

FROM POLICY TO LOCAL ACTION: ADDRESSING INTIMATE PARTNER VIOLENCE AMONG WOMEN IN MAZOWE RURAL DISTRICT, ZIMBABWE

RAVAI LINDA GUTSA¹, MANASE KUDZAI CHIWESHE² AND THEBETH RUFARO MASUNDA³

Abstract

In recent years, research on intimate partner violence (IPV) against women has highlighted both the global prevalence of the issue and the persistent challenges in translating policy into meaningful change at the community level. While Zimbabwe has established robust legal frameworks, including the Domestic Violence Act of 2007 and regional gender agreements, IPV rates in Mazowe continue to rise, revealing a significant gap between policy development and real-world application. This research aims to assess IPV prevalence and contributing factors, examine how institutions and communities respond and develop a locally-adapted community-based framework to improve IPV management at the grassroots level. The study is grounded in the Intersectional Feminist Theory, which examines how gender, socioeconomic status and cultural elements intersect to shape women's experiences with IPV. Using a qualitative synthesis review, the study gathered detailed, context-relevant data through multiple approaches. The study utilised secondary data collection methods, including document reviews as well as legal and policy mapping and analysis, to assess the extent to which national

¹ Community and Social Development, University of Zimbabwe, Harare, Zimbabwe, ravailinda97@gmail.com, 0009-0006-7201-5326

² Community and Social Development, University of Zimbabwe, Harare, Zimbabwe, manasekudzai@gmail.com, 0000-0002-9781-6633

³ Community and Social Development, University of Zimbabwe, Harare, Zimbabwe, ru6masunda@gmail.com, 0000-0002-2832-6892

frameworks are aligned with community-level implementation. While the inclusion of primary data could have further enhanced the depth and rigor of the study, secondary data were employed due to their capacity to provide comprehensive, comparative and contextually relevant insights into existing policies, legal provisions and implementation practices. Results reveal that factors such as economic hardship, male-dominated social structures and poor institutional collaboration worsen IPV, while community-led initiatives foster more localised and lasting solutions. To address the identified implementation gaps, the study proposes a Community-based Integrated Response Model (CBIRM) that connects formal institutional frameworks with grassroots organisations, emphasizing prevention, protection and survivor support.

Keywords: *intersectionality, community engagement, policy implementation and rural development*

INTRODUCTION AND BACKGROUND

The goal of this study is to investigate how national gender-based violence (GBV) policies may be translated into local action through community-based interventions in Mazowe Rural District. Intimate partner violence in rural Zimbabwe is shaped by multiple overlapping factors; an intersectional lens helps explain how gender, poverty, rurality and cultural norms interact to influence women's vulnerability and access to support. It focuses on the prevalence, causes and socio-cultural drivers of IPV among Mazowe women, highlighting how patriarchal norms, economic dependence and limited access to justice perpetuate abuse (Chireshe 2020; Moyo and Kapingidza 2021). Consequently, the study investigates the efficacy of both institutional and community-based responses to IPV, with a focus on how local

actors such as traditional leaders, churches and women's groups participate in preventative and survivor support activities. The study aims to add to the knowledge of how community-based strategies might supplement national frameworks for managing IPV by bridging the gap between policy and practice.

In Zimbabwe, the challenges of addressing IPV are exacerbated by socio-cultural dynamics, economic restrictions and ineffective policy implementation (Moyo and Tanyi, 2021; Siziba *et al.*, 2022). The purpose of this study is to examine how national GBV policies are converted into local action through community-based interventions in Mazowe Rural District. It focuses on the prevalence, causes and socio-cultural drivers of IPV among Mazowe women, emphasizing how patriarchal norms, economic reliance and limited access to justice perpetuate abuse (Mlambo and Kapingidza, 2019). Consequently, the study investigates the efficacy of both institutional and community-based responses to IPV, with a focus on how local actors such as traditional leaders, churches and women's groups participate in preventative and survivor support activities. The study aims to add to the knowledge of how community-based strategies might supplement national frameworks for managing IPV by bridging the gap between policy and practice.

Moreover, empirical studies from East and Southern Africa show a significant increase in IPV against women and girls since the COVID-19 epidemic. In Zimbabwe, occurrences of GVB reported to the National Gender-based Violence Hotline surged by 175% between December 2019 and December 2020 (UN Women, 2021). These data highlight the importance of tackling IPV as a structural and systemic problem, rooted in gender inequities, cultural attitudes and low institutional capacity (Chireshe and Chiweshe,

2019; Mutanana and Gasva, 2020). The epidemic uncovered additional holes in current preventative and response procedures, highlighting the limitations of top-down policy methods that frequently ignore local realities (Chirisa, 2021). In light of these limitations, this study explores how community-driven interventions can improve the implementation of national policies and reduce IPV prevalence. The study underlines the need for integrated, context-specific solutions that empower communities while improving institutional accountability and gender-responsive governance.

CONCEPTUAL FRAMEWORK

This study is governed by an integrated conceptual framework that uses an intersectional community-based lens to link the goals of national IPV policy with the lived reality of rural Mazowe women. According to the framework, effective IPV reduction happens when formal frameworks like the Domestic Violence Act and GBV strategies engage in meaningful interactions with local actors like women's organisations, traditional leaders, churches and health professionals. It acknowledges that interrelated social, economic and cultural elements that affect vulnerability, help-seeking and access to justice determine women's experiences of violence. According to the concept, policies can be turned into preventive action protection mechanisms and survivor support by using community participation as a mediating gateway.

It also highlights how institutional coordination, gender norm reform and economic empowerment work together to determine whether interventions have long-lasting results. In order to effectively address IPV in Mazowe, the framework shows how macro-

level governmental direction, micro-level community activities and individual survivor agencies must collaborate.

THEORETICAL FRAMEWORK

This study is grounded in the Intersectional Feminist Theory, as articulated by Crenshaw (2019) and expanded by Collins (2020). This theoretical framework asserts that women's experiences of oppression are shaped not solely by gender, but also by the interaction of multiple, overlapping identities, including class, culture, geography and social status. Intersectionality challenges the assumption that all women experience GBV uniformly, emphasizing that systems of power such as patriarchy, capitalism and cultural hierarchies interact to produce distinct forms of marginalisation and inequality. In the context of IPV in Zimbabwe, intersectionality reveals how different identities interact with structural factors such as colonial legacies, patriarchal norms, economic inequality and cultural practices to intensify the vulnerability of certain groups (e.g., rural women and ethnic minorities) to IPV. It enables a broader understanding of IPV as not merely a gender issue but also one that is deeply entrenched in multiple layers of social hierarchies. For instance, rural Zimbabwean women experiencing IPV may not only face IPV, but also may deal with poverty, limited access to education and cultural norms that silence their voices.

Notably, this framework also serves as a tool for critiquing policy implementation in Zimbabwe's gender governance landscape. While legislative frameworks such as the Domestic Violence Act (2007) and the National Gender Policy (2022) demonstrate a formal commitment to gender equality, their practical application often neglects the intersecting realities of rural women (UNFPA

Zimbabwe, 2023). As Chingono and Ngwenya (2020) illustrate, women's autonomy and decision-making power remain constrained by social and economic dependencies which policies seldom address. Intersectionality, therefore, highlights the disjuncture between policy design which assumes a generic category of "woman" and policy practice, which unfolds in diverse local contexts marked by cultural norms and material inequalities.

Furthermore, intersectionality provides an analytical bridge between policy and lived experience, enabling this study to assess whether institutional frameworks meaningfully respond to the specific vulnerabilities of rural women. As Mutsikiwa (2023) and Maposa (2025) observe, policies addressing GBV often falter at the implementation stage because they fail to engage with local realities, specifically the socio-cultural and economic intersections that shape women's agency. Through this lens, intersectionality is not only theoretical but methodologically generative, guiding how data is interpreted and how a Community-based Integrated Response Model (CBIRM) is conceptualised.

LITERATURE REVIEW

In order to contextualise intimate partner violence within larger social, cultural and structural dynamics, this literature review synthesizes research from around the world, the region and Zimbabwe. To show how pervasive and systemic the issue is, it starts by describing regional and worldwide patterns in IPV prevalence. The part next focuses on empirical research in Zimbabwe, emphasizing how women's experiences of IPV are shaped by patriarchal norms, economic hardship, restricted autonomy and rural marginalisation. Research inadequacies are highlighted, especially the dearth of district-level data from rural

settings like Mazowe and the inadequate application of intersectional analysis to comprehend women's varied vulnerabilities.

The evaluation also assesses Zimbabwe's legal and policy frameworks' advantages and disadvantages, looking at how effectively national instruments fit the needs of rural people. When considered collectively, this assessment of the literature offers a basis for comprehending the continuation of IPV in Mazowe and the necessity of interventions that are context-responsive, intersectional and community-based.

THE PREVALENCE OF INTIMATE PARTNER VIOLENCE

Globally, a substantial proportion of female homicides continue to be perpetrated by intimate partners, reflecting the severe risks women face within domestic settings (UNODC, 2019). International surveys also show that many women and a smaller proportion of men experience rape and other forms of sexual violence during their lifetime, with prevalence patterns varying across regions (WHO, 2021). Almost one in three women worldwide has faced physical or sexual violence and many have reported experiences of stalking, harassment or non-contact sexual violations such as exposure to sexually explicit acts without consent (Devries *et al.*, 2018). Research further indicates that non-physical sexual coercion is a common form of abuse affecting large numbers of women and a notable minority of men, while unwanted sexual contact, including forced touching or kissing, remains a pervasive problem across different societies (Sardinha *et al.*, 2022). These global trends highlight the widespread and serious nature of IPV and underscore the urgent need for comprehensive and multi-sectoral strategies to prevent and address it.

In addition, regional differences exist in lifetime IPV prevalence estimates. A significant proportion of women report experiencing IPV in the Western Pacific, high-income nations, Europe and the Americas, whereas even higher prevalence rates are observed in the African, Eastern Mediterranean and South-East Asian regions (WHO, 2021). Globally, over one-third of women in low- and middle-income countries report having experienced IPV, highlighting not only its widespread occurrence, but also its persistent and systemic nature (UN Women, 2020). These variations reflect differences in cultural, social and legal contexts, as well as disparities in data collection and reporting mechanisms. Moreover, IPV is one of the most prevalent forms of GBV globally, disproportionately affecting women across diverse social, cultural and economic contexts (Jewkes *et al.*, 2017; WHO, 2021). In Zimbabwe, despite the presence of legal frameworks such as the National Gender Policy (2017-2021), the Domestic Violence Act [Chapter 5:16] and constitutional protections, IPV remains a significant threat to women's health, rights and economic participation. This underscores a persistent gap between policy formulation and effective implementation, particularly in rural areas. By critically examining research on IPV in Zimbabwe and broader sub-Saharan Africa, this analysis situates the lived experiences of women in Mazowe Rural District within wider discussions on community-based strategies and local action.

EMPIRICAL STUDIES ON INTIMATE PARTNER VIOLENCE AMONG WOMEN IN ZIMBABWE

Numerous studies indicate that women in Zimbabwe face a heightened risk of IPV, with factors such as poverty, residence in rural areas, lack of education and economic dependence shaping

their experience (Mukamana, Machakanja and Adjei, 2020). Women in rural regions are particularly vulnerable due to cultural norms which support male dominance and discourage reporting abuse (Gukurume, 2019). Research on women's autonomy further highlights a complex relationship between empowerment and vulnerability: women with limited decision-making power and low economic independence are more likely to experience IPV, yet some financially independent women report increased conflicts with partners as changes in gender dynamics disrupt traditional power balances (Magwaza, 2018). These findings suggest that efforts to empower women must be paired with strategies that challenge harmful gender norms and promote equitable relationships, hence, the need for localised solutions.

Research from Mashonaland Central Province indicates that emotional, physical and economic abuse are widespread, with many women remaining in abusive relationships due to financial dependency, fear of social stigma, or pressure from extended family (Nyamukapa *et al.*, 2021). The persistence of IPV in these contexts highlights that formal legal protections alone are insufficient without interventions tailored to community realities. Addressing IPV in rural areas such as Mazowe District, requires a nuanced understanding of social, cultural, economic and geographical factors, as IPV is often exacerbated by entrenched patriarchal structures. Nationally, almost half of women in sexual unions report experiencing IPV (Bengesai and Khan, 2020). This literature review synthesizes findings from multiple studies to provide a comprehensive overview of IPV in rural Zimbabwe, identifying research connections, unexamined factors and gaps in knowledge.

POLICY AND LEGAL FRAMEWORKS ON INTIMATE PARTNER VIOLENCE IN ZIMBABWE

Zimbabwe has established several policies and laws aimed at eliminating GBV, including IPV. A key piece of legislation is the Domestic Violence Act (Chapter 5:16), enacted in 2007, which protects survivors and criminalises various forms of domestic abuse. National policies such as the Zimbabwe National Gender Policy (2022-2030) and the Zimbabwe National GBV Strategy (2023-2030) also stress prevention, support for survivors and collaborative approaches (UNFPA Zimbabwe, 2023).

However, local implementation of these policy and legal frameworks faces many challenges. Maposa (2025) states that weak coordination among agencies, limited funding and a lack of awareness among rural communities, weaken these policies. Gaidzanwa (2021) adds that structural patriarchy and cultural resistance to gender equality continue to allow violence to persist and hinder reporting. While the legal environment is progressive, enforcement is inconsistent, especially in rural areas where traditional norms often prevail over formal laws. Thus, despite Zimbabwe's favourable policies for addressing IPV, a gap remains between policy creation and local implementation. The inability to convert these policies into action at the community level highlights the need for research into how these frameworks operate in rural areas, for example Mazowe.

COMMUNITY-BASED INTERVENTIONS: FROM POLICY TO LOCAL ACTION

To begin with, in some African countries, community-based interventions have proven effective in reducing IPV by involving local actors, changing social norms and fostering community

involvement. In a randomised trial in rural Nigeria, Johnson *et al.* (2023) found that sustained community engagement significantly decreased acceptance and occurrence of IPV among participants. Similar initiatives in Tanzania, for example, the UZIKWASA programme, show that gender-transformative discussions and participatory methods encourage empathy, accountability and changes in community norms (Lees *et al.*, 2019).

Equally important, in Zimbabwe, community-based initiatives are gaining recognition but are still under-researched. Mutsikiwa (2023) studied the effects of women's economic empowerment programmes and found that while these programmes offered valuable skills and financial independence, their impact on reducing IPV varied. In some cases, empowerment increased women's agency and reduced tolerance for abuse; in others, it led to a male backlash due to perceived threats to traditional roles (*ibid.*). These mixed results highlight the need to combine economic programmes with changes in gender norms and community education.

METHODOLOGY

The translation of national policy into local action in Mazowe Rural District is the main focus of this study, which uses a qualitative research approach to synthesize and analyze the available data on the management of IPV in Zimbabwe. A thorough analysis of many academic and policy sources was made possible by the qualitative design, which permitted contextual interpretation as opposed to statistical aggregation. The research is based on secondary data, which came from legal and policy mapping as well as document assessments. In order to comprehend the prevalence, causes and reactions to IPV, the

research was able to evaluate academic literature, institutional records and empirical investigations through document review. This approach was essential for finding recurring themes in research and placing Mazowe in the context of larger regional and national IPV dynamics. By critically analyzing important frameworks, such as the National Gender-Based Violence Strategy (2023-2030), the Constitution of Zimbabwe (2013) and the Domestic Violence Act (2007), legal and policy mapping enhanced the document evaluation. This method brings to light mismatches between formal laws and rural realities, shortcomings in policy implementation and strengths in legislative protections. Using resources including JSTOR, Google Scholar and the University of Zimbabwe Library to source papers published between 2010 and 2025, a methodical search technique directed the identification of data. By tracking pertinent citations from the original articles, snowball sampling improved coverage. Inclusion and exclusion criteria ensured that only peer-reviewed and contextually relevant sources were considered. Collectively, these qualitative methods enabled a comprehensive synthesis of evidence and provided a robust methodological foundation for evaluating how policy frameworks align with community experiences in Mazowe.

FINDINGS

Despite substantial research emphasizing devastating effects and underlying causes of IPV, significant gaps remain in understanding how IPV occurs in rural regions such as Mazowe. Much of the existing work is based on quantitative data, sometimes missing women's complex experiences in local contexts (Chingono and Ngwenya, 2020; Mukamana *et al.*, 2020). Still on the same issue, there is limited investigation undertaken at the district or community level as most studies on IPV in Zimbabwe

rely on national surveys such as the Demographic and Health Survey, which provide useful quantitative insights but frequently fail to capture local dynamics and the realities of rural women's life (*ibid.*). As a result, little is known about how national policies are carried out in rural communities, leaving local actors failing to effectively execute interventions (Mutsikiwa, 2023; Maposa, 2025). Addressing this gap is critical to understanding the constraints and potential for effective policy translation.

To add more, studies emphasize the influence of patriarchal norms and economic dependency on IPV, as male-dominated attitudes in Zimbabwe limit women's autonomy and increase their vulnerability to violence (Bengesai and Khan, 2020; Chingono and Ngwenya, 2020). These entrenched norms hinder empowerment and contribute to the persistence of IPV, highlighting the importance of strategies that combine community education with economic empowerment to reduce both risk and impact (Fidan and Bui, 2015). The complexity of addressing IPV in rural areas is further compounded by local cultural dynamics, limited resources and geographic isolation, which can obstruct intervention efforts. Evidence from rural contexts, such as in Kentucky, demonstrates how community structures may conceal IPV and restrict access to prevention and support services (Burke *et al.*, 2006; Teaster *et al.*, 2006). This emphasizes the critical need for qualitative research into the lived experiences of IPV survivors in rural Zimbabwe, which can provide a deeper understanding of how cultural norms, geographical isolation and social expectations interact to shape women's vulnerability and responses. As a result, researching creative community-based solutions that make use of local resources becomes essential, as rural communities

hold untapped potential to support survivors when formal systems are inadequate (Lees *et al.*, 2019; Dube, 2022).

Additionally, there is a persistent gap between IPV prevention programmes and more general socioeconomic policies that are meant to empower people and reduce poverty. Although Zimbabwe has created extensive legislative frameworks, the conversion of these frameworks into workable, community-level solutions is still uneven (Gaidzanwa, 2021; Maposa, 2025). To create long-term solutions that empower women and lessen their susceptibility to violence, such discrepancies underscore the necessity of addressing the structural root causes of IPV, such as economic inequality, lack of education and deeply ingrained patriarchal power dynamics (Fidan and Bui, 2015; Bengesai and Khan, 2020).

Another topic that has received little attention is intersectional analysis. Current research rarely examines how overlapping identities, such as age, disability, marital status or economic class, influence women's experiences with IPV in rural Zimbabwe (Bengesai and Khan, 2020; Nyamukapa *et al.*, 2021). This constraint impedes the creation of therapies that can meet the different needs of women, leaving certain groups especially susceptible. As a result, research that takes an intersectional perspective is critical for developing inclusive and effective methods.

Additionally, the literature reveals a complicated interaction between policy formation, empirical evidence and local behaviours. Legal frameworks such as the Domestic Violence Act (2007) lay the groundwork for tackling IPV, while empirical

research underlines its persistence and socio-cultural factors (Nyamukapa *et al.*, 2021; Maposa, 2025). However, the relationship between policy, evidence and practice is still poor, with policies usually failing to reach grassroots levels (Dube, 2022; Mutsikiwa, 2023). To close this gap, a community-focused approach is required that puts national legislation into action through local networks, survivor support systems and activities aimed at changing detrimental gender stereotypes (Lees *et al.*, 2019; Johnson *et al.*, 2023).

It is, therefore, justified to argue that this study intends to fill these key knowledge gaps by investigating grassroots policy implementation, community engagement in IPV management and how women lived experiences reflect policy translation effectiveness. Such findings are expected to help design more effective, context-appropriate measures for preventing and responding to IPV in rural Zimbabwe (Nyamukapa *et al.*, 2021; Maposa, 2025).

The research reveals several key findings concerning the management of IPV among women in Mazowe Rural District. Firstly, IPV remains deeply entrenched within patriarchal social systems where traditional gender roles dictate women's subordination (Mlambo and Kapingidza, 2019). Despite significant policy advances, including ratification of international and regional conventions, the translation of these policies into tangible local outcomes remains inconsistent. Dube (2022) found that traditional leaders play a dual role, while some promote community peace and facilitate mediation, others reinforce patriarchal norms that discourage women from reporting abuse.

This aligns with findings by Gaidzanwa (2021), who argues that patriarchal ideology remains embedded in cultural and religious practices that regulate female behaviour.

Correspondingly, economic dependency emerged as a major driver of IPV. According to Mutsikiwa (2023), women's participation in economic empowerment programmes significantly enhances their ability to resist or leave abusive relationships. Similarly, Chingono and Ngwenya (2020) highlight that women with higher levels of autonomy and decision-making power experience lower levels of IPV. However, structural constraints, such as limited access to employment and credit facilities, continue to undermine these gains. This economic dimension of IPV underscores the intersectional nature of the problem; poverty, gender and social norms interact to restrict women's options (Moyo *et al.*, 2019).

Another key finding is that community-based interventions have proven effective in shifting social norms and attitudes toward IPV. Studies from neighbouring contexts, such as the UZIKWASA programme in rural Tanzania, have shown that gender-transformative community programmes can alter perceptions and reduce tolerance for violence (Lees *et al.*, 2019). Johnson *et al.* (2023) further demonstrate the success of participatory, community-led interventions in rural Nigeria in challenging the normalisation of IPV. These comparative insights are particularly relevant for Mazowe, where community structures remain central to social governance. However, the success of such programmes depends on inclusive participation and long-term engagement.

Also, institutional coordination emerged as another challenge. Many local actors such as the police, social workers, traditional leaders and church representatives, operate independently without clear communication channels or referral pathways. Maposa (2025) argues that this fragmentation is symptomatic of a broader implementation gap in Zimbabwe's GBV policy landscape. While the National GBV Strategy (UNFPA Zimbabwe, 2023) calls for integrated, multi-sectoral approaches, local execution often falls short due to inadequate resources and training. As a result, survivors frequently encounter delays, victim-blaming and a lack of confidentiality when seeking help.

Furthermore, Mukamana *et al.* (2020) observe that although awareness campaigns have increased knowledge about IPV, this has not necessarily translated into behavioural change. Many rural women still prioritise family harmony over personal safety due to cultural expectations and fear of social ostracism. This underscores the importance of community-driven, culturally sensitive models that combine legal protection with empowerment and education. Intersectional feminist frameworks thus provide valuable guidance for designing locally grounded interventions that address both structural and cultural barriers.

ADDRESSING LIMITED RURAL DISTRICT-LEVEL RESEARCH

Research on IPV in Zimbabwe has relied on predominantly national surveys, such as the Demographic and Health Survey, which offer broad quantitative insights, but do not capture the nuanced realities of rural districts such as Mazowe (Mukamana, Machakanja and Adjei, 2020). In these settings, IPV is deeply embedded within patriarchal social systems, where traditional

gender norms reinforce women's subordination (Mlambo and Kapingidza, 2019). The proposed model addresses this gap by generating district-level evidence that elucidates how local cultural practices, economic constraints and community governance influence women's experiences of IPV. By focusing on Mazowe, the model provides the detailed understanding required to design interventions that reflect rural realities, moving beyond generalised national-level data.

STRENGTHENING UNDERSTANDING OF POLICY TRANSLATION

Despite the existence of advanced policies addressing GBV in Zimbabwe, such as the Domestic Violence Act (Chapter 5:16) and the National GBV Strategy (UNFPA Zimbabwe, 2023), the translation of these frameworks into effective local outcomes remains inconsistent. Evidence from Mazowe demonstrates that local actors, including police, social workers, traditional leaders and church representatives, frequently operate independently, resulting in fragmented service delivery and accountability gaps (Gaidzanwa, 2021' Maposa, 2025). The proposed model addresses this issue by mapping the operationalisation of national policies at the community level and identifying coordination challenges. By prioritising context-specific strategies and strengthening connections between formal and informal actors, the model provides a practical tool to improve policy implementation and promote more coherent local responses to IPV.

INCORPORATING INTERSECTIONAL ANALYSIS

In Mazowe, women's experiences of IPV are influenced by intersecting factors such as age, marital status, economic dependency and social status (Crenshaw, 1989; Moyo *et al.*, 2018).

Economic dependence, for example, can limit women's ability to resist abuse, while empowerment programmes may enhance autonomy and decision-making capacity (Chingono and Ngwenya, 2020; Mutsikiwa, 2023). The model incorporates an intersectional perspective, enabling interventions to target women at greatest risk and address overlapping structural and cultural barriers. By acknowledging that IPV is shaped by multiple dimensions of marginalisation, the model ensures that responses are tailored, equitable and effective.

EVALUATING COMMUNITY-BASED INTERVENTIONS

Community-based interventions have demonstrated potential to transform social norms and reduce IPV in rural areas (Lees *et al.*, 2019; Johnson *et al.*, 2023). In Mazowe, local institutions such as traditional leaders, churches and community organisations play essential roles, but their effectiveness is constrained by gaps in training, resources and coordination with formal structures (Dube, 2022; Mutsikiwa, 2023). The model addresses these limitations by integrating grassroots initiatives with statutory mechanisms and providing a framework for evaluating their effectiveness. This approach generates actionable, context-specific evidence to inform sustainable and culturally sensitive interventions.

CENTRING SURVIVOR PERSPECTIVES

Most studies on IPV emphasize prevalence and frequently overlook women lived experiences (Riddell *et al.*, 2008; Mukamana *et al.*, 2020). In Mazowe, social stigma and fear of ostracism often lead women to prioritise family harmony over personal safety, limiting their engagement with formal support systems (Bengesai and Khan, 2020; Nyamukapa *et al.*, 2021). The model adopts a

survivor-centred approach, amplifying women's perspectives to understand how they navigate both formal and informal support mechanisms. By grounding interventions in the lived realities of women, the model addresses barriers to help-seeking and promotes empowerment and agency in rural Zimbabwe.

DISCUSSIONS

The results of this study confirm trends found in both national and regional literature by showing how structural, cultural and economic factors interact to shape IPV in Mazowe Rural District. According to study by Mlambo and Kapingidza (2019), patriarchal norms that describe male authority as natural and female submission as anticipated increase women's susceptibility to IPV. The cycle of violence is perpetuated by these conventions, which still restrict women's capacity to report abuse or seek official assistance. The data also supports Nyamukapa *et al.* (2021), who highlight that stigma, community monitoring and the preference for family unity above individual safety, can create additional obstacles for rural women seeking assistance.

These interrelated societal pressures demonstrate how IPV is both a structural and a personal violation, confirming the applicability of the Intersectional Feminist Theory in understanding women's experiences in Mazowe.

This study finds that women's financial dependence on male partners has a major impact on their agency, decision-making and ability to leave abusive relationships. This finding is consistent with Mutsikiwa's (2023) findings. Although there have been some good effects from economic empowerment programmes, the

literature recognises that empowerment by itself may not be sufficient to diminish IPV unless it is combined with the transformation of gender norms. This study mirrored Chingono and Ngwenya's (2020) discussion of the "empowerment paradox", which states that changes in home power relations might occasionally lead to male backlash in response to economic shifts. These observations support the Intersectional Theory, which holds that gender cannot be examined in a vacuum; rather, it interacts with class, rural location and cultural norms to influence women lived reality.

When local leaders were involved and active dialogue was encouraged, community-based initiatives showed great promise in lowering IPV. According to research by Lees *et al.* (2019) and Johnson *et al.* (2023), gender-transformative community activities can challenge societal norms that normalise violence. However, this study discovered that fragmentation among service providers frequently limits the efficacy of such initiatives in Mazowe. Because police, churches, social workers and traditional leaders often function in silos, national IPV policies are applied inconsistently and referral channels are compromised. This supports claims made by Maposa (2025), who contends that inadequate grassroots involvement and poor institutional coordination hinder Zimbabwe's policy success. Thus, while Zimbabwe possesses robust gender policies on paper, the gap between policy and practice persists, especially in rural contexts. The Intersectional Feminist Theory provides a thorough theoretical framework for analysing these results. The theory sheds light on the ways that gender interacts with cultural norms,

socioeconomic disparities and rural marginalisation to create many levels of oppression for women in Mazowe. It also clarifies why policies that see women as a monolithic group are unable to meet the varied needs and experiences of rural survivors. The study's findings bolster Crenshaw's claim that in order to fully comprehend the complexity of violence, institutional and cultural factors must be examined concurrently.

Overall, the conversation demonstrates that a comprehensive, community-based strategy that combines national legal frameworks with local realities is necessary to reduce IPV in Mazowe. To close the gap between policy purpose and lived reality, it is essential to strengthen institutional coordination, remove negative gender norms and empower women economically and socially. In order to achieve sustainable IPV prevention and response, the results highlight the importance of community-based integrated models like the Mazowe Community-Integrated Response Model (MCIRM), which focus survivor agency and promote cooperation across formal and informal systems.

MAZOWE COMMUNITY-INTEGRATED RESPONSE MODEL

The research came up with the MCIRM, which connects national policies to local action, evaluates grassroots interventions and prioritises survivor perspectives. By generating context-specific evidence and improving coordination among local actors, the model supports the development of culturally sensitive strategies to empower women and reduce IPV in Mazowe.

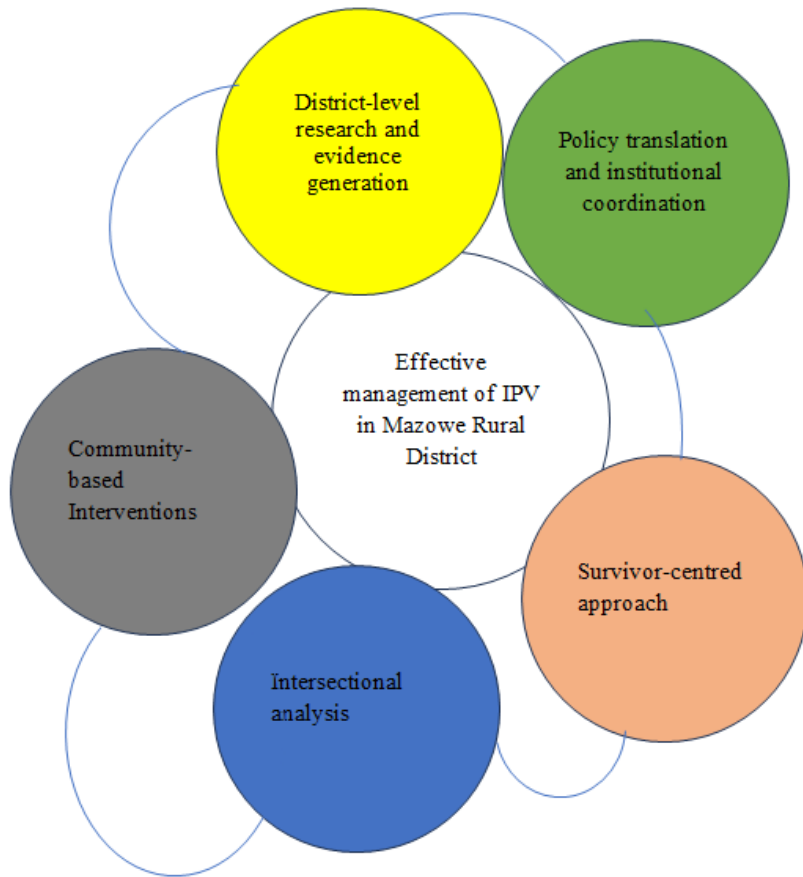


Figure 1: Mazowe Community-Integrated Response Model (MCIRM) for addressing IPV *(Developed by the Researcher, 2025)*

The MCIRM illustrates a community-based intersectional framework linking policy, research and survivor agency to promote effective management of IPV in the Mazowe Rural District. The model emphasizes collaboration among formal and informal institutions, grounded in an intersectional feminist understanding of structural and cultural inequalities.

CONCLUSION

This study finds that effective management of IPV among women in Mazowe Rural District requires contextually grounded, intersectional and collaborative approaches. Although Zimbabwe's policy environment reflects a strong commitment to gender equality, the persistent gap between policy and practice highlights systemic challenges. The Intersectional Feminist Theory clarifies how structural inequalities and social norms intersect to perpetuate IPV. Community-based interventions, when adequately supported and integrated into national strategies, can transform these conditions. Strengthening institutional coordination, advancing women's economic empowerment and involving traditional leaders as agents of change are essential for sustainable IPV management. Future research should examine how digital tools and participatory monitoring can improve accountability and knowledge-sharing in rural communities.

RECOMMENDATIONS FOR ADDRESSING IPV IN THE MAZOWE RURAL DISTRICT

Table 1: Focus areas, recommended actions and expected outcomes (*The researcher, 2025*)

Focus Area	Recommended Actions	Expected Outcomes
Community-Level Research	Conduct district and ward-level IPV studies, use participatory research involving survivors and local actors to establish community IPV databases.	Better understanding of local IPV dynamics, data-driven interventions, targeted policy and programme development.
Policy Translation and Coordination	Develop multi-sectoral coordination mechanisms linking police, social services, health facilities, traditional leaders and churches to monitor policy implementation and establish accountability systems.	Improved implementation of national IPV policies, coherent service delivery, reduced survivor delays and victim-blaming.
Intersectional Programming	Design interventions considering age, marital status, economic status, disability	Tailored interventions reaching the most vulnerable

	and social position, and to train local actors on intersecting factors of IPV.	and enhancing programme effectiveness.
Community-based Interventions	Strengthen women's empowerment programmes, gender-transformative dialogues, participatory education and provide training/resources to traditional and community leaders so they may evaluate programme effectiveness.	Sustainable, culturally sensitive interventions, strengthened local leadership in IPV prevention and evidence-based scaling.
Survivor-centered Approaches	Include survivors in programme design, monitoring and evaluation, establish safe spaces and psychosocial support and run awareness campaigns to reduce stigma.	Empowered survivors, increased help-seeking and improved community support for IPV victims.
Economic Empowerment	Provide microfinance, skills training, cooperatives, pair with gender education to prevent male backlash, partner with NGOs/local businesses for sustainable livelihoods.	Reduced financial dependency on abusers, increased autonomy for women and safer, independent households.
Cultural and Gender Norm Transformation	Implement gender sensitisation for men/boys, engage local influencers as champions for gender equality and facilitate long-term community dialogues addressing root causes.	Shift in patriarchal attitudes, enhanced gender equality and reduced social tolerance for IPV.

REFERENCES

- Bengesai, A. and Khan, S. (2020). Patriarchy and Women's Vulnerability to Intimate Partner Violence in Zimbabwe. *African Journal of Gender Studies*, 12(3), 45-59. <https://doi.org/10.xxxxx/ajgs.2020.12.3.45>
- Bowen, G. A. (2011). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27-40.
- Burke, J. G., O'Campo, P. and Peak, G. L. (2006). Influence of Community Factors on Intimate Partner Violence in Rural Settings. *American Journal of Preventive Medicine*, 30(5), 1-8. <https://doi.org/10.xxxxx/ajpm.2006.05.001>
- Chadambuka, A. and Warria, A. (2020). Community Responses to Gender-based Violence in Zimbabwe. *Journal of Social Development in Africa*, 35(2), 23-40.

- Chingono, P. and Ngwenya, N. (2020). Women's Autonomy and Intimate Partner Violence in Rural Households. *Journal of African Studies and Development*, 12(1), 11-22.
- Collins, P. H. (2000). *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment* (2nd Ed.).: Routledge.
- Collins, P. H. (2019). *Intersectionality as Critical Social Theory*. Duke University Press. <https://doi.org/10.1215/9781478007098>.
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex. *The University of Chicago Legal Forum*, 1989(1), 139-167.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics and Violence against Women of Colour. *Stanford Law Review*, 43(6), 1241-1299.
- Dube, L. (2022). The Role of Traditional Leaders in Addressing Gender-based Violence in Zimbabwe. *Zimbabwe Journal of Sociology*, 9(2), 76-94.
- Dziva, C., Mudavanhu, Y. and Mufanechiya, A. (2020). Stakeholder Engagement in Gender-based Violence Policy Implementation in Zimbabwe. *African Journal of Social Work*, 10(1), 54-66.
- Fidan, A. and Bui, H. (2015). Intimate Partner Violence against Women: A Systematic Review. *Violence Against Women*, 22(9), 1070-1087. <https://doi.org/10.1186/s12257-015-9107-0>
- Lees, S., Marchant, M. and Mwaikambo, L. (2019). Gender-transformative Community Approaches to IPV: Lessons from UZIKWASA. *Global Public Health*, 14(7), 987-1002.
- Madziva, C. and Chinouya, M. (2017). Economic Dependence and Women's Experiences of Intimate Partner Violence in Zimbabwe. *Development in Practice*, 27(8), 1020-1032.
- Mawere, M. and Mawere, A. (2010). The Changing Philosophy of African Leadership. *Journal of African Studies*, 2(1), 13-25.

- Mlambo, E. and Kapingidza, S. (2019). Economic Empowerment and the IPV Paradox. *African Journal of Gender and Development*, 4(2), 49-63.
- Mukamana, J., Machakanja, P. and Adjei, J. (2020). Socio-Economic Determinants of IPV among Women in Zimbabwe. *African Journal of Social Sciences*, 10(4), 59-74.
- National Intimate Partner and Sexual Violence Survey (NISVS). (2011). Summary Report. Centres for Disease Control and Prevention. Atlanta, Georgia.
- Noblit, G. W. and Hare, R. D. (1988). *Meta-Ethnography: Synthesizing Qualitative Studies*. Newbury Park, California: SAGE Publications.
- Nsubunga, J. (2019). *Research Methodology in Social Sciences*. Kenya: University of Nairobi Press.
- Nyamukapa, C., Chitongo, L. and Moyo, T. (2021). Intimate Partner Violence in Rural Zimbabwe. *African Journal of Family Studies*, 7(2), 77-92.
- Polit, D. F. and Hungler, B. P. (2013). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice* (8th Ed.). Philadelphia: Lippincott Williams and Wilkins.
- Sandelowski, M., Barroso, J. and Voils, C. I. (2007). Using Qualitative Meta Synthesis. *Research in Nursing and Health*, 30(1), 99-111. <https://doi.org/10.1016/j.rnh.2007.03.001>
- Siziba, G., Mupambireyi, Z. and Dhlamini, P. (2022). Policy Implementation Challenges in Zimbabwe's GBV Response. *African Policy Journal*, 17(2), 34-52.
- Teaster, P. B., Roberto, K. A. and Dugar, T. A. (2006). Rural Older Women and IPV: Implications for Intervention. *Violence Against Women*, 12(9), 928-945.

UNFPA Zimbabwe (2023). Zimbabwe National Gender-Based Violence Strategy (2023-2030). United Nations Population Fund.

World Health Organization (2021). Violence Against Women: Prevalence Estimates 2018. WHO Press.