Business skills** - the shelter also assists women with basic business skills this is achieved by teaching. Some of these skills include communication skills, how to treat customers, planning businesses, saving amongst other skills. This helps survivors to use cash grants wisely and to have sustainable small businesses.
- **Baking** – survivors were also taught how to bake different baked dishes such as bread, buns and cakes. They are always new chefs from different restaurants and hotels. These are all attempts to help survivors choose projects of their choice to earn a living no matter how small as long as it helps them to be financially independent. This also teaches them how to live on a low budget whilst taking care of their families.

### ***2.4.3 Education***

In order to address gender inequalities that are contributing to gender based violence. Survivors in the shelter are also helped to pursue their studies. This however depends on donor funding and which type of education they are willing to fund for. Education is essential in the journey to rehabilitate survivors of gender based violence. This is because the natures of cases that are at the shelter are caused by being financially dependent on their perpetrators. As eluded by UNESCO (2013), that education is necessary for women and girls as it increases their socio economic status. Thus Musasa tries to address this by looking for donors to help survivors. Some of the courses offered include;

- **International Computer Driving Licence (ICDL)** - it is an internationally recognised course for basic computer skills. The course is given a certificate when completed and passed. This course takes three to six weeks to complete. This opens doors for job opportunities to earn a living.
- **Ordinary Level Supplements** –in Zimbabwe O level pass is the first gateway to getting a formal job in many work places. A lot of adolescent survivors at the shelter are school drop outs or they would have failed their O levels. They cannot continue or afford better chance at getting employment. This gives them a better chance at getting being financially dependent

### ***2.4.4 Medical Assistance***

Gender based violence has detrimental effects to health for most survivors. The survivors of GBV are prone to a lot of diseases because of the physical, emotional and sexual abuse they are faced when they are abused. According to USAID, GBV is not only a human rights violation but rather it is also detrimental to the overall health of survivors and poses a public

health challenge to the communities. Musasa therefore considers it to be one of the main provisions of the shelter and thus help survivors to receive medical attention. The shelter administrator is required to have a health background if not they are assisted by a medical nurse at the shelter. This is to make sure that health is maintained and survivors are taking their medicine if necessary. Some of the diseases that survivors might have include;

- **HIV and AIDS** – Survivors of GBV are prone to be infected with HIV and AIDS by their perpetrators. The shelter houses a lot of women and girls who have been infected. The ratio however shows that most adolescent girls are mostly affected because of they are not able to exercise their sexual and reproductive health rights. This can be evidenced by the ZDHS 2015 shows that only 30% of women from 15-24 have been tested for HIV AND AIDS. The statistics is not pleasing as this is the group that is sexually active. According to studies done by The Institute of Educational Planning <http://www.unesco.org/iiep>, the main cause for the persistent rise of HIV and aids especially on adolescents is because in many school in Africa they do not mainstream the subject of HIV and Aids in their curriculum .Zimbabwe is regarded to be one of the most literate countries in Africa with over 90% of literacy. If this is the case and HIV and Aids was main streamed the rate of being infected would decrease .The survivors are offered with medication, a healthy and balanced diet, psycho social support on living positively.
- **Sexually transmitted infections (STIs)** - The lack of the exercise of sexual reproductive health rights are the main cause of STIs. Survivors usually come to the shelter with STIs. Survivors are helped to get medication at appropriate service providers. Some of the cases are severe that some have to undergo surgery whilst most are given medication. To avoid accidents of overdosing and under dosing the medication is kept by the shelter administrator until considerable responsibility has been noticed.
- **Mentally challenged survivors**– The plight of mentally challenged survivors of gbv is one that should be seriously considered. The shelter also houses survivors of gender based violence who are mentally challenged. They usually come to the shelter form partners such as Medecins Sans Frontiers. Most of them are abandoned by their families because they are pregnant and considered a taboo. They are also usually sexually abused by close relatives thus reporting such can lead to them being thrown away from their homes. There are thus left homeless and with nowhere to go to.

These survivors usually also come with a relative to help them to take their medication, bath and take care of their pregnancy until born.

- **Physically challenged survivors-** physical violence can lead to disabilities. This is because there is use of harmful objects and force thus survivors are prone to mild strokes ,difficulties in walking ,talking and usually with no money to get medical attention .They are assisted through psycho social support ,physio therapy and exercises to help them recover .

#### ***2.4.5 Reintegration Processes and Follow ups***

Reintegration can be referred to as restoring to as condition of integration or unity. The services offered at the shelter are temporary a survivors stay in the shelter until they are able to face their families again. The main aim of the shelter also includes reintegration of survivors back to the community and this process that included a counsellor, shelter administrator, the survivor and the survivor. In addition it also takes time. The reintegration process the family to accept the decisions of the survivor and it also gives the family to understand the survivor. The ultimate goal is to ensure that the survivor is safe in the community. The reintegration process is not finished when the survivor leaves the shelter. There is always need for the shelter administrator to continue to follow up on the well-being of the survivor. The first follow up is usually a week after the survivor leaves the shelter and this is necessary as it prevents more cases of abuse and is a contributing factor to ensuring that there is reduction on gender based violence.

### **2.5 Previous Studies**

A number of studies have been carried out on the rehabilitation strategies for survivors of GBV around the globe. Sullivan C.M (2012), highlighted that it should be noted that there is limited empirical evidence regarding the effectiveness of shelters for obvious ethical reasons which might include privacy.

#### ***2.5.1 Global Perspective***

According to the Network to End Domestic Violence (2012), In the United States there are less than 1 500 domestic shelter programs in the whole country. There are reports that shelters in the USA have received more funding over the decades since the passing of the Violence Prevention and services act in (1984), and the Violence against Women Act (1994), it has helped them to provide programs for survivors of GBV. However there are reports that thousands of survivors and their children's are being unfortunately turned away because of lack of enough space. This clearly shows the need for more shelters in the country.



In addition a study carried out by Grossman and Lundy (2001), most survivors turn to shelter programs only as last resort. This is because most women are reportedly not keen to living collectively with, other individuals in crisis and because of so many people and it could lead to lack of privacy. In addition Lyan ,Lane and Mernad (2008), carried out a study in the United States .It included surveying women within days of entering the shelter and when they are close to leaving. The survey included 3 410 survivors from 215 shelter programs in the country. In the findings of the research 92% of the women noted that the stay in the shelter was beneficial for them. It should be noted that satisfaction for the survivors is important.

However, it is more important to examine whether the survivors received help they sought for at the shelter considering their various needs. There were reports of positive numerous outcomes as a result of their shelter stays, of the 3 410 researches 80% of the survivors reported having more ways to plan for their safety ,knowing more community resource they can utilize in the future, feeling more hopeful and able to achieve the goals they would have set for themselves.

More so, Sullivan et al (2008), note that survivors enter into the shelter because of different experiences in life and have different needs. They also alluded some need medical assistance, financial assistance, emotional support amongst other needs, thus because of the complexity it is only logical not to look at one variable of the shelter thus some studies have looked at one variable whilst others are looking at the overall stay at the shelter.

In studies that Fowler et al (2011), a number of women found the shelter to be “quite helpful”. This shows that the shelter met their needs. In addition Panchanadeswaran and Mc Closeky (2007), examined what contributed to women leaving their abusive relationships and found that women experiencing moderate to severe violence, shelter was significantly related to ending of the relation .Another study by Gondolf et al in (1992), discovered that the more the services offered at the shelter the more survivors are able to live well and independently post shelter.

In (2006) ,Tutty carried out a study in Canada which included 368 women who used the shelters. The survey included recipients who had been in the shelter for 3 days and those who were about leave the shelter. Tutty's survey concentrated on asking survivors what they wanted at the shelter of 81% highlighted that they wanted emotional support whilst 80% highlighted that they wanted safety. Sullivan also notes that in Tutty's second survey he asked women about their satisfaction in the services offered and what were the main services they

required and results showed that safety , counselling and housing assistance. The large scale of the study wanted to find out outcomes of staying in the shelter. The findings show that 100% of the women had an understanding that they deserved better and 98% of the women were feeling more helpful whilst 97% had ways to take care of themselves and their children.

In another study carried out in Israeli by Itzhaki and Ben Potrat (2005) , the researcher used 40 women from 8 shelters in the country. The research showed that after three months in the shelter women proved to have more self-esteem, personal empowerment, hope and life satisfaction than before they came to the shelter.

### ***2.5.2 Regional perspective***

In Africa there are a number of Initiatives that are being carried out to ensure that shelters for women and girls who have suffered GBV. These include The African Network of Women's Shelters which is currently facilitating the creation of shelters in Sierra Lionne, Kenya, Ethiopia, Rwanda, Nigeria and Zimbabwe. However there is limited research on the cases and impact of the shelters on the lives of survivors.

In South Africa, The Domestic Violence Act (116) of 1998 places an obligation on police services to provide specified services to victims of Domestic Violence which include referring women to safe shelters. The shelter service in South Africa falls under broader armpit of the national governments. Most women in South Africa access the shelter in need of health, psycho-social services and legal services. In Pretoria Alone it is reported that the Gauteng department of health and social development has provided funding to 23 shelters for abused women in the 2010/2011 financial year. It is also reported that due to this 511 women and 213 children benefitted from the shelters rendered by the department.

In Ghana the Women Change Worlds (2015) report that there is only one functioning domestic violence shelter .The shelter is run as a joint venture between the Ark Foundation and some private individuals. There is also one shelter in the country exclusively for children and not for women. Exposure to Social violence, especially incest is a common reason for women or girls to come to the shelter. An example given is the story of a girl who had been subjected to incest .She arrived at the shelter with her mother because she was shut out by her family for refusing to oblige to their demands.

### ***2.5.3 National Perspective***

It must be noted that Musasa is the only organisation with running shelters for survivors of GBV at the moment. There is therefore limited information on case studies of women's

shelters and their services. The researcher however used Musasa's records to get information on the work they are currently doing in the country. The researcher noted that the organisation has a total of 9 shelters in the country 2 being urban shelters and 5 being community based.

The Harare shelter was first opened in the 1990s however it was officially launched in 2014 under the Integrated Support Programme It was mainly supported with the Ministry of Women affairs and Community Development as well as UNFPA. According to their documents 432 have received assistance from the shelter in 2015. In addition in 2016 according to their records the shelter has been receiving an average of 50 clients per month. The nature of cases most prevalent are physical, emotional and economic abuse. In addition the other urban shelter is located in Gweru. It became operational in October 2015. It is reported that in 2015 alone a total of 297 survivors accessed shelter services. The nature of cases reported includes sexual assault, physical violence and victims of rejection by their intimate partners.

Other community based shelters are located in rural areas such as Mwenezi, Chikomba, Bubi, Marange and Gutu. In Marange, the shelter started operating in 2014. The shelter was located near the Marange apostolic sect and it was initially not accepted as the community viewed it as a Western Idea that would destroy their values. However with time the community accepted the idea and in 2015 alone the shelter assisted 477 survivors of GBV. It is reported that the nature of cases include maintenance, rape cases and physical violence .In addition most of the community based shelters are located in very remote areas which are the hub of GBV, however the rising numbers of clients in most of these shelters highlight that shelters are a necessity in responding to GBV.

#### ***2.5.4 Research Gap***

After reviewing the literature, one can note that the phenomenon of shelters is not a new aspect in Europe as they hold the origins of shelters. Through multilateral organisations shelters have also been introduced in Africa which is a good sign of efforts to reduce domestic violence as Africa is deeply rooted in tradition and patriarchy which are the major factors leading to the abuse of women. Regionally and nationally there's limited evidence of research on the issue of shelters .Notably in Southern Africa there are only statistics of the number of shelters operating and no full detail on type of services offered. Nationally, in Zimbabwe only one Organization is running a shelter which is not good enough as the

country has high levels of domestic violence. There's limited research towards the safe shelters as evidenced by Musasa handbooks only the ones available, one can noted rely on these source as obviously the organisation will be biased to itself as they evaluate themselves. Thus the research seeks to fill in that gap through deep scrutiny of the role of safe shelters.

## **2.6 Summary**

The chapter was mainly focusing on the literature review in which the researcher had been concentrating on previous relevant researches that have been done adding in coming up with the theoretical base on which this research is centred. The chapter also highlighted previous studies carried out by other scholars on the topic under study, identifying conceptual and theoretical frameworks, theories and models related to strategies used to rehabilitate survivors of GBV, research gap as well as the summary of the whole chapter. The following chapter will be on focusing on the research methodology used in the research.

## Chapter 3

### RESEARCH METHODOLOGY

#### 3.1 Introduction

Babbie (1998) defines methodology as an operational framework within which facts are placed so that their meaning may be more clearly used by the researcher to obtain data. This chapter summaries how the researcher will collect data from the respondents who are the survivors of GBV and then covers the research design, target population, population sample, research instruments, data collection procedures, data presentation and analysis. The source of information that will be used as primary sources of information is interviews. This chapter will be generally the map of how the research will be carried out on the ground showing the ways and means that were actually used to capture valid data that will provide an insight on the rehabilitation strategies used by Musasa Harare Shelter in assisting survivors of gender based violence.

#### 3.2 Nature of study

The study used a qualitative approach in presenting data. A qualitative approach involves an interpretative; naturalists and idealistic position in that it collects data in the field and on view where participants experience the problem under study Peters (2000). Creswell (1998), also defined a qualitative approach as an investigation process on understanding different methodological traditions of inquiry that explore social or human difficulties. Qualitative approach is therefore a flexible strategy of data collection which provides a first-hand, an easy understanding of the data presented. Qualitative research is effective in identifying intangible factors such as, social norms, socio-economic status, gender roles, ethnicity and religion. The strength of a qualitative approach is its ability to provide complex textual descriptions of how people experience a given research issue.

#### 3.3 Research Design

A research design is a way of setting up conditions to gather information with which to answer research questions (Coolican 2006). It is the strategy plan for a research project or programme setting out the broad outline and key features of work to be carried out and indicates how the research strategy addresses the specific aims and objectives of the study and whether the research issue are theoretical or policy oriented. Bryman (2001), defined a

research design as an outline of data collection and analysis, thus a research methodology was of importance when this study was conducted. Cooper and Schindler (2008), defined a research design as the blue print for accomplished objectives and answering questions under given specific conditions. The researcher used Musasa's Harare shelter as a descriptive case study design which is a qualitative research technique. Gerring (2007), defines a case study as an intensive study of a distinct case where the purpose of that study is at least in part to shed-light on a larger class of cases.

Yin (2003), also argues that a case study investigates a contemporary phenomenon within its real life context and that the limitations between phenomenon and context are not clearly evident. Musasa Project Harare Shelter was the case study and it can be argued that the study can be viewed as small case that has a potential to enlighten the analytic generalisations on a larger population, therefore a small case of Musasa Project was used to give an overview of rehabilitation strategies on a larger population, thus the contribution can be of use to policy makers, partners as well as the organisation on its strengths and weaknesses. The researcher will give the advantages of using a case study over other methods such as surveys etc.

### ***3.3.1 Advantages***

- Case studies allow a lot of detail to be collected that would not normally be easily obtained by other research designs. The data collected is normally a lot richer and of greater depth than can be found through other experimental designs.
- Case studies tend to be conducted on rare cases where large samples of similar participants are not available. Case studies can help experimenters adapt ideas and produce novel hypotheses which can be used for later testing.

### ***3.3.2 Disadvantages***

- One of the main criticisms is that the data collected cannot necessarily be generalised to the wider population. This leads to data being collected over longitudinal case studies not always being relevant or particularly useful.
- Case studies are generally on one person, but there also tends to only be one experimenter collecting the data. This can lead to bias in data collection, which can influence results more than in different designs.

### **3.4 Target Population**

A target population is defined as a community, which a given intervention is directed, whom results will be generalized to (Coolican 2006). The following characteristics constitute a target population, age group, geographical area and gender participants. This study used survivors of gender based violence who are receiving and have received shelter services. The target population study of survivors of gender based violence. It also included employees at the organisation as key informants. The employees were of significance to a greater extent as they were working on a day to day basis with the survivors thus it made them relevant in research. More so, they provided a wide range of services which included counselling and legal services amongst other things.

In order to get an in-depth knowledge of the rehabilitation strategies used at the shelter the researcher made use of 10 respondents who were currently in the shelter, the research also included 2 other respondents who had left the shelter. Key informant interviews were carried out with three employees at the organisation. The research was also limited to one shelter.

### **3.5 Sample**

According to Bhattacharya (2009), sampling can be referred to as the art of selecting a portion or fraction of a whole population under study. The reasons for sampling vary and some include time, financial and logistical limitations which may hinder the researcher to study the whole population. However, Bhattacharya also states that the sample should be a representative of the total population in terms of characteristics. This background is the one that led the researcher to make use of random sampling and purposive sampling.

#### ***3.5.1 Sample Size***

Population consists of all members of some defined group while a sample is a subset population Coolican (2006). Population sample is a representative of the total population of a given area under study. The sample comprised of survivors of gender based violence that are in the shelter as well as those who have left the shelter but received services. The sampling process is very crucial to any researcher because the method of sampling determines representatives of the sample to the study population. The research was carried out with 10 survivors at the shelter which 20% of the total population. In addition the researcher was also able to interview two clients who were once in the shelter. The research also has 3 key informants who are employees at the organisation.

#### ***3.5.2 Sample Technique***

The researcher used the random sampling method. In this technique each member of the

population had an equal chance of being selected as a subject. The entire process of sampling is done in a single step with each subject selected independently of other members of the population. It is also a fair way of selecting a sample from a given population because every member is given an opportunity. It also helps in drawing conclusions from the results of the study.

### ***3.5.3 Purposive Sampling***

In addition the researcher also used purposive sampling for the key informants. This is a non-probability sampling method whereby the researcher can use his/her own judgement in the selection of the sample. Relmer (2009) also alludes that the informants are also deliberately chosen by the researcher. In addition Tashakkori and Teddlie ,(2008) further state that is done using the expert judgement of researchers and informants this is because it enables a generation of wealth from a few cases and also addresses specific purposes related to research questions.

### **3.6 Research Instruments**

Elsevier (2009) defines a research instrument as a testing device for measuring a given phenomenon such as a paper and pencil test, a questionnaire, an interview, a research tool or set of guidelines for observation. The researcher used in-depth interviews and documents review in finding answers to the research objectives. Interviews were conducted with selected key informants and survivors of gender based violence using an interview guide. The researcher observed non-verbal cues from the respondents during interviews.

#### ***3.6. In depth interviews***

The researcher used in-depth interviews. Interviews allow participants to provide historical information. Interviews may be structured, semi-structured or unstructured. This study used semi-structured interviews to collect data from the director of Musasa, a counsellor (shelter administrator), a programme officer and the survivors of GBV. Cohen and Crabtree (2006) argued that semi-structured interviewing is the best especially when one cannot another chance to interview a person. The researcher develops an interview guide and makes use of it. Arthur and Nazroo (2003) defined an interview guide as a structure that brings broad topics or themes that needs to be explored; this therefore ensures that appropriate issues are covered systematically and with some uniformity.

Semi-structured interviews are often contrasted with structured interviews which deal with fixed worded questions and unstructured interviews that have no fixed questions. Structured



interviews are viewed as a conversation and at most interesting data can be ignored, thus new ways of understanding the topic at hand may be not considered. Unstructured interviews can lead into a long conversation that may not bring out the targeted objectives and it is time consuming and hence it can disadvantage the researcher because he/she might not have much time. This therefore gave the researcher a platform to choose semi-structured interviews at the expense of these other two.

Face to face interviews were used because they give the interviewee the chance to speak on his/her own and can air out experiences, views and emotions concerning an issue. Interviews are flexible because they allow one to change the nature of the question to suit the level of understanding of the interviewee. However, semi-structured interviews have some disadvantages, for example the researcher may ask leading questions hence this may compromise the soundness and quality of the study (Creswell, 2003). To counter this challenge the researcher utilised knowledge on how to effectively conduct interviews which was acquired from social research methods at University. Despite the disadvantage on semi-structured interviews the researcher used it as a data collection technique so that the objectives may be achieved.

### **Interview Guide**

The researcher had a list of questions which is normally referred to as an interview guide and she could control over the line of questioning. The interview gave the respondents the chance to express their ideas freely. The conversation is defined and controlled by the interviewer and then the interviewee is given the opportunity to respond freely in his/her own view and words. The researcher was able to take note of facial expressions and gestures of the respondents. Two interview guides were crafted one for the key informants and the other for the victims of gender based violence both men and women in the age range of 16-55 years.

### **Advantages of Interviews**

- Respondents answered as much as they wanted.
- More valid information about respondent's attitudes, values and opinions was obtained particularly how people explain and contextualise issues.
- An informal atmosphere led respondents to be open and honest.
- It also promoted flexibility as the interviewer could adjust questions and change the direction as the interview took place.

### Disadvantages of Interviews

- They can be time consuming
- The sample size was small thus it is most likely not going to represent a particular population ,the whole population of Zimbabwe

### **3.6.2 Documents Reviewing**

A number of documents were used during data collection and were accessed through Musasa library and the internet as well. Musasa handbooks, quarterly and annual reports, newspapers, booklets, flyers were analysed to find out the contribution of Musasa Project in rehabilitating survivors of gender based violence. Documents review was used because it gives the researcher the opportunity to understand the roots of the shelter program and the work that the organisation has done so far. Documents review process enables the researcher to understand well the concept of shelter program. The data from the written documents improved well the information that was collected from the interviews.

### Advantages of Documents reviewing

- Relatively inexpensive
- Good source of background information
- Unobtrusive
- Brought up issues not noted by other means
- Provides a behind-the-scenes look at a program that may not be directly observable

### Disadvantages of Documents reviewing

- Information may be in applicable ,disorganised or out of date
- Could be biased because of selective survival of information
- It was time consuming

### **3.7Data Collection Procedures**

In the quest to collect data, the researcher will seek permission from the responsible authorities at Midlands State University to carry out the study. The study will be carried on a working days this is because the employees at Musasa do not work on weekends except for a relief shelter administrator. Thus to get the required information the researcher will need to

go to the organisation during working days. This will allow the procedures of asking for respondents at the shelter to be easy. The research will require respondents to share some sensitive information thus it will not ask for personal details to ensure that they do not fear to share information. The interviews were done by the researcher at the organisations head office and 10 respondents and all the interviews were conducted. The results from the interviews were thus finally collected and analysed.

### **3.8 Data Presentation and Analysis**

The data from interview schedules were manually analysed and was presented in a narrative form. Microsoft word was used in presenting the data that the researcher managed to get from the research.

### **3.8 Ethical Considerations**

The researcher considered and upheld ethics and values and they included confidentiality and informed consent.

#### ***3.8.1 Confidentiality***

It is the process of upholding individual's right to privacy. Confidentiality was strictly used during this study and the information gathered during the research was used for academic purposes only. Pseudo names were used to protect the participant's identity.

#### ***3.8.2 Informed Consent***

The researcher ensured that the respondents voluntarily participated in the study. The researcher also explained everything that was involved in the study to the participants and gave them the chance whether to partake in the study or not to partake.

### **3.9 Summary**

This chapter focused on the methodology of the study which includes research design, target population, sampling technique and sample, data collection methods which involved (in-depth interviews and documents reviewing), data analysis procedures, ethical consideration and limitations of the study. The next chapter focus on the presentation and analysis of the findings

## Chapter 4

### DATA PRESENTATION, ANALYSIS AND INTERPRETAION

#### 4.0 Introduction

This chapter presents an analysis and interpretation of the results that were obtained from the interviews. The chapter will show the demographic characteristics of the respondents and the major findings of the study. The findings will be presented and analysed according to research questions and objectives of the study.

#### 4.1 Demographic characteristics of the respondents

The researcher randomly selected 10 respondents; they comprised of 10 survivors of GBV who are currently in the shelter and 2 who left the shelter. Three key informants were also selected from the organisation.

##### 4.1.1 Sex of the respondents

The study comprised of 10 respondents out of the 50 women and girls who were currently housed at the shelter. Two more survivors who left the shelter were randomly selected from previous records to analyse the effectiveness of the package they had received from the shelter. The study only comprised of females only because the shelter accommodates women and girls only. From the data collected it was discovered that women and girls were more affected by gender based violence than men and boys. This goes in line with studies from Australia, Israel, Canada, South Africa and the United States where 40-70 percent of female murder victims are killed by their husbands or boyfriends as compared to only 4-9 percent of men, small scale studies from developing countries report similar findings, Heise and Garcia Moreno (2002). One key informant noted that *“men and boys constitute the vast majority of perpetrators; hence they are less likely to be affected by gender based violence as compared to women and girls.”* This was also supported by Zimbabwe Demographic and Health Survey (2005/06) which argued that 95 percent of victims of domestic violence are women and girls while 99 percent of the perpetrators are men and boys.

##### 4.1.2 Age of the respondents

The survivors at the shelter are approximately from the ages of 18-55. The key informants who also participated in the interviews have ages that range from 35-45. The ages that were mostly at the shelter were those under .

The researcher was able to interview all the survivors who are currently in the shelter because they were readily available. In addition the number was strategic considering that the shelter houses 50 survivors therefore 10 was logical number considering the sensitivity of the issues under research. The researcher was also only able to interview 3 key informants because by the time of the interviews one of the key informants had gone for community dialogues out of Harare.

## **4.2. Why are shelters for GBV important as a response mechanism in addressing the phenomenon?**

### ***4.2.1.1 Ensures safety for survivors of GBV***

Most of the respondents interviewed highlighted that the shelter made them feel safe since they were away from the perpetrators of violence. This is because the shelter is a private safe house and they are ensured that no one will know of their where about without their consent. The respondents were happy that they had a safe place that they could live, eat and sleep comfortably without the fear of being violated. One survivor from the shelter mentioned that before she came to the shelter she lived in constant fear of being abused by her husband that she always used to “*sleep with one eye open*”. In other words she was always preparing for the worst and slept strategically that when the husband came angry she would easily run away or find cover.

In addition another respondent also agreed to the notion that the shelter was a safe space for women and girls facing GBV. The case of this respondent showed that she was repeatedly physically and emotionally abused by her husband. However because in the African culture it is usually blamed on the woman for not pleasing her partner. The respondent highlighted that she would always go to seek advice from the husbands sisters who always advised her to go back to the husband, more so advise from her maternal side always forced her to go back. This exposed her to an unsafe environment that was putting her life in danger. The shelter according her words is a “*miracle from God*” because she is able to make her own decisions without fear.

Another respondent who had incurred a severe head injury due to physical violence also highlighted how the shelter became a safe haven for her. The respondent highlighted that during a dispute with her husband she was stuck by a heavy metal which led to a serious head

injury which needed constant hospital check-ups. She highlighted that *“I do not even want to think that the person who had promised me heaven on earth wanted to see me six feet under”*, she said as she chuckled lightly. She however continued to live with her husband who did not take care of her and always threatened to beat her up again. She discovered how unsafe the environment which led her to received services from the shelter. She highlighted that her stay in the shelter ensured her safety and quick recovery without fear of being injured more.

More so, one respondent who was once involved with a very affluent man highlighted that she was always unsafe living with her husband. This is because the husband used his affluence to stalk her whenever she decided to leave him. This always left her with no choice but to go back to him due to fear of her life. In her words she said;

*“He had a way of winning me back by showering me with gifts and I can’t believe that nommater how scary he was at times I still went back I guess I believed that it was unconditional love”.*

However she notes that since coming to the shelter although he did not give up by trying threatening the authorities at the organisation. She is more than amazed that she can be in a safe environment whilst working on the way forward.

More so, the researcher also discovered that the respondent’s sentiments on safety concurred with the one key informant highlighted. The information from the respondent indicated that the main thrust for the formation of the shelter was promote safety of survivors of GBV .This came due to the realisation that women keep living in cycles of violence because they have no alternative places to go thus they go back and suffer from violence. The key informant went on to highlight areas in which they are trying to ensure safety. In addition she highlighted that the organisation understands that since the shelter has adults they can freely choose to do what they please however if it hinders their safety and that of others they would be asked to leave the shelter.

The organisation has also established shelter rules not only for maintaining order but also to ensure safety. One of these include the fact that survivors are not allowed to keep their mobile phones but surrender them to the administrator and take them when there is need with guidance.

The shelter to ensure that that there is maximum safety at the shelter has ensured that there is

- A 24hour security service to ensure protection and control suspicious activities that might harm the survivors.
- Rapid response from fawcet - panic attack buttons are in the house, the survivors are taught how to use them and pressing of the buttons alerts nearby security agents.
- The police station is nearby and the station is always on alert
- The shelter administrator is trained in emergency preparedness and risk management.

In ensuring the safety of survivors who have medical conditions the shelter administrator is trained in medical aid and she is a trained nurse aid.

#### ***4.2.1.2 Allows women and girls to make decisions on their own (confidence and assertiveness)***

The researcher discovered that as noted by Ngozi Adichie it is difficult for an African woman to make decision on their own because of negative cultural practises that have made them second class citizens. This is clearly shown by the respondent's answers in being able to be assertive and make clear decisions on their own.

One respondent eluded that it was difficult for her to make decisions on her own .She stated the main the reasons being the fact that she always had been taught to consult family members even when her life was in danger or she was facing abuse. In her own words she said *"I thought I was doing my best to keep my marriage by asking help from his relatives but it only made me accept his abuse more"*. Another important element raised by the respondent is that it was difficult to make decisions about what to do when abused because she was economically dependent to her partner .Thus then made her afraid to make decisions as it would jeopardise her way of living which is also regarded a disgrace in the society. However the respondent showed that she was happy that since her stay in the shelter skills on confidence and assertiveness had helped her make decisions.

Another case noted by the researcher is that young girls are also victims of GBV because they lack confidence to report their cases. This can be noted from one case of a respondent who said that she was continuously abused by her step-father and because of fear and lack of confidence she was a victim. According to the survivor the continued abuse led to her developing a reckless behaviour to compensate for her fear she started abusing alcohol and drugs. This left her prone to more abuse in pubs and bars. She eventually was infected with a sexually transmitted disease but because of lack of confidence she kept leaving in the cycle of violence. The respondent however showed happiness by claiming that since she came to the

shelter she realised her self-worth and when she leaves she was not going to be abused without knowing what to do.

Furthermore, another respondent highlighted that in her own case she married for the wrong reasons. The respondent mentioned that she had a hard time in finding a life partner. According to her *“it was embarrassing to be the only girl who was not married in her family”*. She mentioned that she had a good job but however felt incomplete without a husband and the society did not make it easier for her as well. This led to lack confidence and withdraw from family occasions and eventually she gave in to someone without considering their personality but to just be like everyone else. She therefore lived in an abusive relationship for a long time. However she highlighted that she feels she knows better since her stay in the shelter and is not afraid to be content with herself before letting anyone complete her.

More so, the respondent's answers agree with what one key informant mentioned about teaching survivors of GBV about confidence skills and assertiveness. This is because she highlighted that;

*“Women and girls are also involuntarily choosing to stay in abusive relationships because they lack decision making. This is mainly because of low self-esteem and lack of confidence”*

This clearly highlights the plight of women in making decisions to leave abusive relationships. The key respondent highlighted that it was necessary to teach women confidence skills to know their self-worth. This is to address retrogressive cultural practises in which women are afraid to seek for professional help to get healthy relationships.

#### ***4.2.1.2 Provision of basic requirements***

The shelter provides basic needs. These basic provisions include national identification documents, bank accounts, medical provisions, clothes etc. This was also noted by Johassen and Eidem (2001) as they stated that *“battered women's shelters are vital sources for women who experience domestic violence. Shelters vary in services but most offer a crisis hotline, advocacy, counselling and safe shelter.”*

One respondent who had left the shelter going through her protection order process mentioned that it she could not have preceded with the process if it wasn't for the assistance at the shelter. According to her she needed to have a national identification but because she



did she left her house with nothing out of fear for her life. She was then offered cash assistance for all her processes. More so, because the organisation has partnered with the registry office she also was not delayed .The respondent said the process went well and she was given the protection which she reported has been working.

In addition a requirement for one to get maintenance for a child the requirement is to get a bank account. This allows transparency in cases of maintenance default. One respondent stated that her process of getting maintenance for her child was made easy at the shelter. This is because she was helped to get an affordable bank account to allow her to get money for the maintenance of her child and other requirements such as a national identification card for recognition.

Another basic requirement provided by the shelter medical services. The United Nations (1989) recognises GBV as a global health issue. This is true considering the health cases at the shelter. One respondent who was stuck by her husband in the head reported that she used to fall unconscious due to lack of medication and a proper diet. Since her stay in the shelter she got medication and there was improvement in her condition. The shelter administrator also accompanied her to get medical check-ups.

In addition the shelter had a survivor who had just given birth and had given her child up for adoption at the Department of services. In explaining her ordeal she mentioned that the services offered at the shelter helped her to have a safe delivery and helped her to understand the different options that she had in terms of keeping the baby. This concurs with what Dr. Babatunde Osotimehin UNFPA (2015) said, in his words he said that “for the pregnant woman who is about to deliver, or the adolescent girl who survived violence, lifesaving services are as vital as water, food and shelter”. The survivor was getting ready for reintegration and getting back to her life.

#### **4.2.2 What are the unique services offered at the shelter?**

The other aim of the research was to also analyse the unique services that the shelter offers in responding to GBV. The researcher then during the interviews discovered some of these services and also through the interviews the relevance of these was also realised. One key informant after being asked what unique services they offer and of what relevance they are of respondent by giving the following information;

The provision of the shelter is to provide psycho social support for survivors of GBV. The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it. The International Federation of Red Cross and Red Crescent Societies (IFRC) also include that social effects are the shared experiences caused by disruptive events and consequent death, separation, sense of loss and feeling of helplessness. She also noted that survivors come to the shelter for different reasons which might be financial, medication amongst others.

This also is also supported by Sullivan et al (2008) who notes that survivors enter into the shelter because of different experiences in life and have different needs. They also alluded some need medical assistance, financial assistance, emotional support amongst other needs, thus because of the complexity it is only logical not to look at one variable of the shelter thus some studies have looked at one variable whilst others are looking at the overall stay at the shelter. In addition it has become increasingly clear that a lack of affordable and safe housing has a significant impact on women's decision making. Housing has been identified as a significant concern one that not uncommonly can force a return to an abusive relationship Tutty (2006).

The respondent added that in order to address all these effects of GBV there are a number of activities in the shelter and these include the following;

#### ***4.2.2.1Counselling***

This is an ongoing process in which collaborative effort between the counsellor and the survivor is put to allow them to heal and cope with their current situation. She also added that the process is quite complex just as the human being is. According to her there are some clients who even after counselling have gone back to the cycle of violence in the name of love. The process is carried out daily when in the shelter by the shelter administrator. One of the survivors who were interviewed highlighted that through counselling she is now hopeful about life and she claimed that she was a totally different person in the way she viewed life. This also concurs with studies that Fowler et al (2011) carried out and a number of women found the shelter to be "*quite helpful*".

Another respondent also mentioned that counselling had allowed her to be in sync with her body, mind and decisions. She highlighted in here own words that the process allowed her to

*“accept what had happened to me and be true to myself and to recognise what I wanted to do with my life after the violence”*. This is also supported by Johassen and Eidheim (2001) who state that counselling helps women define their problem and their needs in a supportive environment. One key informant also highlighted that counselling also helps to analyse the progress of the survivor is making in accepting what happened to her and also finding possible ways of moving on. In addition she mentioned that it is also through counselling that the shelter administrator is able to decide if the survivor can leave the shelter or not.

Another respondent when asked how counselling has helped alluded that she realised how she can turn around the pity she was feeling for herself to realise her potential .The respondent also mentioned that she also realised the big responsibility she had considering that she had daughters in making them better women who are independent

Furthermore, the researcher had an interview with a respondent who later revealed her HIV status and mentioned that she was tested positive for the virus. She highlighted that upon knowing her status she could not believe it and denial caused her to fall into a depression. The survivor eluded that;

*“I felt like killing him, he was beating me, scolding me and was cheating on me but the fact that he gave me HIV made me hate him the most I was on the verge of committing murder, he should thank God, I am a Christian”*

However, she appreciated that counselling from the shelter administrator as well as HIV/AIDS counsellors helped her to be strong. In addition she mentioned that she is now happy that she knows how to live a maximised life with her status.

### ***2.2.2.2 Life skills Training***

Life skills are abilities for adaptive and positive behaviour that enable us to deal effectively with the demands and challenges of everyday life, in other words psychosocial competency. They are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life.

One key informant mentioned that;

*“We are trying to ensure a comprehensive package for survivors of GBV, that they leave the shelter having benefited from all the services that we are able to offer including life skills. The success of the services offered at the shelter can be detected*

*when survivors leave the shelter better off and ready to start their lives with new confidence and skills, some of the life skills the shelter assists survivors with include Income generating projects (IGPS), Confidence and assertiveness skills and even hygiene.”*

In addition the informant also highlighted with great concern that it is not enough to give a woman counselling, legal advice and reintegration because she might go back to the same cycle of abuse if she is not economically independent.

This is evidenced by one survivor who left the shelter last year. During a telephone interview she mentioned that when she came to the shelter she was hopeless that her marriage will work out and her worst fear was living as a single mum to raise three children. When she was physically abused by her partner she sustained side injuries but due to Musasa she was able to get medication and during her stay in the shelter she was able to have counselling sessions with her husband and the counsellor which changed their marriage for the better. In her own words she mentioned that;

*” When I came to Musasa it was just for trial and error otherwise in my mind my marriage was over and I was just done with this man, I just wanted to leave him but I wanted to know if I can leave with anything .I was also confused I didn’t even know where to start since I am also partially paralysed”*

. However she mentioned that she is most grateful for the life skills she learnt. Currently she owns her sewing machine and she is making money .She mentioned that she is grateful because the project is sustainable and she can feed her family. She is also a tailor at the organisation for any project that requires sewing.

The thinking along these lines is supported by the Marxist thinking; they believe that the capitalist drive for profits is responsible for their second class status. Women are exploited as they are the source of unpaid labour which to a greater extent makes them vulnerable to violence. Thus as mentioned earlier women need to redress negative cultural practises and reduce being abused.

More so ,the other survivor who left the shelter and now managing a small business of selling deodorant also mentioned that she is eternally grateful to Musasa shelter because it is when she was in the shelter she learnt business skills and techniques . She is currently staying at a house where is she is working and uses her free time to sell her deodorants. The survivor also

highlighted that she is now able to send her daughter to school which she regard a great achievement. This can also concur with Gondolf et al in (1992), who discovered that the more the services offered at the shelter the more survivors are able to live well and independently post shelter.

To add more, the key informant also indicated that it is not only poverty that makes women stay she also said lack of confidence and assertiveness can lead to women staying in the cycle of violence. She mentioned that *“the main reason is to help a survivor make an informed decision about the situation on how best they can help themselves on the situation they might be facing”*. An interview with one of survivors indicated that she did not feel comfortable at the shelter during the first days considering the life style she was used to that however was a life threatening environment. This is was also noted by Grossman and Lundi (2001), who state that most survivors turn to shelter programs only as last resort. This is because most women are reportedly not keen to living collectively with, other individuals in crisis and because of so many people and it could lead to lack of privacy. However she notes that continued assertiveness and confidence skills she accepted that she was also a woman like everyone else and needed to find ways on her own to change her situation.

### **2.2.2.3 Education**

A key informant highlighted that they realised that most survivors at the shelter had dropped out of school and put it upon themselves to assist especially willing survivors to finish their school or find alternative courses to earn a living post shelter.

An interview from one survivor who was benefiting from the initiative said that she had dropped out of school because she had been raped by a close relative and because her mother did not allow her to disclose the information to anyone else she withdrew from school. In her words she said *“I was not a bad student in school I actually wanted to finish school just for my mother but I could not continue to fake it I wanted to do something to make it stop”* She then mentioned that she took advantage of a time when her mother was not in the country, she asked for assistance from the nearest police who then referred her to Musasa. She also said she then was offered shelter since she was no longer safe staying with her uncle and she needed help to explain to her mother what she had decided to do. By the time of the interview she was finishing up her course in basic computer studies. She was also hoping to get a job that could allow her start small as she advanced her studies post shelter.

One key informant also indicated that another reason for helping women and girls to access education is the fact that *“they firmly believe that women should be awarded same opportunities as men”*. This is the same notion that liberal feminists agree to one scholar Alison Jaggar (1983), in her book *Feminist Politics and Human Nature*, she states that the primary goal is to get gender equality in the public sphere. This includes in education, equal pay, job sex segregation and better working conditions. The liberal feminists agree that the private sphere issues are of concern mainly as they influence equality in the public.

To add on, an interview with another respondent also added that she had benefitted from the service of education offered at the shelter. She dropped out of school after having been abused by her step- father. She ran away from home because she feared her mother would blame it on her. Considering that she was to fend for herself she then started being irresponsible and got into prostitution. In her own words she said *“ what was I supposed to do nothing was a better devil”*. It is on one unfortunate night that she was drugged and abused, not only did she get pregnant but also contracted Sexually Transmitted Infections (STI), she was then referred to shelter. During the time of the interview she was pregnant however she was preparing for her Ordinary level exams. She hoped to pass and find a job with the qualifications she would have gotten with the hope of advancing her studies.

In terms of education it can be noted that the organisation is actually trying to meet the needs of survivors by increasing their chances to be financially independent and find a place in the economy.

#### **2.2.2.4 Medical Assistance**

As noted by the United Nations (1989), GBV is a global health issue. This is because it leads to a lot of injuries, transmission of diseases. The organisation through the shelter is assisting women and girls in receiving appropriate medical services.

As mentioned earlier one key informant during an interview highlighted that the aim is to ensure survivors get a full package. Abused survivors need to be attended medical assistance to get their dignity as well as prevent more infections related to the abuse. According to the informant;

*“To ensure that survivors of GBV get medical assistance without delays we have actually created relations with major hospitals and agencies such Parirenyatwa and Adult rape clinic to ensure that survivors are attended to without being delayed”*

. The services being offered at the shelter are similar those being offered in Mexico. According to Ashford Public hospitals and health units developed a “Model of Integrated Attention to victims and survivors of sexual violence”, this was done in collaboration with local and international organisations e.g. Ipa and the UNFPA .It is reported that from 2000 to 2007 more than 5400 health professionals including physicians, nurses and psychologists were trained on specialised services for women survivors of violence.

The researcher carried out an interview with one particular respondent who was in shelter with her mentally challenged niece who was raped consistently which resulted in pregnancy and an STI. She also mentioned that her niece was then neglected by her guardians but she was determined to see justice prevail. She was heavy with emotion upon narrating her nieces story that she said “ *I do not understand how a blood relative can rape their own mentally challenged niece, I just call it witchcraft*” However she highlighted that she did not have enough to take care of them, she was then referred to Musasa. After going to the shelter she highlighted that they were helped in registering of the pregnancy. In addition her niece needed urgent medical care to cure for the STI as well as stabilise her to ensure the health of the baby. By the time of the interview her niece had given birth although it was not a natural process, she was getting the needed medical care. In addition, because she did not know how to feed the baby she was given a breast pump and with the assistance of the shelter administrator they were able to feed the baby. This is one of the many success stories at the shelter. The aunt had decided to keep the baby with her niece.

In another interview the researcher talked to a respondent who was going for what she called electro surgery to remove the genital warts she had. The respondent had been kicked away from her home by her guardian after a fight. She then turned to prostitution for upkeep. It is during her days of prostitution that she met one particular man who became her customer. They had agreed to use protection however he drugged her frequently that she did not recognise that they were not using protection. When she discovered that she had developed warts he comforted her saying “*warts made her tighter*”. This comforted her and since she economically depended on him she did not take it into consideration. The respondent however mentioned that it is only when her customer cut all communication with her she had to live under a bridge were she was found by community members who then referred her to the police. The police helped her to get to Musasa. By the time she got there the warts had increased and she had difficulties in walking. She was thankful that although she was in pain she was getting medication.

To add on, a key informant also informed the researcher that;

*“We have taken a very big responsibility in accommodating survivors with health conditions therefore to ensure safety of the survivors the shelter administrator has a medical background because she is a trained nurse”*

She is therefore able to give medical aid, administer medication and determine whether a survivor needs urgent medical attention at the hospital or get medication at the shelter amongst other things.

#### **2.2.2.5 Reintegration and follow ups**

To reintegrate is to restore to a condition of integrity and unity. The shelter is also a place where survivors can also stay whilst the process is facilitated. This is because when respondents come to the shelter it is mostly because they left their relatives and the society on bad terms. One key informant highlighted that reintegration is one of the most important services offered by the shelter because it determines the life the survivor will have post shelter. In addition as noted by Tutty (2006), the lack of basic housing has led to poor decision making by women as they are prone to go back to abusive relationships if they do not have anywhere to go. Thus the work of shelters is crucial in addressing this.

The researcher conducted a telephone interview with one survivor who was reintegrated well to her family. The respondent highlighted that she was physically abused by her husband which led her to leave the house in fear of her life. However, because she had children she went back to stay for their sake. In addition she said that she sustained deep internal injuries, it is however after another domestic dispute she was hurt to the point of paralysing her left side. She had to be taken to the hospital but because she could not afford the costs she then came to Musasa. After a counselling session she was then offered shelter with all her children. She received medical services from the shelter after a while she had to leave the shelter. She reported that she was very happy with the way her reintegration process went. This is because , she had left her maiden family without saying therefore it was long process of updating the family of what had happened to her and for them to accept her back. She also highlighted her joy to have been reunited with her family and although she was still healing it was a new start for her and her children. During the interview she interview she kept saying *“I am very happy I am with my family they have no idea how they helped me”*. This helped the researcher to know that she was happy with the services.



In addition a key informant also added that after a survivor leaves the shelter they are not completely left this is because they understand that reintegration is long process. Therefore she highlighted that;

*“we first check on the survivor 3 days after leaving the shelter , this is to confirm if the survivor is settling in well and to also reassure that they can still come back for help if it does not go well”.*

The shelter administrator gradually weans the survivor. A final follow up is made 3 months after post shelter. This when they finally wean the survivor and have the case closed.

#### **4.2.3How effective has been the shelter in providing basic needs for survivors of GBV**

The effectiveness of shelter services is not easy to determine, this is because there are different services offered as cases also differ. Sullivan (2012), also noted that there is limited empirical evidence regarding the effectiveness of domestic violence shelters, for obvious reasons. This is because it is neither feasible nor ethical to randomly assign survivors into shelters and those studies that have compared women who do not use shelters are severely limited by the fact that the two groups differ. This is because of a number of variables that include income, and level of education. Thus the review looked the shelter in general, in other words the general satisfaction of survivors who received services at the shelter.

It can be noted that from the interviews conducted the general population was happy with the help they received from the shelter. The researcher had a telephone with a respondent who had left the shelter. The respondent narrated that she benefited from the shelter great she gained confidence. The confidence helped her to find an area of interest during her stay; she then developed great interest in sewing. In addition when she left the shelter she had participated in many sewing projects with the organisation. During the time of the interview she reported that she was given a start-up package when she left the shelter. She used the money to buy her own machine, using this machine she was managing her own small business and she created income. The survivor was satisfied with the services she received and she was also reintegrated with her family well.

More so, another interview with another client who had left the shelter, when asked how she viewed the shelter and the services she received she highlighted she left the shelter hopeful and expectant of a better future. Most of the survivors who were interviewed indicated that they were satisfied with the services. It must be noted that other scholars who had this kind of

research discovered similar results and considering that the researcher only had a survey with only 20% of the overall population it's possible to have the entire survivor satisfied with the shelter. According to a study carried out by Goodkind, Sullivan and Bybee (2004), they discovered that 79% of women in their sample reportedly said the shelter helped them reduce domestic violence whilst only 10 % reported that shelters did not help them in reducing violence.

In addition the researcher also discovered that the survivors also commented the shelter staff. Most respondents reported to have been satisfied with the help they got from the shelter administrators. One respondent said *“the shelter administrator is very composed and she knows what to say to make you feel better”*. In addition another respondent reported that *“it's amazing that we had a male guard who was very descent and never tried to take advantage of our situations”*. This shows that the staff proved to be quite professional. This is also similar to the findings by Tutty, Weaver and Rothery (1999) they explicitly asked women from a shelter in Western Canada what they found as most helpful to them. It is reported that 84% of the women noted the staff as having been knowledgeable, caring and supportive.

#### **4.2.4 What are some of the challenges Musasa is facing in attaining the intended results for the shelter?**

##### ***2.2.4.1 Donor Funding***

One key respondent highlighted that the programs at the shelter are donor funded therefore they mainly depend on what the donor prefers. She highlighted that;

*“Currently the shelter is being sorely funded by UNFPA thus currently the programs that are being implemented are sorely within the interests and budgets of the donor”*

. In addition she highlighted that as a way of improving shelter services they were planning to strengthen their Income Generating Projects (IGPs) and they were in the process of sending proposals to the donor to increase their IGPs. Thus intended results are predominantly determined by what the donor is willing to support. More so, she also included the fact that *“the Donor even determines the level of qualifications the organisation will look at when recruiting employees at the shelter”*. Another point to note is that the shelter currently has one donor therefore flexibility in programming is difficult.

##### ***2.2.4.2 Clients with made up stories***

Another problem that was highlighted by one key respondent is that of late they had received women and girls who were had been faking their stories in order to get access to the shelter.

This was evidently done by one survivor who heard about the shelter from a neighbour who had been helped. She then after having promiscuous unprotected sex got pregnant. She then came to the shelter pretending to be a victim of domestic violence. The key informant however highlighted that;

*“we might have issues here and there of women and girls who might want to abuse the facility however the shelter administrator is highly trained, that she is able to get if a client is lying this is usually determined in counselling sessions”*

. She highlighted that it is impossible for someone who is lying to keep repeating the same statement. She however hinted that although it has been a small hiccup they were doing their best to rectify it.

#### ***2.2.4.3 Communication of Survivors with Perpetrator***

Another problem that was encountered at the shelter is that clients use the abuse the facilities they are given to be able to communicate with their relatives. This is usually done to allow survivors to inform their relatives on the progress of their cases however it is reported that some clients then abused the facility and began to call their perpetrators and in so doing they fell back into the trap of violence. The problem is being rectified according to the key informant. This is through the implementation of shelter rules and confiscation of mobile phones by the shelter administrator. The informant also then said that it is normal to have mishaps because according to her words *“we are dealing with people”*, she then reassured that the problems are being solved every day as new innovations are coming to the shelter.

### **4.3 Summary**

This chapter focused on the presentation, analysis and interpretation of data obtained on rehabilitation strategies for survivors of GBV.

## Chapter 5

### SUMMARY, CONCLUSIONS AND RECCOMENDATIONS

#### 5.0 Introduction

The chapter focused on summarizing the major findings of the study. This was done using the objectives of the study.

#### 5.1 Summary of major findings

The researcher noted that GBV is still a social ill that many women and girls are enduring. In addition a lot is being done both in the public and private sector to respond to the phenomenon thus the introduction of shelters. The researcher also noted that the government, multilateral institutions and non-governmental organisations are however doing their level best to rectify the issue. Major effects of gender based violence were considered in study and the effects are both short and long term. The effects involved injuries that can lead to disability and or death, loss of resources, loss of confidence and self-esteem in women, family disintegration. Therefore the initiative to create safe shelters for survivors of GBV is an important response mechanism.

The study also looked into the main reasons why the concept of a shelter was adopted as way of responding to GBV. It looked at the global perspective of shelters around the world, the researcher also then looked into regional perspective while coming closer to the national perspective. The research also looked at the different services offered at the shelters and their short term and impact on survivors lives post shelter. The researcher also noted a number of reasons why women in particular are being recipients to GBV to a larger extent. Some of these reasons include religious and cultural beliefs, dependency syndrome on men, lack of information that can expose them to become aware of their legislative rights, the fear for discrimination and poverty. In addition the researcher also looked into the different services offered at the shelter and their impact on survivors of GBV.

In addition the research also found out that in Zimbabwe Musasa is the only organisation with running shelters for women and girls and clearly more has to be done to support the organisation. The assistance that the organisation needs to promote the concept of shelters must also come from the government, donors as well as the local community. This is because the government has a role to play in allowing the organisation to pursue its vision, more so the government is the best way to reach out to communities and in still behaviour change.

## **5.2 Conclusions**

The study concluded that GBV is still a social menace in the country and it affects most women and girls but however the research also discovered that men and boys can also be victims of GBV. The study also came to a conclusion that the governments and non-governmental organisations are working hard to improve response mechanisms to reduce GBV and its impact on the victims. The study also concluded that it needs time to end gender based violence therefore rehabilitation strategies should not only be supported by the international organisations but the government must do more to promote such initiatives. In addition the researcher also concludes that GBV is a cause serious health challenges to the victims therefore needs an enabling environment.

The study also concluded that traditional counselling is of paramount for survivors of GBV and because it is a process there is need to be in a safe environment to allow improvement. The research also noted that the government should create an enabling environment for the civil society organisations and together should work hard to end gender based violence. The study also concluded that women and girl are the immediate victims of gender based violence because they have great hope for change, thus they believe that their intimate partners will positively change. Most women do not really know about their legislative rights, laws and policies that can protect them from GBV. This is mainly caused by lack of education and also by lack of awareness campaigns and retrogressive cultural beliefs. Women and girls are viewed as objects in most communities this is mainly caused by the fact that men pay lobola and once they do that they end up seeing women as objects that belongs to them. Women and girls also stay in abusive spaces because they do not have safe spaces to go when they are abused thus the researcher concluded that the work of the very important .In Zimbabwe, most women and girls depend on men for financial assistance and therefore they end up experiencing violence. Poverty is another factor and most women who suffer from poverty are more likely to experience gender based violence. In most cases these women end up engaging themselves into prostitution and this will expose them to more abuse perpetrated by men.

## **5.3 Recommendations**

The researcher made the following recommendations to the organisation in order to improve its rehabilitation strategies for survivors of GBV.

- ***Awareness campaigns and Advertisement***

There is need for more awareness campaigns on shelters and their importance that will target urban areas that it has not yet reached out to yet. This was also highlighted by one of the respondents who said that there is need for the organisation to advertise more about the shelter. This is because women keep suffering and staying in cycles of violence because they have nowhere to go. The campaigns should also target men and boys in societies so that they can help to end gender based violence not women and girls alone because for gender based violence to end there is need to engage the perpetrator and that is men and boys as discovered by several studies.

- ***Creation of safe shelters for men***

The researcher learnt that the other reason why shelters are easily rejected in the local communities is because they seem to only favour women without considering that GBV affects both men and women. The researcher then realised that the organisation has to take a step in considering men not a very big step but maybe partner with organisations that work with men as well in the creation of safe shelters for men as well.

- ***Strengthening of Income Generating Projects***

The researcher also realised that most women are economically dependent on their intimate partners. In addition young girls are also dependent on their guardians therefore there is need to strengthen IGPS to ensure that women and girls are able to make confident decisions without the fearing rejection or lack of financial support from the perpetrators of GBV.

- ***Strengthen bonds with the government for more access into communities***

The government is responsible for formulating effective laws and policies on gender based violence. It is essential for the organisation to continue to work closely with the government under the Ministry of Women Affairs (MWAGCD) to improve shelter availability and accessibility. This will ensure that services are given to many survivors of GBV. The government should create an enabling environment and give civil society organizations the right to platform to directly support the victims of gender based violence and the children.

- *The Survivors should always be accompanied by the Shelter Administrator /Driver for safety*

The researcher also noted that some survivors highlighted that they would go to get medical, financial services alone if the shelter administrators had to attend to some other business. This then led to the realisation that the safety of the survivor is somehow compromised as they could be tempted to contact the perpetrator especially if the perpetrator is an intimate partner. Thus there is need for the shelter to always find ways in which survivors are always protected from making rushed decisions.

#### **5.4 Recommendations for areas of further study**

The researcher proposes that further research can be carried out on the following topics:

- The efficacy of shelters in addressing different age groups in the shelter.
- The Post shelter phenomenon for survivors of GBV.

#### **5.5 Summary**

This chapter concluded the research by summarizing the findings, giving conclusions and proposed recommendations by the researcher.

## Appendices

### INTERVIEWS GUIDE FOR SURVIVORS OF GENDER BASED VIOLENCE

#### Consent Form

##### **General Information**

My name is Glorious Mazendame and currently I am a student at the Midlands State University in my final year. In partial fulfilment of the requirements for the Bachelor of Arts Development Studies Honours Degree I am carrying out a study entitled: The Rehabilitation Strategies for Survivors of Gender Based Violence: A Case of Musasa Harare Shelter .The information obtained is purely for academic purposes and will be treated with confidentiality.

##### **INTERVIEW QUESTIONS**

1. Do you mind sharing what are some of the reasons you were offered shelter.....  
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2. What are some of the procedures you went through to get into the shelter.....  
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3. Since your stay in the shelter what are some of your daily activities.....  
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4. How are these activities assisting you

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5. Do you have any medical conditions ? If so are you getting treatment.....

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6. How are you planning on going back to your family ? if yes what are the reintegration strategies you are using.....

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.....if  
no where are you planning on going.....

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7. How are counselling sessions helping you.....

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8. Are your needs being met ?if so how.....

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.....if  
not how so?.....

**9. If the shelter was to improve anything what are some of your recommendations.....**

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**10. What advice would you give after your experience at the shelter to other survivors of gender based violence.....**

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**KEY INFORMANTS INTERVIEW GUIDE**

My name is Glorious Mazendame, I am a final year student at Midlands State University and I am studying for an undergraduate degree in Development Studies. In partial fulfilment of the requirements for the Bachelor of Arts in Development Studies Honours Degree, I am carrying out a study entitled *“THE REHABILITATION STRATEGIES FOR SURVIVORS OF GENDER BASED VIOLENCE; A CASE OF MUSASA HARARE SHELTER”*. I am interested in carrying the subject area because gender based violence is a well-known phenomenon ,at the moment not a lot has been written and researched about it rehabilitation strategies in Zimbabwe and Musasa being the only women’s organisation with shelters for survivors it was an interesting field to research on.

The purpose of my research is to identify the responses/contributions towards gender based violence done by Musasa Organization in Zimbabwe, to explore the effectiveness of Musasa’s shelter program on gender based violence and challenges being faced in the fight of gender based violence. I am therefore asking for voluntary participation and hoping that

information obtained will be useful to most of the families in Zimbabwe, the government and Civil Society Organizations as well. The information obtained is purely for academic purposes. You are free to decline answering some questions or withdrawing from the interview. All information will be treated with confidentiality.

This interview will take approximately 20 minutes.

### **INTERVIEW QUESTIONS**

1. What are the factors that made the organisation to come up with the idea of a shelter for survivors of GBV?
2. What are some of the cases that you consider worthy enough for a survivor to get into the shelter?
3. What are some of the activities that are carried out at the shelter?
4. To what extent are these activities beneficial for the survivors of gender based violence?
5. How do you ensure safety at your shelters regarding that there are always survivors who leave the shelter?
6. How do you ensure that cases accommodated in the shelter are authentic?
7. How do you ensure that survivors who have medical conditions are always safe?
8. After a survivor leaves the shelter do you follow up on their welfare?
9. Do you wish to do more to improve the shelter program? What are some of your plans?

NB. Do you have any other issues that warrant discussion in relation to the study objectives which might have been skipped by this interview guide?

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