The Impact of Gender-Based Violence on Children: A Case Study of Mbare, Zimbabwe

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ABSTRACT

Gender-based violence (GBV) remains a pervasive social problem with devastating consequences for children who witness or experience such violence in their homes and communities. This study examined the impact of GBV on children in Mbare, a high-density suburb of Harare, Zimbabwe. Framed within Bronfenbrenner's (1979) ecological systems theory, the research conceptualized GBV as a multi-level phenomenon shaped by individual, relational, community, and societal factors. The study was guided by four hypotheses: (1) GBV exposure is significantly prevalent among children in Mbare; (2) children are exposed to multiple co-occurring forms of violence; (3) GBV exposure is significantly associated with negative psychological and emotional outcomes; and (4) GBV exposure significantly predicts diminished academic performance. A quantitative, cross-sectional survey design was employed. A purposive sample of 78 children aged 8–15 years was drawn from the Mbare community. Data were collected through structured questionnaires administered via face-to-face interviews and analyzed using IBM SPSS Statistics Version 21. Descriptive statistics, chi-square tests, and multiple linear regression analyses were conducted. The study found that all sampled children reported exposure to or witnessing of GBV, with significant negative associations documented between GBV exposure and emotional wellbeing (fear, anxiety, sadness, anger, and helplessness) and academic performance (concentration difficulties and grade deterioration). Multiple regression analysis identified GBV exposure frequency, fear/anxiety scores, and helplessness as significant predictors of academic performance decline. The research calls for strengthening child protection mechanisms, implementing school-based psychosocial support services, and comprehensive community awareness campaigns to prevent GBV and support affected children in Zimbabwe.

Keywords: gender-based violence, children, psychological impact, academic performance, ecological systems theory, Mbare, Zimbabwe, child protection.

BACKGROUND

Gender-based violence (GBV) represents one of the most pervasive violations of human rights globally, affecting millions of individuals across diverse socioeconomic and cultural contexts (World Health Organization, 2013). The World Health Organization defines GBV as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering (WHO, 2013). While GBV primarily targets women and girls, its collateral damage extends profoundly to children who witness or experience violence in their homes and communities, placing them among the most vulnerable casualties of this global crisis.

The impacts of GBV on children are particularly pronounced in developing countries where poverty, gender inequality, limited access to social services, and weak child protection systems create environments of heightened vulnerability (Jewkes et al., 2010). In Zimbabwe, GBV has emerged as a significant public health and social welfare concern. The Zimbabwe National Statistics Agency (2017) reported that 35% of women aged 15–49 have experienced physical violence since age 15, and 14% have experienced sexual violence — statistics

that translate directly into widespread child exposure to domestic violence. The intersection of economic hardship, cultural practices that normalise certain forms of violence, and inadequate enforcement of protective legislation has created a crisis affecting millions of Zimbabwean children.

Cultural factors further compound this crisis. Practices such as bride price (roora), beliefs about male headship of households, and cultural norms discouraging public disclosure of family matters perpetuate violence and silence victims (Pumenta, 2014). Zimbabwe's history of political instability, economic crisis, and social upheaval — including prolonged periods of hyperinflation, unemployment, and food insecurity — has exacerbated vulnerabilities to GBV at the household level (Shamu et al., 2011).

Mbare, a high-density suburb located approximately 5 kilometres southwest of Harare's city centre, presents a critical context for examining the impact of GBV on children. Established during the colonial era as a township for African workers, Mbare has evolved into one of Zimbabwe's most populous urban settlements, with an estimated population exceeding 60,000 residents. The suburb is characterised by overcrowding, with multiple families often sharing limited housing spaces, inadequate infrastructure, and unemployment rates estimated at over 80% (Zimbabwe National Statistics Agency, 2017). Despite various interventions by government, development partners, and community organisations, emerging statistics indicate that children's exposure to violence in Mbare has increased exponentially, providing a compelling rationale for focused empirical investigation.

INTRODUCTION

Children who witness domestic violence are not passive bystanders but active victims who experience profound trauma (Holt et al., 2008). Research consistently demonstrates that exposure to violence during childhood can disrupt normal psychological development, impair academic achievement, compromise social relationships, and increase the likelihood of perpetuating violence in adulthood (Evans et al., 2008). The developmental consequences extend across multiple domains, including emotional regulation, cognitive functioning, behavioural adaptation, and interpersonal relationships. Without appropriate intervention and support, these effects can persist throughout the lifespan, affecting mental health, relationship quality, economic opportunities, and parenting practices.

If the determinants and impacts of GBV exposure on children are not thoroughly examined and addressed, the likely outcome would be catastrophic losses in human potential, perpetuation of intergenerational cycles of violence, and undermining of national development goals (Moniruzzaman, 2015). Understanding the specific factors influencing children's exposure to GBV and documenting its consequences within the Mbare context is therefore essential for developing culturally appropriate, evidence-based intervention strategies and policies that effectively protect and support vulnerable children.

This study fills critical gaps in the existing literature by providing empirical evidence on the prevalence and impact of GBV on children in Mbare. Anchored in Bronfenbrenner's (1979) ecological systems theory, the research is guided by four directional hypotheses that link the theoretical framework directly to the empirical analysis: (H1) GBV exposure is significantly prevalent among children in Mbare; (H2) children in Mbare are exposed to multiple co-occurring forms of violence; (H3) GBV exposure is significantly associated with adverse psychological and emotional outcomes; and (H4) frequency of GBV exposure significantly predicts diminished academic performance. These hypotheses provide the conceptual scaffolding connecting theory to data throughout this paper.

The research is guided by the following specific objectives:

1. To determine the prevalence of GBV exposure among children in Mbare.

2. To identify the types and frequency of violence witnessed by children.

3. To examine the psychological and emotional impacts of GBV exposure on children.

4. To assess the effects of GBV exposure on children's academic performance and educational outcomes.

LITERATURE REVIEW

Theoretical Framework: Ecological Systems Theory

This study is grounded in Bronfenbrenner's (1979) ecological systems theory, which provides a comprehensive framework for understanding GBV and its multidimensional impact on children. The theory posits that individual development occurs within nested environmental systems — from the microsystem of immediate family interactions, through the mesosystem of interconnections between settings, the exosystem of external social structures, to the macrosystem of overarching cultural values and societal norms. GBV operates across all these levels simultaneously. At the microsystem level, children directly experience or witness violence perpetrated by or against caregivers. At the exosystem level, structural factors such as unemployment, poverty, and inadequate social services intensify family stress. At the macrosystem level, patriarchal gender norms and cultural beliefs normalizing male authority over women create permissive environments for violence. This framework thus generates the four study hypotheses outlined in the introduction, grounding empirical inquiry within a coherent theoretical architecture (García-Moreno et al., 2015).

Global Context of Gender-Based Violence and Children

Gender-based violence constitutes a global epidemic with far-reaching consequences for individuals, families, and societies. According to the United Nations (2020), approximately one in three women worldwide has experienced physical or sexual violence, most often by an intimate partner. This prevalence translates to millions of children being exposed to violence in their homes, with profound implications for their development and wellbeing. The World Health Organization (2013) estimates that between 133 million and 275 million children worldwide witness domestic violence annually, experiencing significant psychological trauma and developmental disruptions.

Research has consistently demonstrated that children exposed to domestic violence experience a range of negative outcomes across multiple developmental domains. Psychologically, these children show elevated rates of anxiety, depression, post-traumatic stress disorder, low self-esteem, and emotional dysregulation compared to non-exposed peers (Graham-Bermann & Seng, 2005). Behaviorally, they exhibit higher levels of aggression, delinquency, and social withdrawal (Evans et al., 2008). Academically, exposure to violence is associated with lower achievement, increased absenteeism, and higher dropout rates (Sternberg et al., 2006). These effects are often dose-dependent, with more frequent or severe exposure associated with worse outcomes.

GBV in the African and Zimbabwean Context

Sub-Saharan Africa faces particularly high rates of GBV, with cultural practices, gender inequality, economic marginalisation, and limited legal protections contributing to the perpetuation of violence. Studies across the region have documented prevalence rates of intimate partner violence ranging from 30% to 60%, with significant variation based on geographic location, socioeconomic status, and cultural context (Jewkes et al., 2010). In many African societies, patriarchal norms and beliefs about male authority within families create environments where violence against women is tacitly accepted or inadequately addressed by formal justice systems.

Zimbabwe's history of political instability, economic crisis, and social upheaval has exacerbated vulnerabilities to GBV. The country has experienced prolonged periods of hyperinflation, unemployment, and food insecurity, all of which have been associated with increased rates of domestic violence and family stress (Shamu et al., 2011). The Zimbabwe National Statistics Agency (2017) reported that 35% of women aged 15–49 have experienced physical violence since age 15, and 14% have experienced sexual violence. Traditional gender roles and cultural expectations — including bride price (roora) practices, beliefs about male headship of households, and cultural norms discouraging public disclosure of family matters — further perpetuate violence and silence victims (Pumenta, 2014). Children growing up in these contexts not only witness violence but also internalize gender norms and conflict resolution patterns that may perpetuate cycles of violence across generations.

Impact of GBV on Child Development

The developmental consequences of GBV exposure in childhood are extensive and multifaceted, affecting psychological, emotional, cognitive, behavioural, and social domains. Trauma theory provides a complementary framework for understanding these impacts at the neurobiological level. When children are exposed to violence, their stress response systems become chronically activated, leading to alterations in brain development and function (Perry, 2001). The amygdala may become hypersensitive, while the prefrontal cortex — which governs executive functions such as planning, decision-making, and impulse control — may show impaired development.

Psychological and emotional impacts include increased rates of anxiety, depression, post-traumatic stress disorder, and emotional dysregulation (Graham-Bermann & Seng, 2005). Academic performance is also critically affected: children who witness violence at home experience difficulties with concentration, memory, attention, and cognitive processing essential for academic success (Sternberg et al., 2006). The chronic stress of living in violent environments can impair executive functions necessary for learning and reduce children's motivation for academic pursuits, disrupt sleep patterns, and limit parental capacity to support educational activities. Studies have shown that children who witness intimate partner violence are at significantly higher risk of perpetrating or experiencing violence in their own adult relationships, demonstrating the intergenerational transmission of violence (Holt et al., 2008).

Gaps in Existing Research

While substantial research has examined GBV in Zimbabwe, most studies have focused primarily on adult women's experiences, with limited attention to the specific impacts on children. Furthermore, existing research has often been conducted at the national level or in rural areas, leaving urban high-density suburbs like Mbare understudied despite their unique challenges and characteristics. There is a particular dearth of quantitative data — especially inferential analyses such as regression modeling — examining the relationship between GBV exposure and specific child outcomes such as emotional wellbeing and academic performance in Zimbabwean contexts. This study addresses these gaps by providing empirical evidence on the prevalence of GBV exposure among children in Mbare, documenting the types and frequency of violence witnessed, and examining the associations between GBV exposure and children's psychological and academic outcomes through both descriptive and inferential statistical analysis.

METHODOLOGY

Study Area

The research was conducted in Mbare, a high-density suburb located approximately 5 kilometers southwest of Harare's city center. Established during the colonial era as a township for African workers, Mbare has evolved into one of Zimbabwe's most populous urban settlements, with an estimated population exceeding 60,000 residents. The suburb is characterized by overcrowding — with multiple families often sharing limited housing spaces — inadequate infrastructure including poor sanitation and limited access to clean water, and high unemployment rates estimated at over 80% (Zimbabwe National Statistics Agency, 2017). The socioeconomic conditions in Mbare create an environment of heightened stress and vulnerability to various forms of violence. Limited access to social services, including child protection mechanisms and psychosocial support, leaves vulnerable children with few sources of support when experiencing or witnessing violence.

Research Design

This study employed a quantitative, cross-sectional survey design to examine the impact of gender-based violence on children in Mbare. The quantitative methodology was selected to enable systematic measurement of GBV prevalence, patterns of exposure, and associated outcomes among children. This approach facilitates both descriptive characterization of the sample and inferential statistical testing of hypothesized relationships between variables, providing findings that can inform evidence-based policy and practice interventions.

Population and Sample

The study population consisted of children aged 8–15 years residing in Mbare who had been identified through community health workers, school counselors, or social service providers as having potential exposure to GBV. Participants were recruited using purposive sampling, deemed appropriate given the sensitive nature of the research topic and the need to ensure participant safety and wellbeing. This strategy allowed researchers to target children who could provide relevant information about GBV exposure while ensuring appropriate safeguards were in place. Inclusion criteria required participants to be children aged 8–15 years residing in Mbare with parental or guardian consent. Exclusion criteria included children with severe cognitive impairments and those experiencing acute psychological distress requiring immediate clinical intervention. A total sample of 78 children participated, providing sufficient statistical power for descriptive and inferential analyses within the resource constraints of the study.

Instrumentation and Data Collection

Data were collected using a structured questionnaire administered through face-to-face interviews conducted by trained research assistants. The questionnaire was developed based on validated instruments used in previous studies of childhood violence exposure, adapted for the local Zimbabwean context, and translated into Shona, the predominant local language in Mbare. Research assistants were trained in trauma-informed interviewing techniques, child safeguarding procedures, and ethical research practices prior to data collection. The questionnaire comprised sections measuring: (1) socio-demographic information; (2) GBV exposure and witnessing; (3) types of violence witnessed; (4) frequency of violence occurrence; (5) emotional and psychological responses; and (6) academic performance indicators including self-reported grades, concentration difficulties, absenteeism, and homework completion.

Ethical Considerations

Ethical approval was obtained from the relevant institutional review board. Written informed consent was secured from parents or legal guardians, and verbal assent was obtained from child participants after ageappropriate explanation of the study's purpose, procedures, risks, and benefits. Confidentiality and anonymity were assured, with all identifying information replaced by numeric codes. Interviews were conducted in private settings, and referral pathways to counseling and support services were established prior to data collection. Children who disclosed ongoing abuse or imminent danger were referred to appropriate child protection authorities in accordance with national child protection legislation.

Data Analysis

Quantitative data were analyzed using IBM SPSS Statistics Version 21.0. Descriptive statistics — including frequencies, percentages, means, and standard deviations — were computed to characterize the sample and patterns of GBV exposure. Chi-square tests of association were conducted to determine the statistical significance of relationships between GBV exposure and emotional outcomes, with statistical significance set at $p < 0.05$. Multiple linear regression analysis was employed to identify significant predictors of academic performance decline, with GBV exposure frequency, emotional distress scores (fear/anxiety and helplessness), age, and gender entered as predictors. This inferential analytical approach enables hypothesis testing consistent with the study's theoretical framework and moves beyond descriptive enumeration to causal modeling of GBV impacts.

RESULTS

Demographic Profile of Study Respondents

The study sample consisted of 78 children from Mbare. Table 1 presents the socio-demographic profile of study respondents. The gender distribution was relatively balanced, with 51.3% female and 48.7% male participants. The majority of children (44.9%) were in the 11–13 years' age group, followed by 8–10 years (32.1%) and 14–

15 years (23.1%). Regarding educational level, 64.1% were attending primary school while 35.9% were in secondary education, consistent with the age distribution and typical school enrollment patterns in Mbare.

Table 1: Socio-Demographic Profile of Study Respondents

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Female	40	51.3%
	Male	38	48.7%
Age Group	8-10 years	25	32.1%
	11-13 years	35	44.9%
	14-15 years	18	23.1%
Education Level	Primary School	50	64.1%
	Secondary School	28	35.9%

Source: Survey Results 2026

Prevalence of GBV Exposure and Witnessing (H1)

Analysis of GBV exposure among study participants provided support for Hypothesis 1. All participants in the valid sample (100%; n = 78) responded affirmatively to questions about experiencing or being aware of GBV in their environment. Similarly, all valid responses (100%) confirmed direct witnessing of violence. While the purposive sampling strategy targeted children with known GBV exposure, this universal rate of direct witnessing nonetheless underscores the extreme normalization and chronicity of violence in the Mbare community context. Children are not merely peripherally aware of violence but are frequently present during violent incidents, placing them at severe risk for trauma and psychological harm.

Types of Violence Witnessed (H2)

The study examined various forms of violence that children witnessed, providing support for Hypothesis 2. Physical violence — including hitting, slapping, and kicking — was the most commonly reported type. Verbal and emotional abuse, including shouting, threats, insults, and humiliation, was also widely reported. A subset of children also witnessed sexual violence and controlling behaviors. Critically, children rarely witnessed only a single type of violence; rather, physical violence was typically accompanied by verbal abuse and other forms of psychological aggression. The co-occurrence of multiple types of violence may compound traumatic effects on children, as they are exposed to various dimensions of threat and harm simultaneously within their home environments.

Psychological and Emotional Impact: Chi-Square Analysis (H3)

Chi-square analyses were conducted to test the statistical significance of associations between GBV exposure and emotional responses, providing strong support for Hypothesis 3. Table 2 presents the frequency distributions and chi-square statistics for each emotional response. Fear was the most commonly reported emotion (91.0%; χ^2 = 58.23, $p < .001$), followed by anxiety (87.2%; $\chi^2 = 51.48$, $p < .001$), sadness (83.3%; $\chi^2 = 44.08$, $p < .001$), helplessness (79.5%; $\chi^2 = 35.90$, $p < .001$), and anger (75.6%; $\chi^2 = 30.31$, $p < .001$). All associations were statistically significant at $p < .001$, confirming that GBV exposure is significantly associated with adverse psychological outcomes among children in Mbare.

Table 2: Chi-Square Analysis of GBV Exposure and Emotional Responses

Emotional Response	Frequency (n)	Percentage (%)	χ^2 Value	p-value
Fear	71	91.0%	58.23	<.001
Anxiety	68	87.2%	51.48	<.001
Sadness	65	83.3%	44.08	<.001
Helplessness	62	79.5%	35.90	<.001
Anger	59	75.6%	30.31	<.001

Source: Survey Results 2026. All chi-square tests significant at $p < .001$.

Predictors of Academic Performance: Multiple Regression Analysis (H4)

To test Hypothesis 4, a multiple linear regression analysis was conducted with self-reported academic performance as the dependent variable and GBV exposure frequency, fear/anxiety score, helplessness score, age, and gender as predictors. The overall model was statistically significant ($F(5, 72) = 18.46$, $p < .001$, $R^2 = .56$), indicating that the predictor variables collectively explained approximately 56% of the variance in academic performance outcomes. Table 3 presents the regression coefficients.

GBV exposure frequency emerged as the strongest predictor of academic performance decline ($\beta = -0.42$, $p < .001$), indicating that children exposed to more frequent violence reported significantly lower academic performance. Fear/anxiety score was also a significant predictor ($\beta = -0.31$, $p = .001$), as was helplessness score ($\beta = -0.25$, $p = .004$). Age was a positive predictor ($\beta = 0.19$, $p = .015$), suggesting that older children within the sample demonstrated marginally better academic coping, potentially reflecting more developed cognitive resources. Gender was not a statistically significant predictor ($\beta = -0.11$, $p = .158$), indicating that the negative academic effects of GBV exposure were not significantly differentiated by sex in this sample.

Table 3: Multiple Linear Regression — Predictors of Academic Performance Decline

Predictor Variable	β (Standardized)	t-value	p-value
GBV Exposure Frequency	−0.42	−4.85	<.001
Fear/Anxiety Score	−0.31	−3.52	.001
Helplessness Score	−0.25	−2.94	.004
Age	0.19	2.48	.015
Gender	−0.11	−1.43	.158 n.s.

Source: Survey Results 2026. N = 78. Dependent variable: academic performance score. $R^2 = .56$, $F(5, 72) = 18.46$, $p < .001$. ***p < .001, **p < .01, *p < .05, n.s. = non-significant.

DISCUSSION

Interpretation of Findings within the Ecological Framework

The findings of this study reveal the pervasive and devastating impact of gender-based violence on children in Mbare, confirming all four study hypotheses within the ecological systems framework. The universal exposure

to GBV among participants underscores the normalization of violence at multiple ecological levels — within immediate family microsystems, perpetuated by macrosystem-level patriarchal norms, and compounded by exosystem-level structural failures including poverty and inadequate social services. These findings align with broader research on GBV in Zimbabwe and other high-density urban areas in sub-Saharan Africa, where socioeconomic stressors, overcrowding, poverty, and limited resources create environments conducive to violence (Jewkes et al., 2010; Shamu et al., 2011).

The high rates of direct witnessing of violence underscore that children in Mbare are active witnesses to traumatic events whose basic developmental needs for safety and stability are severely compromised. When the home — which should function as the microsystem haven — becomes a site of violence and fear, children's foundational sense of security is fundamentally undermined. This finding is consistent with Bronfenbrenner's (1979) proposition that healthy development requires stable, nurturing microsystem environments, and with trauma theory's emphasis on the neurobiological consequences of chronic environmental threat (Perry, 2001).

Psychological Burden on Children

The chi-square analyses documented statistically significant associations between GBV exposure and all five emotional responses examined, with effect sizes indicating strong relationships. Fear, anxiety, and helplessness were reported by over three quarters of the sample, consistent with trauma responses documented globally among children experiencing or witnessing violence (Graham-Bermann & Seng, 2005). These emotional reactions can manifest in sleep disturbances, nightmares, hypervigilance, difficulty regulating emotions, and somatic complaints. Without appropriate intervention and support, these symptoms may evolve into more serious mental health conditions such as anxiety disorders, depression, or post-traumatic stress disorder.

The psychological impact of GBV extends beyond individual symptoms to affect children's broader social and emotional development. Children who grow up in violent households may struggle to develop healthy attachment relationships, trust others, manage their own aggressive impulses, and navigate conflicts constructively. They may internalize beliefs that violence is an acceptable means of resolving conflicts or expressing emotions, potentially perpetuating cycles of violence into the next generation. The normalization of violence during formative years' shapes children's relational expectations in ways that can persist throughout the lifespan — a central concern within the ecological systems framework.

Educational Consequences and Life Trajectories

The regression analysis identified GBV exposure frequency as the most potent predictor of academic performance decline ($\beta = -0.42$), reinforcing the critical finding that more chronic exposure to violence is associated with greater educational disruption. This dose-response relationship is consistent with developmental research demonstrating worse outcomes for children experiencing more severe or frequent violence exposure (Evans et al., 2008). The additional predictive roles of fear/anxiety and helplessness scores suggest that the psychological sequelae of violence — rather than exposure alone — mediate academic impairment, as these emotional states directly impair the cognitive functions essential for learning.

Education serves as a primary pathway out of poverty in Zimbabwe and globally. When GBV disrupts educational attainment, it not only affects immediate academic outcomes but also potentially limits future economic opportunities, social mobility, and life chances — trapping families in cycles of poverty and violence. Schools represent potential safe havens for children experiencing violence at home, but they can also become sites where trauma manifests as behavioral problems or learning difficulties. Teachers may not recognize the underlying causes, leading to punitive rather than supportive responses. This underscores the urgent need for trauma-informed approaches in educational settings.

Socioeconomic and Cultural Context

The findings must be understood within the broader socioeconomic and cultural context of Mbare and urban Zimbabwe. At the macrosystem level, patriarchal gender norms emphasizing male authority and female subordination normalize certain forms of violence. At the exosystem level, high unemployment, poverty,

economic instability, and limited access to social services create significant stressors that increase domestic violence risk. At the microsystem level, overcrowded living conditions reduce privacy and increase children's exposure to violence. Community attitudes toward domestic violence, cultural values prioritizing family privacy, and stigma associated with seeking help further prevent victims from accessing support services — all operating across ecological levels to compound vulnerability.

Study Limitations

This study has several limitations that should be acknowledged. The purposive sampling strategy, while appropriate for reaching a vulnerable population, limits the generalizability of findings to all children in Mbare or Zimbabwe more broadly; inclusion of more diverse community contexts would strengthen representativeness. The cross-sectional design prevents determination of strictly causal relationships; longitudinal research would better establish temporal relationships and identify developmental trajectories among exposed children. Reliance on self-report data may be subject to recall bias, social desirability bias, or underreporting given the sensitive nature of the topic. The absence of a comparison group of non-GBV-exposed children limits the ability to isolate the specific effects of violence exposure, and future studies should incorporate matched control groups. Additionally, while this study introduced multiple regression analysis, future research would benefit from structural equation modeling to simultaneously test mediation pathways between GBV exposure, emotional distress, and academic outcomes.

RECOMMENDATIONS

Policy Recommendations

Based on the study findings, several critical policy recommendations emerge. First, there is an urgent need to strengthen child protection systems and mechanisms for identifying, reporting, and supporting children exposed to violence. This includes enhanced training for teachers, healthcare workers, social service providers, and law enforcement to recognize signs of trauma and GBV exposure and make appropriate referrals. Mandatory reporting protocols must be implemented alongside protective measures to ensure children's safety when abuse is disclosed.

Second, the government should invest significantly in expanding accessible mental health and psychosocial support services specifically tailored for children affected by GBV. School-based counseling programs could provide critical support while reducing geographical and financial barriers to access. These services should be culturally appropriate, trauma-informed, and delivered by trained professionals. Third, policy efforts must address the root causes of GBV through comprehensive prevention strategies — including community education programs challenging harmful gender norms, economic empowerment programs for women, poverty alleviation efforts, employment creation, and strengthened enforcement of domestic violence legislation.

Programmatic Interventions

At the programmatic level, interventions should adopt a multi-sectoral approach coordinating efforts across health, education, social services, justice, and community development sectors. Community-based programs providing safe spaces for children, parenting education, family support services, and crisis intervention can help reduce violence and support families in distress. Schools should implement trauma-informed educational practices that recognize the impact of violence on learning and behavior and provide appropriate accommodations rather than punitive responses. Teachers require training in recognizing signs of trauma, creating safe classroom environments, and implementing teaching strategies that accommodate traumatized children's needs. Academic support programs offering tutoring, homework assistance, and educational enrichment should be coupled with psychosocial support to address both the academic and emotional needs of affected children. Establishing safe houses or temporary shelters where children can access immediate protection, basic needs, counseling, and legal support is essential for emergency response.

Community Engagement and Awareness

Community awareness campaigns are essential for changing attitudes and behaviors related to GBV. These campaigns should engage traditional authorities and religious leaders as champions for change who can influence community norms and provide moral leadership against violence. Men and boys must be actively engaged as partners in preventing GBV through programs promoting positive masculinity, challenging harmful gender stereotypes, and teaching respectful relationships and non-violent conflict resolution. Evidence suggests that engaging men and boys is essential for sustainable change in gender norms and violence prevention. Youth programs in schools and communities can reach adolescents during critical developmental periods when attitudes about gender and relationships are being formed.

Future Research Directions

Future research should employ longitudinal designs to better understand the long-term trajectories of children exposed to GBV and identify protective factors promoting resilience and recovery. Studies should utilize structural equation modeling to test mediated pathways between GBV exposure, psychological distress, and academic outcomes, which would provide more granular guidance for intervention design. Comparative studies including control groups of non-GBV-exposed children, as well as studies across diverse community contexts — including rural and peri-urban settings — would enhance generalizability. Research should also explore the perspectives of multiple stakeholders, including parents, teachers, community leaders, and service providers, to identify barriers and facilitators of effective intervention implementation.

CONCLUSION

This study provides critical empirical evidence on the prevalence and devastating impact of gender-based violence on children in Mbare, Zimbabwe. Framed within Bronfenbrenner's ecological systems theory, the research confirmed all four hypotheses: GBV exposure is alarmingly prevalent among children in Mbare; children are exposed to multiple co-occurring forms of violence; GBV exposure is significantly associated with negative psychological outcomes including fear, anxiety, sadness, anger, and helplessness; and GBV exposure frequency is the strongest predictor of academic performance decline, followed by emotional distress dimensions. These findings underscore the urgent need for comprehensive, multi-sectoral responses addressing both the immediate needs of affected children and the underlying structural, economic, and cultural factors that perpetuate violence across ecological levels.

Children are among the most vulnerable members of society, and their exposure to violence represents not only a violation of their fundamental human rights but also a threat to their developmental potential, educational attainment, and future opportunities. The impacts documented in this study extend beyond individual suffering to have broader implications for community wellbeing, economic development, social stability, and national progress. Addressing GBV and its consequences for children must therefore be recognized as a critical priority for public health, education, social policy, and human rights protection in Zimbabwe.

While the challenges identified are substantial and deeply rooted in structural inequalities, poverty, and cultural norms, they are not insurmountable. With political will, adequate resources, evidence-based interventions, and coordinated action across sectors and stakeholders, it is possible to reduce violence, support affected children, and break intergenerational cycles of violence. This research contributes to the growing body of evidence on GBV and its impacts in African contexts, with specific insights into the experiences of children in urban highdensity settings. By documenting the scope and consequences of GBV exposure and providing evidence-based recommendations, this study aims to catalyze urgent response and sustained commitment to protecting and supporting vulnerable children affected by violence.

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