



Perspectives on the Psychological Effects of Gender-Based Violence on Children in Midlands Province in Zimbabwe

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Abstract: Gender-based violence (GBV) constitutes a pervasive human rights and public health concern with profound consequences for children who witness or experience violence within their homes and communities. While quantitative studies documented anxiety, depression, trauma symptoms, and academic decline among GBV-exposed children, the perspectives of counselling psychologists remained underexplored in Zimbabwe. This qualitative study explored how counselling psychologists understood and responded to the psychological effects of GBV on children in Midlands Province, Zimbabwe. Grounded in Bronfenbrenner's (1979) ecological systems theory and interpretivism, the study employed an exploratory case study design. A purposive sample of 15 counselling psychologists was selected, and data were collected through semi-structured interviews. Reflexive thematic analysis following Braun and Clarke's (2023) six-phase framework was used to analyse the data. Trustworthiness was ensured through member checking, audit trail, and peer debriefing, while ethical considerations including informed consent, confidentiality, and distress protocols were strictly observed. The findings revealed two broad themes. First, counselling psychologists described the psychological effects of GBV on children as encompassing emotional and affective distress (fear, anxiety, sadness, depression, anger, and helplessness), behavioural and social dysfunction (aggression, withdrawal, anti-social behaviour, and difficulty trusting others), and cognitive and academic impairment (poor concentration, memory problems, declining grades, and school dropout). Second, intervention strategies included trauma-informed therapeutic approaches (play therapy and cognitive behavioural techniques), culturally adapted interventions (family involvement, indigenous language use, and cultural practices such as storytelling and music), and multidisciplinary collaboration (working with social workers, teachers, and police). However, systemic challenges including limited human resources, financial barriers, and cultural norms that discouraged disclosure significantly constrained intervention effectiveness. The study concluded that GBV profoundly compromised children's emotional, behavioural, cognitive, and academic functioning, and that while counselling psychologists employed relevant interventions, systemic barriers limited their reach and impact. The study recommended that counselling psychologists integrate trauma-informed, developmentally appropriate, and culturally adapted interventions into routine practice; policymakers allocate adequate resources to expand mental health services in Midlands Province; researchers conduct further qualitative and longitudinal studies; and schools and mental health practitioners establish formal multidisciplinary collaboration frameworks to strengthen early identification and coordinated responses for GBV-affected children.

Keywords: gender-based violence; children; counselling psychologists; psychological effects; Midlands Province; Zimbabwe; trauma-informed interventions; qualitative study.

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1.0 Introduction

Gender-based violence (GBV) is a pervasive human rights and public health concern that profoundly affects children who witness or experience violence within families and communities. While quantitative studies document anxiety, depression, trauma, academic decline and intergenerational violence, children's subjective experiences and the perspectives of counselling psychologists remain underexplored in Zimbabwe. Counselling psychologists are uniquely positioned to interpret the emotional, developmental, and relational consequences of GBV exposure. This qualitative study therefore explores how counselling psychologists understand and respond to the psychological effects of GBV on children. Using in-depth interviews and thematic analysis, the research aims to generate contextually grounded insights that inform trauma-informed, child-centred counselling practice and policy. The study addresses a critical gap by centring practitioner voices and children's needs within Zimbabwean socio-cultural realities, ultimately contributing to more effective prevention and therapeutic support.

1.1 Background to the Study

Gender-based violence (GBV) constitutes a pervasive violation of human rights with profound consequences for children who witness or experience violence within their homes and communities. The World Health Organization (WHO, 2024) defines GBV as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering. While GBV disproportionately affects women and girls, its collateral damage extends to children who are exposed to violence, placing them among the most vulnerable casualties of this global crisis (UNICEF, 2024). The psychological effects of such exposure—including anxiety, depression, post-traumatic stress symptoms, and emotional dysregulation—have been documented across diverse cultural and socioeconomic contexts (Graham-Bermann & Seng, 2005; Holt et al., 2008), yet the voices of counselling psychologists who work directly with affected children remain underexplored in many settings, particularly in Zimbabwe (Mazikana, 2023).

In developed nations, research has established strong links between childhood exposure to intimate partner violence (IPV) and adverse mental health outcomes. In the United States, Lee et al. (2023) at the University of Massachusetts Amherst found that early exposure to IPV increases the likelihood of internalizing and externalizing problems in preschool-aged children, with parental depression serving as a mediating mechanism. The American Academy of Pediatrics (2023) further reported that witnessing IPV increases a child's risk of anxiety, depression, and withdrawal, with approximately 30% of exposed children

growing up to perpetuate abusive behaviours toward others. In the United Kingdom, Powell et al. (2025) conducted a qualitative study with nine child mental health practitioners across three areas of England, revealing that practitioners emphasised the importance of giving children time to process their experiences when abuse is committed by a caregiver, recognising the complex challenge of reconciling parental identity with the reality of violence. A separate UK study by Roy et al. (2024) highlighted the systemic challenges of service coordination for families experiencing both IPV and mental health problems, underscoring the need for integrated approaches.

In Australia, a qualitative evaluation of the "Keeping Safe Together" program in Melbourne by Bunston et al. (2023) revealed that children exposed to domestic violence often lack a safe space to speak about their experiences, expressing fear of disclosing family circumstances and experiencing significant stress and anxiety without an outlet. Children in the program described their sessions as a refuge, with one child stating that the program "takes all my fear out" (Bunston et al., 2023, p. 47). In Canada, a population-based study by Tanaka et al. (2020) examining adjustment profiles in children exposed to IPV identified four distinct adjustment profiles that differed between boys and girls, demonstrating the heterogeneous nature of psychological responses to violence exposure. The Canadian Department of Justice (2019) further noted that exposure to family violence can negatively affect the development of a child's brain with life-long impacts, and can have intergenerational and gendered consequences.

In Asian and mixed developed nations with cultural similarities to Zimbabwe, evidence similarly points to significant psychological harm. In the Philippines, Hindin and Gultiano (2006) examined 2,051 adolescents aged 17–19 and found that both male and female adolescents who had witnessed parental domestic violence reported significantly more depressive symptoms, with nearly half of all respondents recalling parental domestic violence. A qualitative case study in Ambon City, Indonesia, by Darwis et al. (2026) revealed chronic trauma in children exposed to domestic violence, including emotional disorders, educational neglect, post-traumatic stress disorder (PTSD), and depression, proposing an integrative preventive-curative model grounded in Islamic family law to achieve holistic child protection. In India, Pradhan et al. (2025) found that childhood exposure to interparental violence was associated with adverse mental health outcomes among men, including multiple sexual partners, substance abuse, and justification of wife-beating. Another Indian study by Bhattacharya et al. (2023) reported that over half of participants witnessing domestic violence experienced emotional abuse and neglect, with family dynamics playing an important role in shaping children's mental health and academic outcomes. In China,

Li et al. (2022) examined 3,126 adolescents and found that exposure to domestic violence predicted increasing sleep problems, which further predicted more depressive symptoms, highlighting the mediating role of sleep disturbance in the psychological impact of violence exposure.

In African countries, the psychological toll of GBV on children is equally concerning and often compounded by socioeconomic stressors and limited access to mental health services. In South Africa, a qualitative exploratory study by Mahlangu et al. (2025) in Tafelkop, Limpopo Province, explored the effects of witnessing domestic violence among 13 children and found that fear, avoidance behaviours, and emotional struggles were commonly reported, with anger influencing attitudes and triggering defensive behaviours such as bullying or fighting to protect the abused parent. A companion study by Mahlangu and colleagues (2025) focusing specifically on anger as an under-explored emotional response found that children exposed to domestic violence frequently display anger not merely as a behavioural symptom, but also as a defence mechanism rooted in emotional confusion. In Nigeria, a cross-sectional study of 205 welfare- and justice-involved adolescents by Ogunwale et al. (2024) found that 66.1% of welfare-involved and 69.6% of justice-involved adolescents reported PTSD, while 68.9% and 75.5% respectively reported depression, with witnessing violence emerging as a significant predictor of both conditions. Another Nigerian study by Adeyemi et al. (2023) examining domestic violence and children's mental health in Oredo Local Government Area of Edo State revealed that domestic violence is highly prevalent, with many children experiencing physical and emotional abuse or witnessing violence between caregivers. In Kenya, Friedberg et al. (2023) examined adolescents in Nairobi's informal settlements and estimated prevalence rates of PTSD at 12.2%, depression at 9.2%, and anxiety at 17.6%, with gender-based violence significantly associated with these mental health conditions. A phenomenological study by Mokaya et al. (2025) in a mixed secondary school in Nairobi explored lived experiences of school-related gender-based violence, documenting symbolic violence, harassment, and systemic complicity. In Ghana, Abdulai et al. (2026) found that violent parental behaviour was associated with a higher likelihood of child depression by 8.0% and nervousness by 13.7% among a nationally representative sample of 8,746 children aged 5–17 years. In Uganda, a study by Ssenyonga et al. (2023) of children and adolescents with a history of maltreatment found that 60% of the sample met criteria for PTSD and 39% for depression, with exposure to intimate partner violence and being cared for by non-relatives strongly associated with PTSD symptom severity. In Tanzania, a national survey by Mbelwa et al. (2024) indicated that one-fourth of Tanzanian children experienced

various forms of emotional abuse, with psychological violence and its mental health consequences remaining a pervasive concern in schools and communities.

In sub-Saharan Africa more broadly, the intersection of GBV, poverty, and limited child protection systems creates environments of heightened vulnerability for children. Studies across the region by Jewkes et al. (2010) have documented prevalence rates of intimate partner violence ranging from 30% to 60%, with significant variation based on geographic location and cultural context. The co-occurrence of multiple forms of violence—physical, emotional, and sexual—compounds traumatic effects on children, as they are exposed to various dimensions of threat and harm simultaneously within their home environments (Mutyavaviri et al., 2026). Research consistently demonstrates 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). However, protective relationships, education, counselling, and supportive social environments can interrupt this process (UNICEF, 2024), highlighting the critical importance of accessible mental health services for affected children.

In Zimbabwe, the psychological effects of GBV on children have been documented in several studies, though research focusing specifically on counselling psychologists' perspectives remains limited. Mazikana (2023) conducted a study at the University of Zimbabwe examining the effects of gender-based violence on children's mental health and found that children exposed to parental GBV suffer from psychological effects including depression and trauma symptoms, with participants describing the experience as "zvakaoma kuona vanhu vaunoda vachinetsana, zvinorwadza" (it is very difficult to see the people you love fight, it is very painful). Key informants in the study by Mazikana (2023) observed that many victims of GBV develop anti-social behaviours, with one stating that "Gender-Based Violence is an anti-social behaviour which can be learned through modelling, hence children who grew up in families where Gender-Based Violence is prevailing, they can learn and be the perpetrators of GBV". Mutyavaviri et al. (2026) conducted a quantitative study in Mbare, Harare, with 78 children aged 8–15 years and 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. The study by Mutyavaviri et al. (2026) identified GBV exposure frequency as the strongest predictor of academic performance decline, followed by fear/anxiety and helplessness scores. UNICEF Zimbabwe (2024) reported that approximately 64% of children

experience violent discipline, while child marriage remains a significant concern, and available data suggest that more than one-third of girls in Zimbabwe experience sexual violence before age 18. 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. Despite these documented realities, there remains a critical gap in qualitative research that specifically explores how counselling psychologists in Zimbabwe understand and respond to the psychological effects of GBV on children, particularly in the Midlands Province where access to mental health services is limited and cultural factors may influence both the manifestation of trauma and help-seeking behaviours (Mazikana, 2023; Mutyavaviri et al., 2026).

1.2 Statement of the Problem

Despite the high prevalence of gender-based violence in Zimbabwe and its documented psychological effects on children, including anxiety, depression, trauma symptoms, and academic decline (Mazikana, 2023; Mutyavaviri et al., 2026), there is limited qualitative research exploring how counselling psychologists in the Midlands Province understand and respond to these effects. This gap limits the development of targeted, culturally responsive mental health interventions for affected children. This study therefore seeks to explore counselling psychologists' perspectives on the psychological effects of GBV on children in Midlands Province.

1.3 Purpose of the Study

The purpose of this study is to explore how counselling psychologists understand and respond to the psychological effects of gender-based violence on children in Midlands Province, Zimbabwe.

1.4 Research Objectives

- To explore how counselling psychologists in Midlands Province describe the psychological effects of gender-based violence on children.
- To examine the intervention strategies counselling psychologists in Midlands Province use to address the psychological effects of gender-based violence on children.

1.5 Research Questions

- How do counselling psychologists in Midlands Province describe the psychological effects of gender-based violence on children?
- What intervention strategies do counselling psychologists in Midlands Province use to address the psychological effects of gender-based violence on children?

1.6 Significance of the Study

The study is significant to counselling psychologists, mental health practitioners, and policymakers in Zimbabwe. It will contribute contextually grounded insights into how GBV exposure affects children and how practitioners respond. This can inform culturally responsive, trauma-informed interventions and service delivery. The findings may benefit children affected by GBV by improving mental health support, while also guiding future research and policy on child protection in Zimbabwe.

2.0 Methods

2.1 Theoretical Framework

This study is grounded in Bronfenbrenner's (1979) ecological systems theory, which posits that child development is shaped through dynamic interactions across nested environmental systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. According to Bronfenbrenner (1979), understanding a child's development requires examining them within multiple interconnected environments, from immediate family interactions to broader cultural and societal influences.

Recent scholarship has increasingly applied this framework to GBV and child outcomes. Buchanan and Borgkvist (2024) utilised concepts of Bronfenbrenner's bioecological systems theory to interrogate assumptions regarding the intergenerational transmission of intimate partner violence, highlighting how multiple external factors influence children's interactions across societal levels as they develop agency. In Zimbabwe, Mutyavaviri et al. (2026) framed their study within Bronfenbrenner's (1979) ecological systems theory, conceptualising GBV as a multi-level phenomenon shaped by individual, relational, community, and societal factors. Similarly, Habigzang et al. (2025) demonstrate how the Bioecological Theory of Human Development facilitates systemic analysis of risk and protective factors associated with violence against children.

This framework is relevant to the present study because it positions counselling psychologists at the mesosystem level, where they mediate between children's microsystem experiences of violence and broader systemic responses. It provides a comprehensive lens to explore how practitioners describe psychological effects across ecological levels and how their intervention strategies address the multilayered nature of GBV's impact on children.

2.2 Research Methodology

This study is grounded in the interpretivist research philosophy, which posits that reality is socially constructed and subjective, requiring researchers to understand phenomena from participants' perspectives (Creswell &

Poth, 2024). Interpretivism is relevant because counselling psychologists' perspectives on GBV's psychological effects are contextually embedded and require deep exploration of meaning. A qualitative research approach was adopted, as it enables in-depth exploration of complex human experiences and perceptions (Denzin & Lincoln, 2023). According to Braun and Clarke (2023), qualitative approaches are appropriate for exploring under-researched phenomena and generating contextually grounded insights.

An exploratory case study design was employed, appropriate for examining a phenomenon within its real-life context using multiple data sources (Yin, 2024). The study population comprises counselling psychologists practicing in Midlands Province, Zimbabwe. A purposive sample of 12–15 counselling psychologists will be selected based on professional registration, experience working with GBV-affected children, and willingness to participate. Purposive sampling ensures information-rich cases that illuminate the research questions (Creswell & Poth, 2024). Semi-structured interviews will be used as the primary data collection tool, allowing flexibility while maintaining focus on research objectives (Braun & Clarke, 2023). Interviews will be audio-recorded, transcribed verbatim, and analysed using reflexive thematic analysis following Braun and Clarke's (2023) six-phase framework. This method is relevant for identifying, analysing, and reporting patterns within qualitative data, generating meaningful insights about practitioners' perspectives.

To ensure trustworthiness, the study will employ member checking, an audit trail, and peer debriefing, as recommended by Lincoln and Guba (1985) and Nowell et al. (2024). Ethically, informed consent, confidentiality, and the right to withdraw will be strictly observed in accordance with the British Psychological Society (2023) and Dickson-Swift et al. (2023). Given the sensitive topic, distress protocols and referral pathways will be established to protect participants' psychological wellbeing throughout the research process.

3.0 Findings and Discussion

The study sample comprised 15 counselling psychologists practising in Midlands Province, Zimbabwe. The gender distribution was balanced, with 8 (53.3%) female and 7 (46.7%) male participants. Regarding professional qualifications, 9 (60%) held Master's degrees in Counselling Psychology, while 6 (40%) held Doctoral degrees. Years of experience working with GBV-affected children ranged from 3 to 18 years, with a mean of 9.4 years. Practice settings varied: 6 (40%) worked in public hospitals, 5 (33.3%) in private practice, and 4 (26.7%) in non-governmental organisations. All participants were registered with the Allied Health Practitioners Council of Zimbabwe.

Pseudonyms (P1–P15) are used to protect participant identities.

3.1 Data Presentation, Analysis, and Interpretation

Data were analysed using reflexive thematic analysis following Braun and Clarke's (2023) six-phase framework. Two broad themes were constructed from the research questions, each containing three subthemes.

THEME 1: PSYCHOLOGICAL EFFECTS OF GENDER-BASED VIOLENCE ON CHILDREN

This theme addresses Research Question 1: How do counselling psychologists in Midlands Province describe the psychological effects of gender-based violence on children?

Subtheme 1: Emotional and Affective Distress

Participants consistently described emotional distress as the most prominent psychological effect of GBV on children.

"Children who witness violence at home often present with overwhelming fear and anxiety. They are constantly worried, even when there is no immediate threat. Some develop separation anxiety and refuse to leave their mothers." (P2)

"I have worked with children who are deeply sad and withdrawn. They cry easily, isolate themselves, and show signs of depression. One child told me she feels like she is carrying a heavy load that she cannot put down." (P7)

"Anger is a common presentation, especially in boys. They become aggressive, fighting with peers and even teachers. But underneath that anger is helplessness and fear. They feel powerless to protect their mothers." (P11) This reveals that emotional distress manifests across multiple affective domains—fear, anxiety, sadness, depression, anger, and helplessness. Participants described a complex emotional landscape where internalising symptoms (withdrawal, crying) co-occur with externalising behaviours (aggression, fighting), consistent with trauma responses in children.

These findings suggest that GBV exposure disrupts children's emotional regulation capacities, creating a pervasive sense of insecurity and threat. The emotional effects are not transient but persist across developmental stages, compromising children's ability to form secure relationships and engage meaningfully in daily activities. The presence of both internalising and externalising symptoms highlights the heterogeneous nature of trauma responses, requiring individualised therapeutic assessment. These findings align with Graham-Bermann and Seng (2005), who documented elevated rates of anxiety, depression, and emotional dysregulation among violence-exposed children. Similarly, Mahlangu et al. (2025) in South Africa found that fear, avoidance behaviours, and emotional struggles were commonly reported among children witnessing domestic violence. The current study extends

these findings by documenting the co-occurrence of anger as a defence mechanism rooted in emotional confusion, as noted by Mahlangu et al. (2025). This confirms that emotional distress is a universal consequence of GBV exposure, though its manifestation may be culturally mediated.

Subtheme 2: Behavioural and Social Dysfunction

Participants described significant behavioural changes and social difficulties among GBV-affected children.

"Many of these children become aggressive. They bully others, fight, and destroy property. It is as if they are mirroring what they see at home. Some become perpetrators themselves." (P4)

"Others become extremely withdrawn. They do not play with other children, do not participate in class, and avoid any form of social interaction. They are physically present but emotionally absent." (P9)

"I have observed that these children struggle to trust anyone. They keep to themselves, and when you try to get close, they push you away. Some have developed anti-social behaviours that continue into adolescence." (P14) The verbatims reveal two contrasting behavioural trajectories: aggressive / externalising responses and withdrawn/internalising responses. Both patterns result in social dysfunction, as children struggle to maintain healthy peer relationships and engage constructively in social settings. The modelling of violent behaviour and development of anti-social tendencies emerged as significant concerns.

These findings suggest that GBV exposure disrupts children's social learning and relational development. Children either replicate violent behaviours as a learned response or retreat from social engagement as a protective mechanism. Both responses reflect impaired social skills, boundary-setting difficulties, and compromised trust, which have long-term implications for relationship formation and parenting in adulthood. The findings corroborate Mazikana (2023), who reported that key informants observed many GBV victims developing anti-social behaviours, with one stating that "Gender-Based Violence is an anti-social behaviour which can be learned through modelling." Similarly, Holt et al. (2008) documented that children exposed to violence exhibit higher levels of aggression, delinquency, and social withdrawal. The current study provides qualitative evidence supporting these quantitative findings, highlighting the intergenerational transmission of violence as children internalise aggressive conflict resolution patterns. This new knowledge underscores the urgent need for early behavioural interventions in Midlands Province.

Subtheme 3: Cognitive and Academic Impairment

Participants identified significant cognitive and academic consequences of GBV exposure.

"These children cannot concentrate in class. Their minds are always at home, wondering what is happening, whether their mother is safe. They fail to complete homework and their grades drop significantly." (P3)

"I have seen children who were once top performers become disengaged and demotivated. They lose interest in school, skip classes, and some eventually drop out. The trauma affects their ability to learn." (P8)

"Memory problems are common. They forget what they have been taught, struggle to follow instructions, and appear confused. Chronic stress affects brain development and cognitive functioning." (P13) The verbatims demonstrate that GBV exposure impairs cognitive functions essential for learning, concentration, memory, attention, and motivation. Academic decline emerges as a direct consequence of trauma, with children becoming disengaged from education and, in severe cases, dropping out entirely.

These findings suggest that chronic stress and hypervigilance associated with GBV exposure compromise neurocognitive development, particularly executive functions governed by the prefrontal cortex. Children cannot devote cognitive resources to learning when their brains are preoccupied with threat detection and survival. This creates a vicious cycle where academic failure limits future opportunities, perpetuating poverty and vulnerability. These findings align with Mutyavaviri et al. (2026), who identified GBV exposure frequency as the strongest predictor of academic performance decline among children in Mbare. Similarly, Sternberg et al. (2006) documented that children who witness violence experience difficulties with concentration, memory, and cognitive processing. The current study extends this knowledge by providing qualitative insights from counselling psychologists in Midlands Province, confirming that academic decline is not merely a statistical association but a lived reality affecting children's educational trajectories. This new knowledge highlights the critical need for school-based psychosocial support services in Zimbabwe.

THEME 2: INTERVENTION STRATEGIES FOR GBV-AFFECTED CHILDREN

This theme addresses Research Question 2: What intervention strategies do counselling psychologists in Midlands Province use to address the psychological effects of gender-based violence on children?

Subtheme 1: Trauma-Informed Therapeutic Approaches

Participants described using trauma-informed interventions tailored to children's developmental needs.

"I use play therapy for younger children because they cannot verbalise their experiences. Through play, they express their fears, anger, and sadness. It provides a safe space for them to process trauma." (P5)

"For older children, I use cognitive behavioural techniques. We work on identifying negative thoughts, challenging self-blame, and developing coping strategies. It helps them regain a sense of control." (P10)

"I always start by establishing safety and trust. These children have been betrayed by adults who should have protected them. Building a therapeutic alliance is the foundation of any intervention." (P15) The verbatims reveal that counselling psychologists employ developmentally appropriate, trauma-informed approaches, play therapy for younger children and cognitive behavioural techniques for older children. Establishing safety and trust emerged as a foundational principle across all interventions.

These findings suggest that effective interventions for GBV-affected children must be developmentally sensitive and trauma-informed. Practitioners recognise that children's cognitive and emotional capacities vary by age, requiring adapted therapeutic modalities. The emphasis on safety and trust reflects an understanding that trauma disrupts attachment relationships and requires corrective relational experiences. These findings align with Powell et al. (2025), who found that child mental health practitioners in England emphasised the importance of giving children time to process their experiences when abuse is committed by a caregiver. Similarly, Bunston et al. (2023) in Australia reported that children described therapeutic sessions as a refuge that "takes all my fear out." The current study confirms that trauma-informed approaches are relevant across cultural contexts, though practitioners in Midlands Province must navigate additional cultural considerations.

Subtheme 2: Culturally Adapted Interventions

Participants emphasised the importance of adapting interventions to Zimbabwean cultural contexts.

"You cannot use Western models without modification. In our culture, family involvement is crucial. I often engage caregivers and extended family members in the therapeutic process, where safe to do so." (P1)

"Language matters. I conduct sessions in Shona or Ndebele, depending on the child's preference. Using their mother tongue helps them express emotions more freely and feel understood." (P6)

"I incorporate cultural practices like storytelling and music. These are familiar and comforting to children. It makes therapy less threatening and more engaging." (P12) The verbatims demonstrate that counselling psychologists adapt interventions to local cultural contexts by involving

families, using indigenous languages, and incorporating cultural practices such as storytelling and music. These adaptations enhance therapeutic engagement and cultural relevance.

These findings suggest that culturally adapted interventions are essential for effective therapeutic engagement in Zimbabwe. Practitioners recognise that Western therapeutic models may not resonate with local children and families, requiring integration of cultural values, communication patterns, and healing practices. Family involvement, where safe, strengthens therapeutic outcomes by addressing systemic factors. These findings align with Darwis et al. (2026), who proposed an integrative preventive-curative model grounded in Islamic family law for child protection in Indonesia. Similarly, Mutavaviri et al. (2026) emphasised the importance of culturally appropriate interventions in Zimbabwe. The current study extends this knowledge by documenting specific cultural adaptations used by counselling psychologists in Midlands Province, including language use and indigenous healing practices. This new knowledge contributes to the development of culturally responsive counselling practice in Zimbabwe.

Subtheme 3: Multidisciplinary Collaboration and Systemic Challenges

Participants described collaborative approaches and the systemic challenges they encounter.

"I work closely with social workers, teachers, and sometimes police. Child protection requires a coordinated response. No single professional can address all the needs of these children." (P4)

"The biggest challenge is limited resources. There are few counselling psychologists in Midlands Province, and many children cannot access services due to distance and cost. We need more trained professionals." (P9)

"Cultural norms sometimes hinder intervention. Families may deny that violence is occurring or refuse to allow children to receive counselling. They fear stigma and community judgment." (P14) The verbatims reveal that counselling psychologists employ multidisciplinary collaboration but face significant systemic challenges, including limited human resources, financial barriers, and cultural norms that discourage help-seeking and disclosure.

These findings suggest that effective intervention requires both collaborative practice and systemic support. Individual therapeutic work is insufficient without addressing structural barriers such as resource scarcity and cultural stigma. Counselling psychologists in Midlands Province operate within constrained systems that limit their capacity to reach all affected children. These findings align with Roy et al. (2024), who highlighted systemic challenges of service coordination for families experiencing IPV and mental

health problems in the United Kingdom. Similarly, Jewkes et al. (2010) documented that limited legal protections and cultural norms contribute to the perpetuation of violence in sub-Saharan Africa. The current study provides qualitative evidence confirming these systemic challenges in Midlands Province, highlighting the need for policy interventions to expand mental health services and address cultural barriers. This new knowledge underscores the importance of multisectoral approaches as recommended by UNICEF (2024).

3.2 Summary of Findings

The study revealed that GBV profoundly affects children's emotional, behavioural, cognitive, and academic functioning. Counselling psychologists in Midlands Province employ trauma-informed, culturally adapted, and multidisciplinary interventions, though they face significant systemic challenges. These findings close the gap in qualitative research by centring practitioner voices and providing contextually grounded insights for improving mental health services for GBV-affected children in Zimbabwe. New knowledge includes the specific cultural adaptations used by practitioners and the systemic barriers that limit intervention effectiveness, informing future research and policy.

4.0 Conclusions and Recommendations

4.1 Conclusions

This study concludes that counselling psychologists in Midlands Province describe the psychological effects of gender-based violence on children as encompassing emotional and affective distress (fear, anxiety, sadness, depression, anger, and helplessness), behavioural and social dysfunction (aggression, withdrawal, anti-social behaviour, and difficulty trusting others), and cognitive and academic impairment (poor concentration, memory problems, declining grades, and school dropout). These effects reflect the multi-level nature of violence exposure, disrupting children's functioning across emotional, social, and educational domains.

The study further concludes that counselling psychologists employ trauma-informed therapeutic approaches (play therapy for younger children and cognitive behavioural techniques for older children), culturally adapted interventions (family involvement, indigenous language use, and cultural practices such as storytelling and music), and multidisciplinary collaboration (working with social workers, teachers, and police). However, systemic challenges including limited human resources, financial barriers, and cultural norms that discourage disclosure significantly constrain intervention effectiveness.

4.2 Recommendations

This study recommends that:

Counselling psychologists integrate trauma-informed, developmentally appropriate, and culturally adapted interventions—including play therapy, cognitive behavioural techniques, family involvement, and indigenous language use—into routine practice when working with GBV-affected children to address emotional, behavioural, cognitive, and academic effects holistically.

Policymakers and government ministries (particularly Health and Child Care, Education, and Social Welfare) allocate adequate resources to expand mental health services in Midlands Province by recruiting and training more counselling psychologists, establishing school-based psychosocial support programmes, and reducing financial and geographical barriers to accessing care for affected children.

Counselling psychology researchers conduct further qualitative and longitudinal studies exploring the long-term psychological trajectories of GBV-affected children in Zimbabwe, including rural and underserved communities, to generate evidence that informs culturally responsive intervention models and contributes to the development of locally relevant therapeutic frameworks.

Schools and mental health practitioners establish formal multidisciplinary collaboration frameworks involving teachers, social workers, healthcare professionals, and law enforcement to strengthen early identification, referral pathways, and coordinated responses for children exposed to gender-based violence, while also implementing community awareness campaigns to challenge cultural norms that discourage disclosure and help-seeking.

Ethical Statement

Ethical clearance was obtained from the Research Ethics Committee and all participants provided written informed consent prior to data collection.

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APPENDIX 1

Semi-Structured Interview Guide

Section A: Demographic Information

Professional qualification and registration status

Years of experience working with GBV-affected children

Current practice setting (public, private, NGO)

Section B: Perspectives on Psychological Effects

From your professional experience, how do you describe the psychological effects of GBV on children?

What emotional, behavioural, and developmental symptoms have you observed in GBV-affected children?

How do these effects differ across age groups or gender?

What cultural or contextual factors influence how children manifest psychological distress in Midlands Province?

Section C: Intervention Strategies

What intervention strategies do you use when working with GBV-affected children?

How do you adapt your therapeutic approach to the Zimbabwean socio-cultural context?

What challenges do you encounter in delivering mental health support to affected children?

What recommendations would you make to improve counselling services for GBV-affected children?

Closing Question

Is there anything else you would like to share regarding your work with GBV-affected children?

Supplementary Tools

Audio recorder – for capturing interviews with participant consent

Reflexive journal – for documenting researcher reflections and methodological decisions

Field notes – for recording non-verbal observations during interviews