Community Perceptions on the Services Offered to Gender-Based Violence Survivors in Safe Shelter of Buhera District, Zimbabwe

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Authors’ contributions

This work was carried out in collaboration among all authors. Author MTL designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. Authors MGA and CJA managed the analyses of the study, wrote the protocol, wrote the first draft of the manuscript and managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: Gender Based Violence (GBV) has become a topical issue in the development field being a reality in life which is happening in all societies regardless of race, class, culture and income status. Safe shelters are set up as free services given to desperate GBV survivors and their use need to be explored from the stand point of beneficiaries.

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Methods: A qualitative research design was adopted using semi-structured interviews and focus group discussions (FDGs) and carried out on Gender Forum Members, GBV survivors, GBV key informants and stakeholders on their perceptions on the protective measures associated with GBV victims safe shelters. A total of 42 participants were recruited. Fourteen females and twelve males were involved FDGs (n = 26), six females GBV (n = 6) survivors and ten Gender Forum Members (n = 10) participated in in-depth interviews.

Results: All participants were willing to give their perceptions on the subject under study. Perceptions were that women in GBV were empowered at the safe shelters where protection, counselling and sociopsychological support was given. Women were reintegrated with their families when ready to do so. Stakeholders were appreciative of the services offered to those who fell victim to GBV as shown by FDGs, in-depth interviews and document reviews. This acceptability was taken despite cultural and religious factors that are still hindering the uptake of safe shelter services being rendered.

Conclusion: It is prudent that an integrated and holistic approach is taken to issues of GBV is key to the management of survivors of GBV. The shelters provided much needed respite from GBV. The church, traditional structures, Gender Forum membership and the Ministry of Women Affairs Gender and Community Development (MWAGCD) should collaborate. A dedicated transport mechanism in responding to cases of GBV is needed. However, the use of the safe shelters seems not to be able to carter for male adult GBV victims.

Keywords: Gender based violence; Zimbabwe; women affairs; religious factors.

ABBREVIATIONS

MWAGCD-Ministry of Women Affairs Gender and Community Development; GBV-gender-based violence.

1. INTRODUCTION

Gender-based violence (GBV) is a global phenomenon evident world over since time immemorial with certain traditions and religions entranching the practice as a God-given practice [1]. Generally, women are abused by men in domestic disputes for different reasons. As GBV dehumanises women, the action becomes a violation of human and women rights. Some cultures condone GBV while others are against it. Men in some cases are also victims of GBV but are not reporting abuse because of a multiplicity of factors, chief among them cultural factors which expect men to overpower women in society and remain silent when abused [2]. This is caused by patriarchal nature of society tilted in favour of men [3]. Gender-based violence is a harmful act perpetrated against person’s will and is based on social ascribed (gender) differences between men and women [4]. Gender based violence occurs to both men and women but this study will give a focus on violence on women [5] as they have a higher propensity to report it and also show up at safe shelters for protection and counselling.

Cases of GBV in the electronic and print media, reports from Victim Friendly Unit of Zimbabwe Republic Police are on the increase prompting an inordinate creation of safe shelters for GBV survivors in Buhera, Manicaland as compared to GBV incidences. Safe shelters, despite the offer of protection to GBV survivors are not becoming popular, prompted need for research on the perceived usefulness by beneficiaries. Being noble ideas, safe shelters should naturally sprout in GBV ridden areas like Buhera District.

Reasons on the disparity may be gleaned from the perspectives and lived experience of the GBV sufferers in safe houses and of the external observers of the same. How the participant views the safe shelters, where GBV survivors are to seek refuge, remain an unexplored component in the expansion of such initiatives in Buhera and other areas with seemingly non-governmental organization and others pushing self-directed agendas of GBV victim safe shelters protection provision. Experience has been that when the girl child and women report to either the police or other establishments to seek protection or shelter against GBV, the officials at these institutions ridicule them or turn to be perpetrators of the same, increasing their vulnerability [6,7] more so during COVID-19 19 lockdown [8]. As perceived by the safe shelter beneficiaries, the security latitude of safe shelters and how different they are from other institutions offering assistance to GBV victims and whether they provide genuine protection to survivors of GBV, is not well known.
Globally, it is estimated that, one in five women is a victim of rape or attempted rape in her lifetime [9] but how the victims feel they may be helped remain opaque due to emotional and culturally obtuseness associated. Moreover, GBV has proved to have gross reproductive health effects on women which few will want to divulge. Rape and physical violence were rated higher on women’s deaths than other deterministic factors such as cancer, motor vehicle accidents, war and malaria [10]. Global and regional estimates on violence against women show one-in-three women having experienced either physical and or sexual violence by an intimate partner or non-partner sexual violence in their lifetime [11,12]. These experiences are rarely mentioned publicly by the victims and how they feel about revealing this information to the safe shelters, when they do, requires exploration. Solutions like safe shelters are either non-governmental or governmental donor driven initiatives that may omit beneficiaries concerns or be genuinely unable to meet them.

In order to effectively deal with the problem of GBV survivors, the Ministry of Women’s Affairs in partnership with Musasa Project [13] has established Safe Shelters to assist GBV survivors cope with their problem in a different setting from their normal environment. Safe shelter or safe haven is a place of temporary refuge and support for victims /survivors, particularly women and girls, escaping violent or abusive conditions such as domestic violence, rape and all forms of abuse [14]. Perspectives of the shelters by the GBV survivors will help mold the role of these facilities to other places besides Buhera Districts.

Appreciation that the greatest difficult in dealing with GBV is that it is rampant in the domestic circles where strenuous efforts might be invested to cover it up to both perpetrators and survivors as any crisis within the population tend to escalate the scourge to unprecedented levels [15,16]. This immediate challenge needs to be dealt with in the broader context of the dignity and need to protect life, especially to vulnerable groups of women and children [16]. In comparison, safe shelters may be better than the victims’ places of origin but not necessarily the best they can be and perceptions by the beneficiaries of the safe shelters may give insights towards better outcomes of this institution.

Children tend to be caught in the cross fire of GBV complicating the problem further [17] and safe houses are also used by the same. The right to protection of life and human dignity has given rise to the need for establishing safe shelters across the country because statistics indicate a worrying trend towards increased cases of GBV especially with co-militating factors like COVID 19 [18,19]. The government and its partners have embarked on a campaign to have safe shelters established in every district in the country [20]. The sprouting of these safe shelters has generated varying views regarding their effectiveness of services offered in safe shelters and may affect the speed by which the idea catches on in communities. The different opinions arising from this intervention to the global problem calls for a thorough investigation of the effectiveness of the services offered in safe shelters in contrast to traditional and family structures of managing GBV cases [21]. How children who move into safe shelters with their mother are affected in their education and emotional wellbeing requires exploration.

Gender based violence is a major barrier for women to participate in developmental projects with indications that women and girls who are reporting monthly abuse in violation of their human rights [22] calling for the need to have them protected. When women are being protected in safe shelters, their right to protection is maintained thereby empowering their lives through knowing their rights [23] but how they view this empowerment in the face of being away from home and familiar environment may trigger negative emotions and frustration.

At individual level, GBV survivors may suffer isolation and even ostracism on reintegration to society leading to long-term ill-health, physical injuries, sexually transmitted illness, unwanted pregnancies and a range of mental disorders, social and economic consequences [24] as safe shelter provide temporary relief without correcting the causes of GBV. How beneficiaries view post safe shelter events may determine lived experiences before and during times of being housed at these institutions.

On a sad note, even schools view violence as a method for resolving conflicts which impact negatively on children raised in such violent environments. They tend to believe that it is normal to live in such situations causing a ripple effect through successive generations leading to violence as a tool for conflict resolution [25] and
can be perceived as a norm in families, communities and societies in general [26]. Safe houses are meant to be secondary homes or extensions of homes which are model examples of proper living but are housed in schools and other public buildings where elements of violence linger in the form or corporal punishment to students. Beneficiaries may fail to distinguish the security of safe houses if the environment induces perceived continuation of GBV from home. How GBV survivors may view safe houses as diminishing GBV experienced in homes is critical for formulating conducive environments in the same.

On an important note, there are gaps in the management of GBV survivors through safe shelters especially that they are domicile in schools. It is hoped that the recommendations noted will guide partners and government in addressing identified gaps and it is the people with lived experiences who are best to shed more light into the issues of GBV better [27-29] The story of life in the Safe Shelters remained untold from the point of view of the participants. Even when told, there will always be twists and turns to the story which changes its complexion. Epoch events such as the Cyclone Idai (homes were destroyed and people’s way of life changed) [30,31], the Corona virus-induced COVID 19 pandemic and Government-directed and security sector enforced lockdown are phenomena that increased partner contact time [32] tending to alter how safe houses function when faced with challenges of forced increased intakes. Both natural occurrences tend to increased GBV to some extents [33,34] pushing resources in safe houses to the limit. How overcrowding is perceived by beneficiaries in safe shelters requires exploration.

Interventions by the Musasa Project has played a critical role in creating confidence in GBV suffers during disaster periods showing that there is a potential to create a positive outcome. Survivors of Cyclone Idai and GBV were quoted as saying, “We trusted the women from Musasa enough to share what was happening at the shelter with regards to sexual exploitation in exchange for food although some women were however too scared to come out in the open to Musasa that they had been abused” [31]. Musasa has been key on proving safe shelters to GBV women and girls giving them lived experiences that are invaluable on providing informed and improved practice to initiatives in the arena. Understanding that GBV survivors are people who comprehend GBV issues more than anybody, although they may not be in a position to articulate it as compared to scholars on the subject, means they will and need to be consulted beyond seeking understand their needs only. Resultantly, the study aimed at assessing the effectiveness of various mitigation strategies to address the problem of GBV through evaluation of how effective are the services offered in the safe shelters, identification of factors affecting utilization of safe shelters and exploring the options available to survivors of GBV apart from the use of safe shelters.

2. METHODOLOGY

2.1 Limitations

There is a possibility that the study was affected by time and limited financial resources for travelling from work place to chief’s courts, shelter and selected wards. The study was thus confined to elements in Buhera District who were involved in GBV responses either as GBV survivors or givers of GBV survivors safe shelter services or managers of GBV survivors in Buhera District.

2.2 Delimitation

The study focused on Buhera residents to learn and understand their feelings towards the new initiative in managing GBV survivors in Buhera District through safe shelters.

2.3 Scope of the Study

The study was confined to the district of Buhera which is divided into 33 wards. The study focused on members of the District Gender Forum which comprises government departments and civic organizations, which consists of 15 key stakeholders, traditional and religious district leaders, Shelter matron, Anti-domestic Club members, old and new clients admitted in the shelter and head of the school were the shelter is situated.

2.4 Theoretical Framework

2.4.1 Empowerment theory

This theory is a bottom-up movement of grass root people especially GBV survivors who should be participants of their development agenda because of the services provided. The focus of
this theory was on services offered by shelters in order to manage GBV survivors. Survivors of GBV were admitted in the shelter helpless and depressed and as a result, they had lost hope of life [35,36]. Basing upon the empowerment theory, the survivors were provided with information, education, social and economic support so that they were able to make informed decisions that were critical to reflect their needs and interests [37]. The theory discouraged the survivors to just eliminate violence, rather it encouraged giving services like counseling, knowledge and training to empower the survivors to be able to make decisions that affect their future lives after being discharged from the shelter [35]. According to the discharge plan from the shelter, for survivors to reintegrate with their families, the empowerment theory gives survivors a room to take action collaboratively to prevent GBV, report and manage cases that occur to them in future [38].

Children who encountered rape as a form of GBV when they were firstly admitted in the safe shelter tended to face challenges having lost sense of trust, security, safety and faith in relatives, families and friends [39]. Shelters provided empowerment through counseling services, which restored lost safety and security enabling them to deal with trauma, feeling of fear, anger, guilt and depression [40]. Empowered GBV survivors help their male counterparts to fend for their families after discharge removing dependency syndrome. And reducing cases of economic abuse in families.

2.5 Research Design

The logical or master plan of research was to explore the perceptions of people on sustainable management of GBV survivors in Buhera district's safe shelters. A qualitative descriptive design was used to facilitate a deeper understanding of the phenomena using a relatively small sample [41]. Qualitative approach also helped to gain an understanding of the services offered, reasons and motivation of the phenomenon of safe shelters.

2.6 Sampling Procedures

Purposive and convenience sampling in the selection of elements was used to target a subset of the population that was accessible and easier to include in the study. The study targeted GBV survivors admitted in the shelter, those who had left the shelter and the community [42].

2.7 Sampling Techniques

2.7.1 Sampling strategies

Samples comprised Gender Forum members (n = 10) purposively selected from N = 25; Community Leaders (N = 200) with n = 26 judgmentally and conveniently selected, old and new safe-sheltered beneficiaries, (n = 6). Non probability sampling methods were used [41] based on participants’ specialist knowledge on the research issues, degree of involvement in the issue or willingness to participate in the research [43]. Also used was a hand-picking of supposedly typical or interesting cases, purposively choosing participants among a selected target population due to their defining characteristics that made them the holders of the data needed for the study [44].

Members of gender forum had knowledge on the subject under study, the community surrounding the safe shelter, traditional and religious leaders, old and GBV survivors at the shelter to provide credible perceptions on safe shelters.

Convenience sampling has recorded lowest credibility issues although it is advantageous by being fast, easy, readily available, cost effective and time sensitive [41]. Available study population members who were willing to comment on relevant issues made information readily available for collection. Stakeholders who were instrumental in managing GBV survivors in Buhera district were identified and selected for participation.

2.8 Data Collection Tools

Two focus group discussions (FGDs) with men and women of Buhera District, two semi structured interviews (one with gender forum members, one with survivors of GBV admitted in the shelter), and document reviews of GBV survivors discharged from the safe shelter were carried out. The three different measurement tools were designed to measure perceptions of people on the topic of interest [45] complementing each other to iron out possible short comings of each method and ensured that data collected was rich.

2.8.1 Focus group discussions (FGDs)

Focus groups were a method of choice as the objective was primarily to study and conceptualize on participants’ lives, their
underlying beliefs and opinions, or as constituting a social context amenable to direct observation [46]. The FDGs were useful to trigger group discussions and debates amongst group members.

The FDGs also assisted in identifying and documenting lived realities, good practices, missed opportunities in the safe shelter principle in Buhera District with debates ensuing in a free environment.

2.8.2 Semi-structured interviews guides

These were qualitative in-depth face to face conversations for collecting participants' perceptions [47]. The key informants interviewed as gate keepers were either professionals or survivors of GBV with first-hand information on service offered at safe shelters. Community experts with particular knowledge and understanding provided insight on the nature of safe houses, problems faced, opportunities, and gave recommendations and solutions for effective outcomes of the institution. Key stakeholders included GBV-based subset of District Gender Forum members and GBV survivors admitted in the safe shelter. Deeper understanding of the people's knowledge, views, attitudes and perceptions towards safe shelter services were sought as GBV management interventions at safe houses.

Facilitating the interpretation of nonverbal cues allowed for probing to get clear explanations, validation of understanding, clarification, rephrasing of statements, commenting and obtaining of reliable and comparable data [48]. Follow up questions, when the participants were failing to comprehend the questions, were asked. In the process, participants expressed their views freely permitting for accurate information solicitation and extraction.

2.8.3 Document reviews

Document review was necessary to evaluate the records of those GBV survivors who were discharged from the safe shelter. Those discharged for reintegration with the family were still able to give their views whether the shelter was effective through the recorded data in their case files and exit interviews. An in-depth investigation of records was used to reconstruct case history of survivors. Detailed analysis of documents with a view to making assertions about some aspects of the social world of the GBV survivors while at the shelters was made [49].

2.9 Data Collection Procedures

Introductions were made and the purpose of the meeting was explained to the participants. Written and signed informed consent was obtained from the participants on their willingness to take part on the exercise. When the participants agreed, questions were posed to the participants with everyone taking part. Meetings were tape recorded from participants. The responses from the interviewees were kept in a safe place to exercise confidentiality. Ethical considerations were made during the study to respect the rights and obligations of the participants.

2.9.1 Number of respondents in Buhera district

There were more community participants in study with more women taking part as men in the study. Females are usually commonly associated with GBV from their male counterparts necessitating that their perspectives were captured.

2.10 Study Trustworthiness

Trustworthiness, which is the rigor of qualitative research, was established by using four strategies namely credibility, transferability, dependability and conformability. A search for the evidence, rival explanation, looking beyond dramatic evidence, linking findings and conclusions to both theory and data and conducting coding checks and reporting detail was done to achieve trustworthiness [50,51].

The use of triangulation of findings, achieved through multiple methods of data collection, increased the reality of the results through results corroboration. However, based on qualitative research philosophy, issues of reality were relative to the meaning that study participants constructed within their social context [52].

Purposive sampling was used to maximize safe shelters’ perceived protection against GBV relative to the context in which the data was collected by FDGs, interview guides and document reviews. Purposive sampling considered the sample participants...
characteristics, which were directly related to the research questions allowing for transferability and generalization (with reference to external validity) of findings in a similar sample elsewhere where particular situation or population or times or setting [52]. By providing detailed, rich description of the setting for GBV perspective, transferability of the findings was strengthened [53].

For the GBV survivors’ perspectives on the shelters, findings were verified for their consistency with the raw data that was collected by having external auditors or examiners look over the data and arrive at similar findings, interpretations, and conclusions. Inquiry audit also involved data of relevant supporting documents being scrutinized by at least three external reviewers. The auditing also consisted of the documentation of data, methods and decisions made during the research as well as its end products. Moreover, stepwise replication was achieved through the use of two research teams to conduct separate inquires with a view of comparing data and conclusion. All interpretations and conclusions were examined to determine whether they were supported by the data itself and allowed an outside researcher to examine, explore, and challenge how data analysis and interpretation occurred, giving invaluable insight on study [54,55].

Confirmability which refers to the degree to which research findings were confirmed by others [56] was ascertained by ensuring that research bias or subjectivity, neutrality or objectivity was observed during data collection, analysis and reporting. Research focused on characteristics of data and research findings as a result of research and not on assumptions and pre conceptions as established by others [57]. Methodological self-critic and evaluation by more than one internal and external examiner also aided with confirmability. All collected data was archived in a secure, well-organized, retrievable format.

2.11 Ethical Consideration

Non maleficence and beneficence were countered to avoid issues of deception through sharing the purpose of the study with both local authorities and participants before the study was carried out and highlighting how the communities were to benefit from the outcome of the study. Written permission was sought and obtained from the Provincial Development Officer of Ministry of Women Affairs Gender and Community Development, and from the District Administrator for Buhera District.

A letter from National University of Science and Technology (Zimbabwe) was given to the District Administrator and to the participants as a proof that it was an academic research.

The participants were given informed consent and assent forms to fill that included the aims and objectives of the study. They were instructed not to disclose their identities to counter on issues of harm that may occur through victimization. Participants were engaged through voluntary participation with no monetary or other incentives being offered. Participants were allowed to get the results of the findings after completion of the study upon request.

The right to withdraw during interview whenever they felt to do so was assured to the participants who were also free not to respond to questions that were sensitive to them. Correct reporting was done through immediate recording which meant the information obtained was not diluted, minimized and exaggerated. Contact time with the participants was made to be conducive to get valid and reliable responses.

3. RESULTS AND DISCUSSION

3.1 Response Rate

The intended two FDGs among men and women were conducted as planned. Semi structured interviews were also completed as per schedule. All participants responded, accounting for a 100% response rate, showing that all participates were willing to be involved and valued giving their perceptions on the area under study.

3.2 Demographic Data

This included the respondent’s sex and age. There was anticipation that the two variables were critical in drawing the relationships of gender variables in influencing their perceptions on the services of safe shelter in managing GBV survivors. Age variable was used to assess whether the perceptions of the respondents were shaped by differences in age.
3.3 Sex Distribution

Of the 42 participants 16 out of 42 were men. The impression which is drawn from such a distribution is that most men considered safe shelters and gender issues as women’s issues. This can be supported by the gender forum where women participated most. The FGDs showed that though women participated more than men, men were interested in participating because they wanted to understand why the safe shelter was established in favor of women and what can be done to improve the management of GBV survivors.

3.4 Age Distribution of Participants

The ages of all the respondents’ ranges from 18 years to 61 years. This was done in-order of capturing the age-related opinions and perceptions about the study. The age range provided important insight into perceptions of different groups given that gender issues have become topical issues in recent years. Of interest those participants of the age of 40 provided deep insights and perceptions on safe shelters in managing GBV survivors.

3.5 Thematic Areas and Major Finings

3.5.1 Theme 1 effectiveness of services offered in safe shelters

3.5.1.1 Subtheme: Offer of psychosocial support and or counseling

A process of assisting survivors to gain sense of power that boosts their self-esteem which is an empowerment approach to GBV survivors. Most of the GBV respondents commented that psychosocial support/counselling really boosted self-esteem as supported as follows:

“I had a testimony to tell after receiving this service in the shelter. My self-esteem was boosted and was empowered morally, when I was abandoned by my husband, I lost my self-esteem and felt that it was the end of world” (respondent 1 semi structured interview with survivors)

Another respondent supported on the issue of boosting the esteem after receiving the service:

“I am a survivor of rape and each time I was called for psychosocial service for the first-time I cried a lot because of trauma and depression.

Thank God, with time I managed to understand the reality of life through the sessions and my self-esteem was restored”. (respondent 3, semi structured interviews with survivors).

In this regard the respondent testified that she was personally empowered which therefore boost the self-esteem to accept the damage caused and map the way forward of life.

Furthermore, to support issues of boosting self-esteem one respondent from FGI commented that really psycho-social support or counseling was critical looking at discharged clients from the shelter.

“I noticed a positive change of the client who was recently discharged in the shelter. The client self-esteem was low and was always depressed because her husband always beat her when drunk” (FDG, respondent 2)

The respondent commented that when discharged from the shelter, the client accepted the reality of life and moved on with her children away from the abusive husband and her self-esteem was boosted because she accepted the change in her life.

Psychosocial support is integral approach to manage GBV survivors.

“You noticed that the old clients who already received different sessions of the service were personally empowered and were at liberty” (semi structured interview to gender forum, respondent 1).

Their self-esteem was boosted as they were at liberty, empowered and with positive change: the clients were bold enough to help new clients to accept their situations and instill the sense of belonging among new clients which clearly showed that the old clients’ self-esteem was restored.

3.5.1.2 Subtheme: Offered protection services

The service encompassed provision of safe accommodation to the survivors, accompanying minor survivors to the courts and drafting of protection orders to survivors upon their request. Most of the survivors admitted in Buhera District were raped minor by close relatives. Responses from all respondents show that the survivors especially the minors are accompanied to the courts and hospitals for medical examinations
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<thead>
<tr>
<th>Major theme</th>
<th>Subtheme</th>
<th>Summary of results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectiveness of services offered in safe shelters</td>
<td>1.1 Psychosocial support/Counselling</td>
<td>Boost self-esteem that is an empowerment approach</td>
</tr>
<tr>
<td></td>
<td>1.2 Protection services</td>
<td>Safety net from perpetrators</td>
</tr>
<tr>
<td></td>
<td>1.3 Legal Advocacy</td>
<td>Empowered women on rights issues and their presentation in courts</td>
</tr>
<tr>
<td></td>
<td>1.4 Education of children survivors who stayed in the shelter for a longer period of time</td>
<td>Right of the child maintained when they stay in the shelter for long</td>
</tr>
<tr>
<td></td>
<td>1.5 Life skills Training</td>
<td>Survival skills and remove the dependency syndrome and empower the survivors</td>
</tr>
<tr>
<td>2. Factors affecting utilization of safe shelters for survivors of GBV</td>
<td>2.1 Misconceptions of society</td>
<td>The safe shelter interpreted as an intervention that includes the separations of families and perpetuated divorce and is affected by cultural and religious beliefs</td>
</tr>
<tr>
<td></td>
<td>2.2 Financial constrains</td>
<td>Compromise effectiveness of services at the shelter</td>
</tr>
<tr>
<td></td>
<td>2.3 In sufficient space</td>
<td>Survivors overcrowded at the premise when many.</td>
</tr>
<tr>
<td>3. Options available to survivors apart from safe shelters</td>
<td>3.1 One Stop Centre</td>
<td>Services offered under one roof and issues of stigma reduced.</td>
</tr>
<tr>
<td></td>
<td>3.2 Family Structures</td>
<td>Use of influential members as aunts, uncles, grandmothers and fathers for family counselling within a family set up.</td>
</tr>
<tr>
<td></td>
<td>3.3 Traditional Courts</td>
<td>Make use of chiefs’ courts for counselling and safe places for survivors for refugees</td>
</tr>
<tr>
<td></td>
<td>3.4 Churches</td>
<td>Pastoral counselling</td>
</tr>
<tr>
<td></td>
<td>3.5 Ministry of Women Affairs Gender and Community Development</td>
<td>Psychosocial support and refer survivors in life threatening situations to shelters.</td>
</tr>
</tbody>
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which maintain the issue of safety within the survivors.

“When I reported to the shelter on being raped by my uncle, my mother was not happy and threatened to kill me which made me to be scared to travel alone for medical examination and courts” (respondent 3, structured interview with survivors).

The survivor reiterated that she was relieved when accompanied to hospital and courts for her protection. The service was a safety net from perpetrators and relatives who wanted to harm her and forced her to withdraw the case according to the respondent. The protection service helped survivors to share their experiences among themselves without fear in the absence of perpetrators:

“From experience the protection within the shelter had helped survivors to have a platform of sharing and learning others experience”. (respondent 1, semi structured interview with survivors).

Protection was critical and was the purpose of establishing the safe shelter services for GBV survivors. Some children who responded were abandoned by their parents and relatives who left them vulnerable in the communities. Some survivors escaped from their abusive husbands and escaped into the shelter for safety.

Another survivor reported that she was saved and protected from her husband who was the perpetrator:

“I received safety net from the shelter when my husband was threatening to kill me with an axe when he was drunk” (respondent 1, semi structured interview with gender forum).

One child responded and thanked for the protection she received after being abandoned by parents and relatives:

“My life was in danger as I was left alone after being abandoned by everyone, really the shelter was my protection from all threatening situations” (respondent 5, semi structured interview with survivors).

Some respondents from the community had mixed feelings on protection services of the shelter to GBV survivors.

“Yes, it was a noble idea to create such service in the shelter for genuine survivors, a criterion was difficult to know how genuine survivors can be seen”.

On a sad note, he postulated that one wife killed the husband and rushed to the shelter for protection. In this regard the respondent reviewed the gap on identifying genuine survivors because some women were abusing protection services by creating wrong situations, they were not in.

“Some were running away from their homes with the knowledge that under protection services the shelter provided food, accommodation and money especially to pregnant mothers for the welfare of their children. Moreover, from the response some women were pretending to be survivors of GBV whilst in actual fact there were running away from their poor backgrounds and they would have committed offenses against their spouses.” (respondent 3, FGI).

It was also noted that some survivors were staying in the shelter for a longer period of time which is against the Standard Operation Procedures of the Safe Shelters. The respondent highlighted that during the discharge period some survivors said they do not have relatives and they do not have any contacts for anyone they could turn to.

“Though the shelter matron tried to trace the survivor’s background this did not help in any way, which therefore compromised the effectiveness of shelter services” (respondent 3)

3.5.1.3 Subtheme: Provided legal advocacy

Safe shelter services had raised awareness on the rights of women and children as survivors of GBV according to the rejoinders of one respondent.

“Legal advocacy was supportive in nature because we were equipped on legal rights of our lives and that we are important species in life” (semi structured interview for survivors, respondent 5).

Moreover, the legal advocacy was seen as a tool that empowers the children. Most children admitted in the shelter felt distressed and in traumatic situations but because of advocacy they were made to gain sense of trust. In this regard, they were able to represent themselves
in courts and maintain their statements which always made them to win court cases. Women, through legal advocacy, were able to stand firm in courts giving their facts without hesitation.

“All cases in Buhera are dealt with because survivors were able to present themselves fully through the understanding of their rights” (respondent 6, semi structured interviews for gender forum).

The statement entails that survivors are enlightened through legal advice which is a positive response in managing GBV issues.

One respondent critiqued that although legal advocacy is helping clients in the shelter but when they were discharged showed no benefit at all. To the respondent it showed that it was not a life time process rather a short-term benefit.

“Yes, survivors are helped through legal advocacy whilst in the shelter but due to the patriarchal nature of societies, women failed to exercise such rights when they are reintegrated with their families” (respondent 6, FGI).

The respondent showed that there was a gap in that legal advocacy was given to the survivors only whilst perpetrators were left without such a knowledge. The respondent also highlighted that at times violence increased if survivors tried to exercise their rights. The respondent alluded that something needed to be done for such a service to be effective in communities. Change is a process, but all the same, if perpetrators were not aware of such legal issues, violence cases will remain to increase.

Another respondent appreciated the legal advocacy as a service offered in the safe shelter for GBV survivors. “A protection order was granted and the husband had stopped beating her or bringing girl friends at the home” (respondent 4, semi structured interviews with survivors).

Moreover, the other respondent responded positively and testified that she started receiving maintenance of $100 per month from the husband who was no longer coming home and fend for the family (responded 5, semi structured interview for survivors).

3.5.1.4 Subtheme: Offered education of child survivors and non survivors who stayed in the shelter for a longer period of time

At times reintegration of GBV survivors to their families become a problem because of threatening conditions at their homes and denial of survivors going back home. At times the court processes are postponed and sometimes take too long forcing survivors to live in the shelter for a longer period of time. Some survivors were admitted in the shelter with their school going age children which is difficult for these children to stay in the shelter without going to school. The Buhera shelter is situated at Chikwekwete Primary School where children who stayed long in the shelter are enrolled and their fees are paid.

“This service had maintained the rights of such children and issues of juvenile delinquency were reduced” (respondent 2, semi structured interview to gender forum).

“My father is abusive and I am happy that with my mother we had escaped the threatening situation but on a sad note I thought I was to suffer since the case of my mother was postponed meaning to say we were supposed to stay longer in the shelter without going to school (respondent 4, semi structured interview for survivors).

The responded felt great when enrolled in the school and continued working hard because of the personal empowerment received at the formal school.

However, the FGD respondent felt that the children are being discriminated and stigmatized by other pupils because such children are said to be living against the social norm since they were coming from the shelter instead of living in a family set up.

“My father is abusive and I am happy that with my mother we had escaped the threatening situation but on a sad note I thought I was to suffer since the case of my mother was postponed meaning to say we were supposed to stay longer in the shelter without going to school (respondent 4, semi structured interview for survivors).

The responded felt great when enrolled in the school and continued working hard because of the personal empowerment received at the formal school.

“Some children were forced to withdraw from school because of such a label given to them” (respondent 7, FGI).

3.5.1.5 Subtheme: Offered life skills training

Life skills training was defined as survival skills and coping strategies which were given to survivors to be economically empowered. The life skills trainings proved to be effective in the life of survivors. This is supported by what the respondent shared out.

“With the life skill of gardening project obtained at the shelter the survivor after discharged in the shelter mobilized ten women who started their gardening project consisting of herbs, carrots, beetroot, tomatoes, butternuts and vegetables” (respondent 2, FGI).
The respondent highlighted that the skills benefited, not only the survivor, but other women because these women were selling their produce and earned a living. With the project, it therefore meant that women were economically empowered through selling their produce in the community and surrounding areas.

One respondent tended to differ because he appreciated that the life skills training was giving women coping strategies in the shelter only but when discharged everything was to come to an end. “Yes, the trainings are survival skills strategies but when discharged survivors need capital to start viable businesses. Without giving them capital it meant the issue of donor syndrome was to keep on crippling the survivors lives because they will keep on asking for donor support for their projects to succeed.” (respondent 1, FGI).

Respondent from the gender forum semi structured interview postulated that life skills, as a service in the shelter, had helped the lives of the survivors even after being discharged from the shelter. “Through consistent monitoring visits done to discharged survivors, success stories were noted. One survivor started a grocery shop and her husband spent most of the time with her happily operating the business” (respondent 4, semi structured interview for gender forum).

Life skills training impacted positively in the lives of the survivors with their families. The survivors’ male counterparts were pleased on the move which was made by their wives because the issue of role sharing lessened the burden of men. Both men and women were taking part in fending the family together.

3.6 Theme 2: Factors Affecting Utilization of Safe Shelters for Survivors of GBV

3.6.1 Subtheme: Misconception of society

In both the semi structured interviews and FDG the respondent reiterated that community misconceptions of the safe shelter were derived from both cultural and religious beliefs. “Safe Shelter as a new intervention, is diluting both the religious and cultural beliefs in that the private matters are shared to outsiders from the family or church which means women are no longer submissive to their husbands” (FDG for men).

The FDG consisting of women postulated that men felt discouraged and underrated when GBV issues were discussed in public. GBV issues were believed to be discussed within homes and such decisions made were in favor of men which left women at a disadvantage. Regarding the shelter issue men also felt that their status quo was challenged. “I was left by my wife for a month now and she is at Musasa shelter I wonder what she is being taught. Obviously, she is being coached on how to challenge me. I can’t spare her alive because of exposing me to the whole world”.

This, therefore, showed that men had mixed feelings when their wives were admitted in the shelter due to social norms and values which condemns one for sharing of family matters in public.

On the other note one survivor said that being admitted in the shelter, according to cultural beliefs, meant that one had created a stumbling block in the community which made it difficult for most survivors to be reintegrated in their families. This meant that survivors suffered more violence as a punishment of going against the cultural norms and values. “My husband chased me away after he learnt that I was admitted in the shelter that is why I am still in this shelter” (Semi structured interview for survivors).

Furthermore, such cultural beliefs had forced women to withdraw cases at the last minute which compromises the use of the safe shelter. “I told the matron that I wanted to be discharged before the court sessions ended because my mother-in-law threatened me of exposing the family matters to the strangers” (semi structured interviews for survivors).

The religious beliefs played a critical role in influencing the misconceptions towards the safe shelter. Women are taught to be submissive to their husbands and endure hardships in such homes. When women were admitted in the shelter they were seen as going against the biblical teachings. The survivors were therefore labelled and stigmatized. “I was raped by a church leader but the church advised me to maintain it a secret. But to me it was not fair so I reported the matter to the safe shelter who took me into their care” (GBV survivor FDG).

The church therefore, blamed the survivor and termed her a girl of no morals. The situation portrayed that the church was in favor of the church leader and the shelter was termed as an institution which diluted God’s teaching and disrespected church leaders who were seen as good stewards.
Both religious and cultural beliefs gave a negative misconception about the safe shelter that it was termed as an institution that perpetuated divorce and separation amongst families “it is very difficult to welcome my wife after being discharged from the shelter because I wonder what she was doing in that shelter and why a married woman exposing our secrets” (FDG for men) which showed an association of safe shelters as culprits in family disharmony.

3.6.2 Subtheme: Financial constraints

All respondents highlighted that financial constraints crippled and compromised the operation of the safe shelter. For the shelter services to be functional and effective, funding should be readily available. In this point, the respondent highlighted that the fact that the safe shelter was situated at Chikwekwete Primary, on a lease agreement, would compromise the services if one day the school denied signing the lease due to commitments in using their premises to themselves. This would leave the survivors with nowhere to go and disadvantaged.

Moreover, all respondents showed concern on the issue of program vehicle to ferry survivors to be admitted to the shelter. They highlighted that some survivors were under threat and some survivors were followed by their perpetrators, which therefore compromised the utilization of the safe shelter focusing on protection and safety of survivors.

The respondents were worried in the issue of the borehole where the safe shelter was using community borehole which was out of the shelter premises. This meant that the services and intentions of the shelter were compromised if the borehole broke down and because it is the community asset can take longer to be repaired which would therefore affect the survivors in the shelter. Apart from that, since the borehole was located outside the shelter that compromised security since survivors were forced to move away from the shelter in search of water increasing chances of being waylaid by their perpetrators.

The shelter premises had no electricity which compromised marketable life skills trainings due to lack of technology. This forced GBV survivors to engage in similar projects all over which will made it difficult for survivors to market their produces as they tended to flood the market quickly.

3.6.3 Subtheme: Insufficient space

All respondents stated that the safe shelter services could be compromised looking at the space of the safe shelter. This was observed when more survivors were referred for admission at the shelter. The rooms were small which could not accommodate more clients forcing some clients to sleep on the floor. Moreover, overcrowding resulted in spreading of diseases which, therefore, compromised the operations of the safe shelter.

3.7 Theme 3: Options Available to Survivors Apart from Safe Shelter

3.7.1 Subtheme: Availability of a one stop centre

Respondent showed that there were familiar with the One Stop Centre (OSC) concept. They indicated that such a facility was located at Murambinda Mission Hospital. Some survivors highlighted that they were referred to the shelter from the OSC. The survivors and community appreciated the establishment of OSC because survivors to managed to survive are under one roof which empowered survivors not to be stigmatized and labeled.

3.7.2 Subtheme: Family structures

The respondents showed that families played a critical role in managing GBV survivors though decisions were in favour of men due to cultural beliefs that empowered their male counterparts. In family set ups there were influential people like aunts, uncles, grandmothers and grandmother who could discuss GBV with the couples. At times some survivors could escape violent situation and sought for refuge at such influential people within families. The matters were therefore discussed and that was where a wife was taught to be submissive and accept the situation to endure and protect her marriage. However, the question that was usually asked before any action was taken was what the victim would have done to cause violence being meted against them. This was as though the GBV perpetrator had some autonomous right and privilege to behave violently and the victim had an intrinsic aspect about themselves to receive violence. The safe shelters were seen as protective with their equality systems and such set ups could be emulated in the family structure. Safe shelters were acceptable as they mirrored family structures, albeit without gender bias.
3.7.3 Subtheme: Traditional courts

Traditional courts were also given by respondents as other ways which were used in communities to manage GBV survivors. In this regard, it involved the chiefs who counselled the couples and survivors would come for safety and chiefs housed them. Although the chief courts were there, the male counterparts were still advantaged as judgement imposed in courts were in favor of them and also women were told to respect and be submissive to their husbands at times, due to cultural beliefs that the woman belonged to the man. Safe shelters presented a more friendly and comfortable refuge from GBV.

3.7.4 Subtheme: Churches

The church was also mentioned by respondents as an institution for social fabric and cohesion in managing GBV. The couples were counseled and given lessons which forbade violence in their families. Bible scriptures were used to portray a teaching to the couples. The female respondents felt that although the church reunited the families, the teachings still forced women to endure and not enjoy their marriages, submit to and be faithful to their husbands. Safe shelters combined both the teaching and counselling in a none-judgmental space.

3.7.5 Subtheme: Ministry of women affairs gender and community development

The respondents showed knowledge on the ministry role in managing GBV cases. The ministry offered psychosocial support to survivors, advocacy services through awareness campaigns on zero tolerance to GBV to communities and they referred survivors who needed safety or living in threatening situations to safe shelters.

3.8 Analysis and Interpretation of Results

Generally, from the findings highlighted, there is a high degree of correlation in cases of GBV. Semi Structured Interviews, FDGs, and the document analysis process showed that GBV is a problem to most women in the global village affecting women to a greater extent than their male counterparts. Males were also seen as the most perpetrators of GBV cases as reported by Victim Friendly Unit Statistics from the Zimbabwe Republic Police (ZRP). The statistics were also echoed by the Zimbabwe Health Demographic Surveys [58] and was also a recurring theme in the semi structured interviews and FGDs conducted in Buhera District. Men generally did not disclose their challenges when it came to issues to do with GBV and is caused by a number of factors. Some of the chief causes of non-disclosure was the African Traditional culture and religion which encourages non-disclosure since they see GBV as a private matter which does not warrant external interference outside the family institution. Safe shelters provide a conducive environment for GBV survivors to rebuild lost self-esteem and sense of being, confidence to reenter society, hope to financial empowerment, time-out to recoup lost pride and gunner mobility to start all over again. Safe shelters trained GBV survivors on self-preservation, legal representation, self-alacrity, self-motivation and the will power to face an evil and unrelenting world. These gave women and the girl child safety nets to catch in case they were thrown overboard by the vulgarizes of the life as perpetrated their male counterparts, religion and cultural overtones. Safe shelters remain one of the pillars that restores the women’s and the girl child’s dignity away from the prying eyes of gainsayers and mud slingers who bent on keeping them impoverished, weak and subjugated. Safe shelters would benefit GBV survivors and would be victims of GBV if they were made into self-contained OSC with adequate facilities to completely shut the world out until complete healing of traumatized survivors.

4. CONCLUSION

The study was looking at the perceptions of Buhera Community on the services of the safe shelter provided to GBV survivors in Buhera District Buhera. The following conclusions were drawn from the research study:

While there were dissenting sentiments on services offered by the safe shelter, there was general agreement that safe shelters were a center for empowering women in abusive relationships. Safe shelters were empowering to women, children and girls who needed temporary cover from GBV and created a conducive and protective environment against perpetrators.

Cultural and religious factors were still hindering the uptake of services being rendered at the safe shelter. The community thought that once a woman reported to the safe shelter, the man became a subject of arrest. So, they felt that cases of oxymoronc “domestic violence” should be dealt with and kept in the domestic sphere.
While there are other service providers available to survivors of GBV survivors, it was evident that an integrated holistic approach to issues of GBV were key to the management of GBV survivors. The church, traditional structures, gender forum membership and the MWAGCD should all collaborate to ensure that victims of abuse are well managed.

On people’s perceptions, findings alluded that there were other alternatives to managing survivors of GBV apart from safe shelters. Family, traditional courts and churches structures were appreciated that they were playing a critical role in uniting families through the use of uncles, aunts, grandmothers and grandfathers, traditionally counselled and pastoral counselling survivors, respectively.

Men were also victims of GBV as stipulated in the case of a woman who fought with her husband and reported her husband to the police and the safe shelter administrators. Men generally did not report cases of GBV because of self-ego and the African traditional culture which supposedly expect them over power women during domestic violence.

Financial constraints compromised the effectiveness of safe shelter services. Adequate services are needed for the smooth running of the shelter and for such services to be available funds should be readily available.

5. RECOMMENDATIONS

Safe shelters should be housed in autonomous and self-contained, self-sufficient environment so that perpetrators do not find it easy to have access to the survivors.

Safe transport should be availed to cater for all survivors as this creates a sense of safety as those referred to safe shelter require transport to ferry them than finding their own way to the shelter.

Monitoring visits after discharge from safe shelter should be regular and program vehicle is required for visits to be successful. Old clients should be visited to verify whether shelter services had managed to reduce GBV in communities as well as improving the lives of the survivors when they are reintegrated with their families. Life-skills trainings received by the survivors should be buttressed through follow-ups to ensure that survivors had started engaging into empowerment projects rather than depending on their male counterparts for survival which had fueled the economic strain amongst the families.

Male involvement was critical since there are the bulky of perpetrators. Men need to be engaged as agents of change in reducing GBV. It is not enough to protect women and children as survivors in the shelters without giving men knowledge of managing GBV as well. The management of GBV survivors requires both survivors and perpetrators to work together.

CONSENT AND ETHICAL APPROVAL

As per university standard guideline participant consent and ethical approval has been collected and preserved by the authors.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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