Exploring the Role of Traditional and Digital Technologies in Addressing Gender-Based Violence in Marginalized Areas: A Case Study of Mashava District, Zimbabwe.

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ABSTRACT

This study critically examined the interplay between traditional and digital technologies in addressing Gender-Based Violence (GBV) within marginalized communities in Mashava District, Zimbabwe. The aim of the study was to explore the extent to which these technologies are accessible, effective, and integrated into local GBV response frameworks. The principal objective was to assess the effectiveness of traditional and digital technologies in enhancing GBV awareness, reporting, and support services. The current literature review focuses on the increasing global reliance on digital innovations such as mobile applications, SMS platforms, and AI-driven chatbots in combating GBV. The current literature highlights a growing global reliance on digital innovations such as mobile applications, SMS platforms, and AI-driven chatbots in addressing gender-based violence (GBV). However, a critical gap remains in understanding how these technologies function in resource-limited, rural settings where traditional mechanisms still play a significant role. This gap prompted an empirical investigation into how both traditional approaches and emerging digital tools are being used either independently or in combination to mitigate GBV in rural areas of Zimbabwe. A mixed-method research design was adopted, drawing upon both primary and secondary data. Primary data was obtained through structured questionnaires and semi-structured interviews with survivors, local leaders, healthcare professionals, and law enforcement officers. Secondary data sources included police records, NGO reports, and government publications on GBV trends. Quantitative data was analyzed using SPSS , it revealed statistically significant relationships between technological access and reporting behavior. The Least Significant Difference post hoc test showed that digital technologies yielded a higher mean effectiveness score (M = 4.23) compared to traditional methods (M = 3.71), suggesting improved reach and responsiveness. Key findings indicated that while digital tools offer efficiency, structural barriers such as poor internet access and digital illiteracy hinder their full potential. The study recommended the adoption of a hybrid intervention model that enhances traditional mechanisms through digital augmentation, supported by policy reforms and community-based digital literacy programs.

Keywords: Gender-Based Violence (GBV), Digital Technologies, Traditional Mechanisms, Marginalized Communities, Mashava District, Zimbabwe

BACKGROUND OF THE STUDY

Gender-Based Violence (GBV) remains a pervasive challenge across both developed and developing nations, demanding a multifaceted response. In high-income countries, digital technologies have become a cornerstone in efforts to address GBV (Patel and Kumar, 2024). Innovations such as mobile applications, SMS platforms, and AI-driven chatbots have been instrumental in enhancing accessibility to reporting mechanisms, ensuring confidentiality, and providing psycho-social support to survivors. Studies by Smith, Lee, and Wong (2024) highlight how these technologies facilitate timely intervention, streamline reporting systems, and empower survivors to seek support while circumventing traditional barriers such as stigma and fear of retaliation. For example, the introduction of AI-driven chatbots has allowed for anonymous reporting and virtual counseling,

which has been shown to increase help-seeking behavior among survivors (Patel and Kumar, 2024). However, despite the promise of these tools, challenges persist in integrating them into existing legal and healthcare systems. The rapid pace of digital innovation often outstrips the capacity of institutional frameworks to adapt, leading to issues of interoperability, insufficient digital literacy, and concerns about privacy and data security (Berges et al., 2023).

In contrast, in many low- and middle-income countries (LMICs), while there is a growing interest in leveraging digital technologies for GBV prevention, the landscape is significantly shaped by infrastructural challenges. Internet penetration and mobile network coverage are often limited, particularly in rural areas. In Zimbabwe, for instance, internet penetration stands at just 32.6%, with even lower rates in rural regions, where most GBV cases occur (ZIMSTAT, 2024). Despite these constraints, some developing countries, including Zimbabwe, have begun to pilot low-bandwidth platforms, such as SMS reporting systems and WhatsApp-based reporting tools, to overcome connectivity limitations (UN Women, 2024). While these initiatives have demonstrated success in improving reporting rates, they often lack the broader infrastructural support needed for long-term sustainability. For instance, Musasa Trust's community-based programs have been instrumental in providing shelter, legal support, and education to GBV survivors (Musasa Trust, 2024), but these efforts are frequently hindered by inadequate funding, limited reach, and inconsistent collaboration among stakeholders.

In Zimbabwe, both the government and civil society organizations have made commendable strides in addressing GBV. The 2023–2030 National Strategy to Prevent and Address Gender-Based Violence, spearheaded by the Ministry of Women's Affairs, reflects a policy shift toward integrating digital tools within the GBV response framework (UNFPA Zimbabwe, 2023). Alongside this, organizations such as the Institute of Women Social Workers have initiated community dialogues and legal empowerment programs to address root causes and improve support services for survivors (UN Women, 2024). These efforts, however, remain constrained by a lack of coordination, insufficient resources, and an enduring reliance on traditional, culturally embedded methods of addressing GBV. As a result, a significant proportion of cases remain unreported, particularly in rural areas, where the traditional mechanisms, such as village elders and family structures, continue to dominate responses to GBV (Ngwenya, 2018)

While digital interventions, such as the National GBV Information Management System (NGIMS), show potential for improving data integration and case tracking (World Bank, 2024), the success of these initiatives in Zimbabwe is hindered by the fragmented nature of digital infrastructure and the socio-cultural barriers that limit digital adoption. ZIMSTAT's (2024) findings indicate that only 12% of GBV incidents are formally reported, underscoring the need for more accessible, culturally appropriate, and user-friendly tools. Additionally, the widespread lack of digital literacy, particularly in rural communities, continues to hinder the effectiveness of digital platforms in reaching the most vulnerable populations (WHO AFRO, 2024).

Civil society organizations have proven instrumental in addressing these gaps, particularly by creating safe spaces for survivors to report cases and receive comprehensive care. However, their efforts are often restricted by insufficient funding, political will, and a lack of policy coherence (Musasa Trust, 2024). Research by Gumbo and Chiweshe (2022) in Manicaland Province further illuminates the socio-economic and cultural barriers that exacerbate GBV in rural Zimbabwe, including economic dependency, entrenched gender roles, and limited access to education. These findings align with studies by Bengesai and Chikhungu (2025), which stress the need for a hybrid approach that combines traditional and modern strategies to address GBV in rural settings. The authors argue that, while technology can provide a powerful tool for enhancing reporting and support services, it must be integrated into the fabric of existing cultural norms and practices.

Given this complex landscape, the implementation of hybrid models combining traditional methods with digital innovations presents both challenges and opportunities. While these models can bridge the gap between rural realities and modern technological advancements, their success will depend on addressing key barriers such as limited infrastructure, digital illiteracy, and the need for coordinated, community-based interventions (Mashiri, 2013). The implementation of these models in Zimbabwe will require substantial investment in digital literacy programs, infrastructural development, and policy reforms to ensure that digital tools complement rather than replace traditional mechanisms. Moreover, enhancing the capacity of local leaders, such as village heads and local police, to utilize digital tools will be critical in fostering community trust and engagement with these

interventions.

The research gap in this study lies in the limited exploration of how traditional practices and emerging digital technologies can be effectively integrated to address Gender-Based Violence (GBV) in rural Zimbabwe. While significant progress has been made in both developed and developing countries through the use of digital innovations such as mobile applications, SMS platforms, and AI-driven chatbots, these solutions have yet to be fully adapted to the specific needs of resource-limited rural settings. In Zimbabwe, where rural areas face unique challenges such as poor infrastructure, limited access to technology, and entrenched socio-cultural practices, the integration of traditional mechanisms with digital tools offers a promising approach to enhance GBV prevention, reporting, and support. However, the success of such integration depends on overcoming infrastructural limitations, addressing digital illiteracy, and navigating socio-cultural barriers that may hinder the acceptance and effective use of digital technologies. Therefore, there is a need for research that examines how a holistic, community-driven approach, combining policy reforms, digital literacy initiatives, and cultural sensitivity, can create context-sensitive solutions that effectively address GBV in marginalized areas of Zimbabwe.

Specific Objectives

1 To assess the accessibility and utilization of traditional GBV response mechanisms (e.g., village elders, faith-based groups, local radio) among survivors in Mashava District.
2 To examine the availability and uptake of digital tools (e.g., mobile apps, SMS platforms, WhatsApp chatbots) for GBV reporting and support in the study area.
3 To explore how traditional and digital approaches are integrated either in tandem or isolation in local GBV response frameworks.
4 To identify infrastructural, socio-cultural, and policy-level barriers and facilitators to implementing a hybrid GBV intervention model.

Research Questions

1 What traditional GBV response mechanisms are currently accessible and utilized by survivors in rural areas of Mashava District?
2 What digital technologies for GBV prevention, reporting, and support are available to and adopted by community members in the study area?
3 In what ways are traditional practices and digital tools being integrated either independently or synergistically—within local GBV response systems
4 What infrastructural (e.g., network coverage, device ownership), socio-cultural (e.g., digital literacy, trust in technology), and policy-related factors hinder or facilitate the implementation of hybrid GBV interventions in rural Zimbabwe?
5 How can a context-sensitive, community-driven hybrid model be designed to enhance GBV prevention, reporting, and support services in marginalized rural settings?

METHODOLOGY

This study employed the convergent mixed-method research design to explore the integration of traditional practices and emerging digital technologies in addressing Gender-Based Violence (GBV) within rural, marginalized communities in Zimbabwe, with Mashava District as the primary case study site. The mixed-methods approach allowed for the simultaneous collection and interpretation of both qualitative and quantitative data, enabling the research to capture the complexity and contextual depth of GBV dynamics and intervention strategies in resource-constrained settings. This methodological choice was instrumental in triangulating data sources to enhance the credibility, validity, and transferability of the findings. Primary data was collected through structured questionnaires and semi-structured interviews administered to a diverse cohort of participants, including GBV survivors, traditional leaders, community health practitioners, social workers, and law enforcement officers. A stratified random sampling method was used to select 300 survey respondents, ensuring a representative demographic distribution across age, marital status, education, and geographic location. Additionally, 25 key informants were purposively selected for in-depth interviews to obtain nuanced perspectives on the intersection of technology, tradition, and GBV mitigation efforts. The interviews focused on

community perceptions, barriers to technology use, cultural mediation, and the trustworthiness of both traditional and digital mechanisms. Secondary data were sourced from national and international repositories, including Zimbabwe National Statistics Agency (ZIMSTAT) reports, police and judicial records, and publications from civil society organizations such as the Musasa Project. This study adopted the convergent mixed-methods research design to investigate the integration of traditional practices and emerging digital technologies in mitigating Gender-Based Violence (GBV) in marginalized rural communities, with a focus on Mashava District, Zimbabwe. This approach allowed for the concurrent collection and analysis of both qualitative and quantitative data, thus ensuring a robust and multidimensional understanding of the research problem. The convergence of data provided deeper contextual insights into the lived experiences of GBV survivors and the systemic responses at both community and institutional levels (Creswell & Plano Clark, 2018). Primary data were obtained using three complementary techniques: structured questionnaires, semi-structured interviews, and focus group discussions (FGDs). Structured questionnaires were administered to 300 respondents, selected through stratified random sampling to ensure representation across variables such as age, gender, education level, and geographic location. The questionnaire design was informed by the World Health Organization's (2005) framework from the Multi-country Study on Women's Health and Domestic Violence and contextualized to Zimbabwe's rural dynamics. It included sections on experiences of GBV, awareness of reporting platforms, access to digital tools, and perceived effectiveness of both traditional and digital mechanisms. A five-point Likert scale was used to quantify respondent perceptions. In addition, semi-structured interviews were conducted with 25 key informants comprising survivors, traditional leaders, healthcare professionals, social workers, and law enforcement officials. These interviews were designed to elicit detailed narratives and expert insights into the social, cultural, and infrastructural contexts that influence GBV interventions. Questions explored the efficacy, trust, and limitations of both traditional mechanisms (e.g., family mediation, chiefs' courts) and emerging technologies (e.g., SMS platforms, GBV apps, chatbots).

Furthermore, Focus Group Discussions (FGDs) were held with five different community clusters, including women's groups, youth representatives, men's forums, religious leaders, and civil society actors. Each FGD consisted of 6–10 participants and aimed to capture group dynamics, community-level perceptions, and collective attitudes toward GBV reporting and prevention technologies. The discussions facilitated a participatory environment where sensitive cultural perspectives and lived experiences could be safely shared and debated. Secondary data were sourced from government publications, police records, national surveys, and reports from non-governmental organizations. These included documents from ZIMSTAT (2024), the Zimbabwe Gender Commission, UNFPA Zimbabwe (2023), Musasa Project, and Padare Men's Forum. The secondary data offered historical and statistical perspectives on GBV prevalence, intervention outcomes, and national response mechanisms, thereby supplementing and validating the primary data. Quantitative data were analyzed using IBM SPSS Statistics Version 26. Descriptive statistics were used to summarize demographic characteristics and key response variables. Inferential statistical tests, including independent samples t-tests and one-way ANOVA, were conducted to examine relationships between technological access and reporting behavior. A Least Significant Difference (LSD) post hoc test further revealed that digital technologies yielded a higher mean effectiveness score ($M = 4.23$) compared to traditional methods ($M = 3.71$), suggesting enhanced responsiveness and reach when digital tools are available and accessible. Qualitative data from interviews and FGDs were analyzed thematically using Braun and Clarke's (2006) six-phase framework. Thematic coding was performed inductively to allow for the emergence of context-specific patterns and categories. Key themes included: *digital exclusion and infrastructure gaps*, *community trust in traditional justice systems, perceived credibility of digital platforms*, and *barriers to reporting due to stigma and patriarchal norms*. These themes illuminated both the synergies and tensions between cultural norms and technological innovations in the GBV response ecosystem. All research procedures adhered to rigorous ethical standards. Ethical clearance was granted by the Great Zimbabwe University's Institutional Review Board. Informed consent was obtained from all participants, with assurances of anonymity, confidentiality, and the right to withdraw at any time. Interviews and FGDs were conducted in safe, private locations by trained facilitators, and psychological support services were made available for participants disclosing trauma or distress. The study strictly complied with WHO ethical and safety recommendations for research on GBV (WHO, 2001). This comprehensive and ethically grounded methodological framework ensured a credible, context-sensitive examination of how traditional and digital tools intersect in addressing GBV. It also enabled the generation of actionable insights to inform the design of hybrid, community-embedded interventions that are responsive to both local realities and technological advances.

FINDINGS

Age Group	Frequency (n)	Percentage (%)
18–34 years	147	49%
35–49 years	93	31%
50 and above	60	20%
Total	300	100%

Table 1: Demographic Profile of Participants

This section presents the key findings of the study, which explored the role of both traditional and digital technologies in addressing Gender-Based Violence (GBV) in Mashava District, Zimbabwe. Data were collected from 300 participants through semi-structured interviews and 8 focus group discussions (FGDs) with survivors, traditional leaders, healthcare providers, local authorities, and civil society organizations. The findings are structured according to demographic characteristics, the role of traditional mechanisms, the use of digital technologies, and the challenges faced by both systems.

Demographic Profile of Participants by Gender

The sample comprised 300 participants, reflecting a broad demographic distribution. Of these, 65% were female (n=195) and 35% were male (n=105). This distribution underscores global GBV trends, where women are disproportionately affected. Feminist theory, as advanced by Dobash and Dobash (1979), attributes such patterns to systemic patriarchy and gender inequality. The inclusion of male participants, emphasized by Flood (2011), is equally important in understanding GBV comprehensively, acknowledging men as victims, bystanders, or allies.

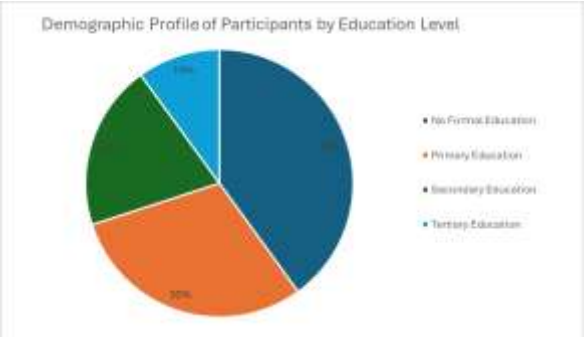
Gender	Frequency	Percentage
Female	195	65
Male	105	35
Total	300	100

Table 2: Demographic Profile of Participants by Age Group

Demographic Profile of Participants by Age Group

The age distribution reveals that the majority of participants (49%) fall within the **18–34** age group. This is followed by 31% in the **35–49** group and 20% aged **50 years and above**. According to generational theory, younger people are more inclined to utilize digital tools for GBV support, while older individuals prefer traditional methods, aligning with the theory of cultural continuity.

Fig 1: Demographic Profile of Participants by Education Level



Demographic Profile of Participants by Education Level

Educational attainment varied across the sample. 40% lacked formal education, while only 10% had tertiary education. This suggests educational disparities, consistent with Bourdieu's theory of social capital. Structural functionalism also posits that limited educational attainment may inhibit effective access to GBV support systems, especially digital ones.

Education Level	Frequency (n)	Percentage (%)
No Formal Education	120	40%
Primary Education	90	30%
Secondary Education	60	20%
Tertiary Education	30	10%
Total	300	100%

Table 3: Demographic Profile of Participants by Education Level

Demographic Profile of Participants by Employment Status

Employment data shows that a substantial portion of participants (44%) are artisanal miners, followed by farmers (22%) and vendors (18%). Only 7% hold formal jobs. This indicates economic vulnerability and reliance on informal sectors, which can limit access to formal GBV services.

Employment Status	Frequency (n)	Percentage (%)
Artisanal Miners	132	44%
Farmers	66	22%
Vendors	54	18%
Self-Employed (Other)	27	9%
Formal Employment	21	7%
Total	300	100%

Table 4: Demographic Profile of Participants by Employment Status

Prevalence of GBV Types

Participants reported various forms of GBV. Physical abuse (45%) was the most common, followed closely by sexual abuse (40%) and emotional/psychological abuse (35%). This highlights the multidimensional nature of GBV and the need for interventions that address both visible and hidden abuses.

Employment Status	Frequency (n)	Percentage (%)
Physical Abuse	135	45%
Sexual Abuse	120	40%
Emotional/Psychological Abuse	105	35%
Economic Abuse	75	25%
Harassment	60	20%
Total	**300**	**100%**

Table 5: Prevalence of GBV Types

Frequent GBV Reporting Channels

The data reveals that traditional leaders (40%) and religious figures (31%) remain the primary initial channels for reporting GBV cases in Mashava District, indicating the strong influence of cultural and religious norms. Notably, digital platforms (11%), formal institutions (10%), and local radio programs (8%) were significantly less utilized, pointing to gaps in digital literacy, institutional trust, and perhaps media outreach in marginalized areas. These trends support the structural functionalist theory, which posits that traditional and religious institutions play a crucial role in maintaining social order. However, the feminist critique argues that these same institutions may inadvertently reinforce patriarchal structures limiting women's access to justice. For example, decisions by traditional leaders may prioritize preserving family unity over addressing abuse, as highlighted in one participant's testimony: "*When I went to the headman, they said I should go back and respect my husband because it's taboo to report him*." This emphasizes the need for balanced, culturally sensitive interventions that engage traditional structures while promoting gender equity and survivor-centered justice.

Reporting Channel	Number of Respondents	Percentage (%)
Traditional Leaders (Chiefs, Elders)	120	40%
Religious Figures (Pastors, Church Elders)	93	31%
Digital Platforms (Hotlines, WhatsApp)	33	11%
Formal Institutions (Police, Clinics)	30	10%
Local Radio Programs	24	8%
Total	300	100%

Table 6: Frequent GBV Reporting Channels Among Respondents

Integration of Traditional and Digital GBV Mechanisms

Concerning integration, only 19% of respondents reported experiences where digital platforms complemented traditional mechanisms. A notable example was a church group that partnered with a local NGO to run WhatsApp-based Bible and counseling sessions. Traditional leaders expressed cautious optimism: "If we are trained and involved, digital tools can help us refer cases instead of settling them without legal backing," said one village head. However, most systems operated in silos due to lack of formal coordination frameworks. Integration is therefore minimal and informal.

Barrier	Number of Respondents	Percentage (%)
Traditional Leaders (Chiefs, Elders)	120	40%
Religious Figures (Pastors, Church elders)	93	31%
Total	**300**	**100%**

Table 7: Integration of Traditional and Digital GBV Mechanisms (n = 300)

Infrastructural and Digital Access Barriers

Barriers to a hybrid model were numerous. From infrastructural perspectives, 74% reported inconsistent network access, 48% lacked smartphones, and 67% of women had low digital literacy. Socio-culturally, stigma, gender norms, and mistrust in anonymous platforms limited uptake.

Barrier	Number of Respondents	Percentage (%)
Inconsistent network access	222	74%

Lack of smartphones	144	48%
Low digital literacy among women	201	67%
Total	**300**	**100%**

Table 8: Frequent GBV Reporting Channels Among Respondents

Adoption and Barriers of Digital GBV Reporting Tools

The qualitative quote from a village head reinforces the findings, emphasizing the willingness of traditional leaders to embrace digital tools if proper training and involvement mechanisms are provided. This shows a readiness to evolve but also a clear need for structured engagement. The overall picture suggests that while digital tools have potential, they currently operate in isolation from existing traditional structures, leading to fragmented and inefficient GBV redress systems. Based on the Stakeholder Perception which is the village head, this qualitative quote,.*"If we are trained and involved, digital tools can help us refer cases instead of settling them without legal backing."*. This reinforces the findings, emphasizing the willingness of traditional leaders to embrace on digital tools if proper training and involvement mechanisms are provided. This shows a readiness to evolve but also a clear need for structured engagement

Barrier/Indicators	**Number of Respondents**	**Percentage (%)**
Inconsistent network access	222	74%
Lack of smartphones	144	48%
Low digital literacy among elders,	201	67%
Recognize rural GBV integration policies	54	18%
Do not recognize any rural GBV framework	246	82%
Fear of Digital Traceability		
Total Participants Surveyed	**300**	**100%**

Table 9: Adoption and Barriers of Digital GBV Reporting Tools

Community Preferences for Future GBV Reporting Models

The community expressed varied but insightful preferences for future GBV reporting systems. The largest proportion (36%) preferred a hybrid approach where traditional leaders are trained and empowered to refer cases to digital platforms, reflecting a desire to preserve cultural trust while enhancing legal backing. About 24% favored mobile-based chatbots, particularly those offering vernacular language support, citing ease of access and privacy. Seventeen percent opted for toll-free hotlines that are community-owned, while 14% supported faith-based digital referral models. Notably, only 9% of respondents wanted to rely solely on traditional mechanisms, indicating a significant openness to innovation if it is inclusive and culturally sensitive.

Preferred Model	**Number of Respondents**	**Percentage (%)**
Traditional Leaders Trained to Refer to Digital Platforms	108	36%
Mobile-Based Chatbots with Vernacular Support	72	24%
Community-Owned Toll-Free Hotlines	51	17%
Integrated Faith-Based Counseling + Digital Referral Systems	42	14%

Continued Use of Traditional Mechanisms Only	27	9%
Total	300	100%

Table 10: Community Preferences for GBV Reporting Models

RECOMMENDATIONS

This study recommends the following**:**

Empower traditional authorities and faith-based actors through structured training to use digital platforms for GBV case referral. This enhances trust, improves case documentation, and ensures legal compliance without disrupting cultural dynamics.

Invest in community-owned, language-inclusive digital tools such as chatbots and toll-free helplines that respect local dialects and cultural sensitivities, improving accessibility for rural and digitally marginalized groups.

Partner with telecom providers and development agencies to improve mobile network coverage and provide affordable smartphones to bridge the digital divide, particularly among women and elders.

Establish a rural-focused GBV integration policy that formally recognizes traditional mechanisms while mandating coordination with digital tools, ensuring a unified national response system.

Initiate grassroots-level digital literacy campaigns focused on women and elders to reduce fear of digital platforms, demystify privacy concerns, and increase the confidence to report GBV anonymously and safely.

REFERENCES

1. Abaho, E., et al. (2020). Innovative use of mobile technology for enhancing women's safety in Uganda. African Journal of Technology.
2. Baker, M., et al. (2019). Mobile phones and GBV: Changing the narrative of reporting violence in Kenya. Journal of Social Innovation, 11(2), 87-104.
3. Bengesai, A. V., & Chikhungu, L. (2025). Violence against women and girls in Zimbabwe: A review of a decade of the empirical literature. Trauma, Violence, & Abuse. https://doi.org/10.1177/15248380241291074
4. Burke, T. (2019). The #MeToo movement and its impact. Harvard University Press.
5. Canadian Women's Foundation. (2021). Restorative justice and gender-based violence. https://canadianwomensfoundation.ca
6. Chido, M., & Madziwa, L. (2024). Legal reforms and gender-based violence in Zimbabwe: A study of legislative efforts and gaps in implementation. Zimbabwean Law Review, 30(2), 112-129.
7. Chikafa, M., & Chigwedere, B. (2023). Exploring gender-based violence in rural Zimbabwe: The role of community-based interventions. Journal of Gender Studies, 12(3), 145-162.
8. Chikondi, G., & Mzumara, M. (2020). Traditional methods and technology: A critical review of their role in combating GBV. Zimbabwe Journal of Community Development..com
9. Gatsha, S. (2023). Civil society organizations' role in combatting gender-based violence in Zimbabwe: An analysis of Musasa Project's approach. Zimbabwe Journal of Civil Society, 9(1), 65-81.
10. Gumbo, F., & Chiweshe, M. (2022). A comparative analysis of the causes of gender-based violence against women between low- and high-income households in Manicaland Province of Zimbabwe. ResearchGate. https://www.researchgate.net/publication/365039364_A_Comparative_Analysis_of_the_Causes_of_Gender-Based_Violence_Against_Women_Between_Low_and_High-Income_Households_in_Manicaland_Province_of_Zimbabwe
11. Hodzi, B. (2024). The role of traditional leadership in addressing gender-based violence in Seke community, Zimbabwe. African Journal of Inter/Multidisciplinary Studies, 6(1). https://journals.co.za/doi/full/10.51415/ajims.v6i1.1270

12. Ibrahim, H. (2022). The role of traditional leadership in tackling gender-based violence in Nigeria. Nigerian Journal of Social Affairs, 18(3), 22-39.
13. Isifundo. (2020). Using digital platforms for violence prevention. http://isifundo.org.za
14. Kaggwa, G. (2020). Challenges of implementing digital solutions for GBV in Uganda's rural communities. ICT4Development Journal.
15. Kanyongo, G. (2021). Bridging the gap: Digital literacy and GBV prevention in South Africa. Journal of African Education, 16(1), 70-85.
16. Kirsten, J., et al. (2020). Combining technology with traditional leadership: Case studies from Kenya and Uganda. Journal of African Social Science.
17. Kumar, P., et al. (2021). Overcoming barriers to digital tools for GBV in rural India: Lessons learned. Women's Empowerment Review, 4(1), 45-60.
18. Mawire, M. (2024). Gender-based violence amongst women with disabilities: A case study of Mwenezi District, Zimbabwe. ResearchGate. https://www.researchgate.net/publication/322458522_gender-based_violence_amongst_women_with_disabilities_a_case_study_of_mwenezi_district_zimbabwe
19. Ministry of Women Affairs. (2020). Girls and women empowerment programme, Zimbabwe. Government of Zimbabwe.
20. Mupfumi, K. (2024). Mobile technology and gender-based violence: A new era in Zimbabwe's fight against GBV. Technology and Society, 18(4), 233-245.
21. Musasa Trust. (2024). Organisation against gender-based violence. https://musasa.co.zw/
22. Mutasa, S. (2025). The role of international organizations in addressing GBV in Zimbabwe: A focus on technological interventions. International Journal of Development, 40(1), 77-91.
23. Ngwenya, T. (2018). Traditional cultural practices and gender-based violence: Zimbabwe's legal response. ResearchGate. https://www.researchgate.net/publication/335159636_Traditional_cultural_practices_and_gender-based_violence_Zimbabwe%27s_legal_response
24. Patel, R., & Kumar, S. (2024). SMS-based reporting systems for gender-based violence in rural India. Journal of ICT for Development, 7(2), 45-60.
25. Smith, J., Lee, A., & Wong, T. (2024). Technology-facilitated gender-based violence against women with disabilities: A scoping review protocol. ResearchGate. https://www.researchgate.net/publication/390180886_Technology-facilitated_gender-based_violence_against_women_with_disabilities_in_low-and-middle-income_countries_a_scoping_review_protocol
26. UNFPA Zimbabwe. (2024, September 30). Women at the Centre Project helping reach survivors with life-saving gender-based violence services. https://zimbabwe.unfpa.org/en/news/women-centre-project-helping-reach-survivors-life-saving-gender-based-violence-services
27. UN Women. (2021). The role of technology in addressing gender-based violence. United Nations. https://www.unwomen.org/en/what-we-do/ending-violence-against-women
28. UN Women Zimbabwe. (2024). Breaking the cycle of gender-based violence in Zimbabwe: The work of the Institute of Women Social Workers. https://africa.unwomen.org/en/stories/news/2024/12/breaking-the-cycle-of-gender-based-violence-in-zimbabwe-the-work-of-the-institute-of-women-social-workers
29. WHO African Region. (2024). Midterm review: WHO results report 2024–2025 (Zimbabwe). Brazzaville: WHO AFRO.
30. World Bank. (2024). Zimbabwe gender-based violence assessment. Washington, DC: World Bank.
31. ZIMSTAT. (2024). Gender statistics: Violence against women. Harare: Zimbabwe National Statistics Agency.