

Intersectionality of Oppression: Examining Human Rights Violations Against LGBTQI+ Individuals and Inmates in Zimbabwe.



Research Article

Author: Kelvin Lloyd Leppard. **Affiliation:** Serve Our African Pride (SOAP). **Email:** kelvinloyd@gmail.com

Citation: Kelvin Lloyd Leppard (2026), Intersectionality of Oppression: Examining Human Rights Violations Against LGBTQI+ Individuals and Inmates in Zimbabwe. IJHRGJS V1 (01)

Received: 04/04/ 2025. **Published:** 14/03/ 2026

Abstract

Introduction: LGBTQI+ individuals and incarcerated populations in Zimbabwe face compounded oppression shaped by intersecting socio-political, legal, and economic inequalities, with the Criminal Law Act (2006) criminalising same-sex relationships (up to 14 years imprisonment) and enabling state-sanctioned persecution like police raids on organisations such as GALZ. Political rhetoric from leaders like Robert Mugabe labelling LGBTQI+ identities "un-African" fuels societal hostility, violence, blackmail, familial disownment, economic exclusion, poverty, and HIV disparities; for example, only 48% of men who have sex with men know their status despite national 95-95-95 targets, while transgender and incarcerated individuals endure heightened healthcare barriers, targeted violence, and neglect.

Methods: Qualitative data, including reports from 2012–2017 showing that 19% of LGBTQI+ rights violations involved police harassment (arbitrary detention, extortion), alongside an analysis of state healthcare systems (heteronormative assumptions), community initiatives like GALZ's Colour Girls Clinic, and regional comparisons, reveal how police, judicial systems, and intersectional stigma (anti-LGBTQI+ and HIV-related) perpetuate harm.

Results: State healthcare neglects LGBTQI+ populations amid pervasive stigma, forcing identity concealment; incarcerated LGBTQI+ individuals face violence and bias without protections; HIV treatment adherence suffers from dual stigma; community-led support, such as GALZ, struggles with funding; and economic exclusion exceeds regional norms, limiting education, housing, and employment.

Conclusion: Advocates prioritise decriminalisation, anti-discrimination laws, law enforcement training, and policy reforms to ensure equitable access to healthcare, legal protections, and services, addressing Zimbabwe's stricter exclusion compared to its neighbours.

Key Words: LGBTQI+ oppression, Criminalisation, Intersectional stigma, HIV disparities, Decriminalisation.

Introduction

The intersectionality of oppression in Zimbabwe presents a complex and deeply entrenched challenge for LGBTQI+ individuals and inmates who face multiple overlapping forms of discrimination and human rights violations. Zimbabwe's socio-political landscape is marked by a legacy of colonial-era laws reinforced by contemporary political rhetoric and state-sponsored homophobia, which collectively foster an environment of hostility and exclusion for sexual and gender minorities. The criminalisation of same-sex relationships under the Criminal Law Act of 2006, which imposes severe penalties, has institutionalised discrimination and emboldened both state and non-state actors to perpetrate violence and harassment against LGBTQI+ persons (GALZ, 2018; Human Rights Watch, 2012).

This legal and cultural context is further complicated by the intersection of other marginalised identities, such as incarceration status and disability. Inmates who identify as LGBTQI+ are particularly vulnerable, as they are subjected not only to the punitive conditions of the prison system but also to targeted abuse, neglect, and social isolation because of their sexual orientation or gender identity. Reports indicate that law enforcement agencies, including the police and military, have been complicit in the harassment, arbitrary detention, and even physical abuse of LGBTQI+ individuals both within and outside prison settings (GALZ, 2018; Human Rights Watch, 2012).

The intersectional framework, as articulated by scholars such as Crenshaw, is essential for understanding how multiple axes of identity, such as gender, sexuality, class, and incarceration, interact to produce unique experiences of oppression (Tabak & Levitan, 2014). In

Zimbabwe, these intersecting identities often result in compounded vulnerabilities, with LGBTQI+ individuals facing not only legal and physical threats but also economic exclusion, denial of healthcare, and social ostracism (GALZ, 2018; SIDA, 2014). The patriarchal and heteronormative structures that dominate Zimbabwean society further exacerbate these challenges, as cultural and religious norms are frequently invoked to justify discrimination and violence (Sida 2014).

Despite constitutional provisions that guarantee equality and non-discrimination, the lived reality for LGBTQI+ Zimbabweans is persistent marginalisation. State actors have often used their power to suppress advocacy efforts, restrict freedom of expression, and undermine the work of organisations such as GALZ, which seeks to protect and promote the rights of sexual and gender minorities (GALZ, 2018; Human Rights Watch, 2012). The family, as a central socialising institution, can also be a site of profound exclusion, with many LGBTQI+ individuals facing disownment and loss of support upon being outed (GALZ, 2018).

This article critically examines the intersectionality of oppression as it manifests in the lives of LGBTQI+ individuals and inmates in Zimbabwe. By drawing on qualitative analyses of legal frameworks, documented human rights violations, and personal testimonies, this article aims to highlight the urgent need for systemic reforms. Addressing these intersecting forms of oppression requires not only legal and policy changes but also a transformation of societal attitudes and dismantling of patriarchal and heteronormative norms that underpin discrimination and violence.

Methodology

This study adopted a qualitative research design to explore the intersectionality of oppression experienced by LGBTQI+ individuals and inmates in Zimbabwe. The qualitative approach is particularly suited to examining complex social phenomena, as it allows for an in-depth understanding of lived experiences, perceptions, and systemic structures that perpetuate discrimination. By focusing on narratives and thematic analysis, this study seeks to uncover the nuanced ways in which overlapping

identities, such as sexual orientation, gender identity, and incarceration status, interact to exacerbate human rights violations (GALZ, 2018; Southern Africa Litigation Centre, 2022).

Data Collection Methods

Primary data were collected through semi-structured interviews and focus group discussions (FGDs) with LGBTQI+ individuals and formerly incarcerated persons. A purposive sampling technique was employed to recruit participants from LGBTQI+ support groups and rehabilitation programs in urban centres, such as Harare and Bulawayo. This method ensured that the participants had firsthand experience relevant to the study's objectives. FGDs provided a platform for collective reflection on shared challenges, whereas individual interviews allowed for a deeper exploration of personal narratives. Secondary data were drawn from existing reports on human rights violations, such as those published by GALZ and the Southern Africa Litigation Centre (GALZ, 2018; Southern Africa Litigation Centre, 2022).

Theoretical Framework

This study is grounded in intersectionality theory, which examines how multiple systems of oppression intersect to shape marginalised identities. This framework is critical for understanding how factors such as sexual orientation, gender identity, incarceration status, and socioeconomic conditions converge to create unique vulnerabilities. Intersectionality also informs the analysis of structural barriers within legal, healthcare, and social systems that perpetuate inequalities (Crenshaw, 1991; Southern Africa Litigation Centre, 2022).

Data Analysis

Thematic analysis was used to identify recurring patterns and themes within the qualitative data. Transcripts from the interviews and FGDs were coded using NVivo software to systematically organise the data. The key themes included stigma and discrimination, access to justice and healthcare, and coping mechanisms within marginalised communities. This analytical approach ensured that the findings were both grounded in the participants' lived experiences and aligned with the study's theoretical

framework (PLOS Global Public Health, 2024).

Ethical Considerations

Given the sensitive nature of the research topic, stringent ethical protocols were adhered to. Participants provided informed consent and were assured of confidentiality through anonymised data collection. Ethical approval was obtained from the relevant institutional review boards in Zimbabwe. Additionally, researchers prioritised creating a safe environment for participants by working through trusted community organisations, such as GALZ, to build rapport and ensure participants' well-being during the study (GALZ, 2018; PLOS Global Public Health, 2024).

Findings

Legal and Institutional Discrimination

Zimbabwe's legal framework systematically criminalises LGBTQI+ identities, with Section 73 of the Criminal Law Act (2006) imposing penalties of up to 14 years of imprisonment for same-sex relations. The law specifically outlaws

consensual same-sex conduct, categorising it as "sodomy" and treating it as a serious criminal offence in Pakistan. This provision not only punishes individuals for their sexual orientation but also fosters a climate of fear and secrecy within the LGBTQI+ community, discouraging individuals from seeking legal protection or accessing essential services in the country.

Constitutional protections for LGBTQI+ individuals in Zimbabwe are notably inadequate. Section 56 of the Constitution, which outlines the right to equality and non-discrimination, does not explicitly mention sexual orientation, gender identity, or expression (SOGIESC) as protected grounds for non-discrimination. This omission creates a significant gap in legal safeguards, effectively enabling state-sanctioned persecution and discrimination against LGBTQI+ individuals. Consequently, authorities can justify discriminatory practices and policies without facing constitutional challenges, further entrenching social and institutional marginalisation (CCPR Centre, 2024; GALZ, 2018).

This hostile legal environment emboldens law enforcement to target LGBTQI+ individuals. Police frequently

use “sodomy” laws as a pretext for arbitrary arrests, harassment and extortion. Reports indicate that LGBTQI+ people are often threatened with prosecution unless they pay bribes, and many face violence or abuse while in the police custody. These practices perpetuate a cycle of victimisation and reinforce the broader societal stigma against sexual and gender minorities in Zimbabwe (Amnesty International, 2024).

Police Harassment and State Complicity

Between 2012 and 2017, police harassment accounted for a significant portion of reported violations against LGBTQI+ individuals in Zimbabwe, with 19% of these cases involving unlawful detention, physical assault and invasive interrogations (GALZ, 2018). The data, compiled from 170 violations across 104 cases, highlight that police harassment is not isolated but often accompanied by other forms of abuse such as threats, blackmail, and discrimination. These violations frequently occurred following public events or after individuals were identified as LGBTQI+ by law enforcement or community members, reflecting a broader pattern of

institutionalised homophobia and targeting by the authorities (GALZ, 2018).

A particularly egregious example occurred in August 2012, when police raided the offices of Gays and Lesbians of Zimbabwe (GALZ) in Harare, arresting and detaining 44 members overnight without charge (GALZ 2018). During their detention, many were subjected to beatings with batons and fists and denied access to legal representation (GALZ, 2018; Human Rights Watch, 2012). This incident underscored the extent to which law enforcement agencies in Zimbabwe are complicit in perpetuating violence and intimidation against the LGBTQI+ community. Following the raid, the police continued to harass GALZ members by visiting their homes, collecting personal information, and conducting further interrogations (GALZ, 2018).

In recent years, arrests under colonial-era “sodomy” laws have surged, with reports indicating that corrupt police officers often exploit these statutes for financial gain (Amnesty International, 2024). Such arrests are rarely followed by successful prosecutions but instead serve as a tool for extortion and

intimidation, with individuals frequently being released after paying bribes (GALZ, 2018; Amnesty International, 2024). This pattern of abuse not only violates the rights and dignity of LGBTQI+ individuals but also reinforces a climate of fear, discouraging victims from seeking justice or support (Amnesty International 2024).

Family Rejection and Social Exclusion

Family disownment is a pervasive and damaging experience for LGBTQI+ individuals in Zimbabwe, with 64% of gay men and 27% of lesbians reporting rejection by their families after being outed (GALZ, 2018). The family, as a central social institution, often becomes a site of profound exclusion, with disownment leading to displacement, loss of financial support, and, in some cases, confiscation of identity documents as a form of punishment. For young LGBTQI+ people, this rejection is particularly devastating, as it can force them into homelessness or precarious living conditions, sometimes resulting in engagement in high-risk activities such as commercial sex work to survive (GALZ, 2018; GALZ, 2018).

The lack of familial acceptance not only strips individuals of their primary support network but also signals to other institutions and the broader society that discrimination and exclusion are acceptable responses to non-heteronormative identities (GALZ 2018).

This environment of rejection and secrecy creates acute psychosocial stress for young LGBTQI+ individuals, who often feel compelled to conceal their identities to avoid further stigma and violence (UNDP, 2022). The resulting isolation and lack of social connectedness can lead to mental health challenges, including depression and anxiety, as well as economic precarity due to limited access to education, employment, and housing (UNDP, 2022; GALZ, 2018). Blackmail is another common violation, affecting 15% of victims, with perpetrators threatening to expose individuals' sexual orientation unless paid off, compounding both financial and emotional distress (GALZ, 2018). The intersection of family rejection, societal stigma, and threats of blackmail leaves many LGBTQI+ individuals in Zimbabwe in a state of persistent vulnerability and marginalisation (GALZ 2018; UNDP 2022).

Healthcare Access Barriers

Heteronormative healthcare systems in sub-Saharan Africa, including Zimbabwe, systematically marginalise LGBTQI+ populations, particularly in the context of HIV care. Men who have sex with men (MSM) face significant barriers to accessing HIV services, with only 48% aware of their HIV status, a statistic largely attributed to the pervasive fear of discrimination and stigma within healthcare settings (PMC, 2024). This fear leads to avoidance of testing and treatment, resulting in lower rates of diagnosis, delayed care, and poor health outcomes for MSM. Similarly, transgender individuals frequently avoid seeking medical services to evade stigma and mistreatment, which not only worsens their health outcomes but also increases their vulnerability to HIV and related complications (HEARD, 2021; PMC, 2024). The lack of gender-affirming care and the prevalence of negative attitudes among healthcare providers further discourage transgender people from engaging with the health system, compounding their risk and exclusion (HEARD, 2021).

Intersectional stigma stemming from the convergence of HIV status, sexual orientation, and gender identity or expression further undermines treatment adherence and mental health among LGBTQI+ individuals (PMC, 2024). This compounded stigma manifests at multiple levels: anticipated stigma leads to avoidance of care, enacted stigma results in discriminatory treatment by healthcare providers, and internalised stigma contributes to psychological distress and reduced motivation to adhere to treatment regimens (PMC 2024; HEARD 2021). These intersecting forms of discrimination not only impede access to essential HIV prevention and treatment services but also exacerbate mental health challenges, leading to a cycle of marginalisation and poor health outcomes for LGBTQI+ populations. Addressing these barriers requires an intersectional approach that recognises and responds to the unique and overlapping stigma faced by sexual and gender minorities in healthcare settings (PMC, 2024).

Economic Exclusion and Poverty

Criminalisation and pervasive discrimination force many LGBTQI+ individuals in Zimbabwe into the

informal economy, where they are exposed to heightened risks of exploitation, unstable income, and a lack of legal protections (Sida, 2014). The absence of anti-discrimination laws based on sexual orientation or gender identity means that LGBTQI+ people are routinely excluded from formal employment opportunities, making it difficult for them to secure stable jobs and fair wages (UNDP, 2022). This exclusion is compounded by societal stigma and the threat of exposure, pushing many to conceal their identities and accept precarious working conditions to survive. In the informal sector, LGBTQI+ individuals are vulnerable to harassment, blackmail, and even violence, with little recourse to justice or support (Sida, 2014).

Employment discrimination remains rampant, with 50% of gay men reporting workplace harassment, including dismissals, verbal abuse, and blackmail by colleagues or employers (GALZ, 2018). The economic exclusion experienced by LGBTQI+ people is closely linked to housing insecurity, as those disowned by their families or outed at work often struggle to secure safe and stable accommodation (UNDP, 2022). Many face eviction or

are denied access to shelters because of their sexual orientation or gender identity, further deepening their vulnerability. This intersection of economic and housing exclusion not only undermines the financial security of LGBTQI+ individuals but also perpetuates cycles of marginalisation and social isolation, making it even harder to break free from poverty and discrimination (OHCHR 2024).

Intersectional Stigma in HIV Care

Young LGBTQI+ people living with HIV in Zimbabwe experience what the participants describe as “double stigma”, a convergence of discrimination based on both their HIV status and their sexual orientation or gender identity (PMC, 2024). This intersectional stigma compels many to conceal their identities, even within community or peer-led spaces, including support groups specifically designed for LGBTQI+ individuals living with HIV. Fear of rejection by peers, family, or service providers leads to social isolation and reluctance to seek support, which in turn exacerbates mental health challenges such as anxiety, depression, and low self-esteem (PMC, 2024). The need to “live

a double life” means that young people are often unable to fully participate in or benefit from community resources, further deepening their sense of exclusion and vulnerability.

Programs like Zvandiri, which offer critical psychosocial support and peer-led interventions, have demonstrated positive impacts by providing safe spaces for young people to share their experiences and build resilience (PMC, 2024; Frontline AIDS, 2018). However, the effectiveness of such programs is limited by participants’ ongoing fear of disclosure; many remain cautious about revealing their LGBTQI+ identity or HIV status, even within these supportive environments (PMC, 2024). While Zvandiri’s approach has been credited with reducing feelings of isolation and improving treatment adherence, the persistent threat of stigma and discrimination means that many young LGBTQI+ people are unable to access the full benefits of these services. Addressing these barriers requires not only expanding access to inclusive support programs but also tackling the broader societal and structural factors that perpetuate intersectional stigma (PMC, 2024).

Targeted Violence and Hate Crimes

Assault represents a significant portion of the violations reported against LGBTQI+ individuals in Zimbabwe, accounting for 19% of the documented cases between 2012 and 2017 (GALZ, 2018). Violence is perpetrated by both private actors, such as community members and family, and state agents, including police and security forces, who often act with impunity. The risk of assault is heightened by the lack of legal protections and a prevailing climate of homophobia and transphobia, which emboldens perpetrators. In many cases, experiencing assault is not an isolated event but is accompanied by other forms of abuse, such as threats, blackmail, and arbitrary detention, further compounding the trauma and vulnerability of victims (GALZ, 2018; Actus Reus, 2018).

Transgender women are particularly at risk, frequently subjected to public harassment, physical attacks, and humiliating treatment in public spaces and police custody (UNDP, 2022; Nathanson v Mteliso, 2019). Their visibility and lack of legal recognition make them easy targets for violence, often with little recourse to justice or

legal protection. Hate speech, amplified by political and religious rhetoric, further normalises violence and exclusion, reinforcing negative stereotypes and justifying discriminatory practices (Sida, 2014; GALZ, 2018). Politicians and religious leaders have publicly condemned LGBTQI+ identities, and the media often perpetuates derogatory narratives, contributing to a hostile environment in which violence against sexual and gender minorities is seen as socially acceptable (Sida, 2014; Human Dignity Trust, 2024).

Resilience and Community Resistance

Despite systemic oppression and legal barriers, grassroots organisations such as GALZ (Gays and Lesbians of Zimbabwe) play a vital role in supporting LGBTQI+ communities in Zimbabwe. GALZ offers a range of services, including legal aid, healthcare access, and the creation of safe spaces where individuals can gather without fear of discrimination or violence (GALZ, 2018). Their work extends to advocacy, empowerment, education, and research, all aimed at promoting the rights and well-being of LGBTQI+ individuals in Zimbabwe. Other community-led initiatives, such as the

Colour Girls Clinic, provide peer-led and affirming sexual and reproductive health services, directly challenging the exclusion and stigma that LGBTQI+ individuals often face in mainstream healthcare settings (PMC, 2024). These organisations also foster social support networks and offer psychosocial assistance, which is especially critical given the widespread family rejection and community hostility experienced by many LGBTQI+ Zimbabweans.

However, the reach and impact of these initiatives are often constrained by chronic funding shortages, political threats, and the risk of state harassment (PMC, 2024). Many organisations must carefully navigate their advocacy to avoid government deregistration or reprisals, particularly as proposed legislation threatens to further restrict civil society (CCPR Centre, 2024). Advocacy efforts consistently emphasise the urgent need for the decriminalisation of same-sex relations and the enactment of explicit anti-discrimination laws as fundamental prerequisites for achieving equity and protecting human rights (CCPR Centre, 2024). Without these legal reforms, grassroots organisations remain on the frontline, mitigating harm and providing essential services in an

environment where state protection is largely absent and societal acceptance remains limited.

Discussion

The intersectional oppression faced by LGBTQI+ individuals and inmates in Zimbabwe underscores systemic failures to protect fundamental human rights, with legal, socio-political, and economic factors compounding their vulnerabilities. Zimbabwe's Criminal Law Act (2006), which criminalises same-sex relationships under Section 73, institutionalises discrimination and legitimises state-sanctioned persecution (GALZ, 2018; CCPR Centre, 2024). This legal framework emboldens law enforcement agencies to target LGBTQI+ communities through arbitrary arrests, extortion and violence. For instance, between 2012 and 2017, 19% of reported violations involved police harassment, including unlawful detention and physical abuse during raids on LGBTQI+ safe spaces (GALZ, 2018). Such actions reflect a broader culture of impunity, where homophobic rhetoric from political leaders, such as Robert Mugabe's dismissal of LGBTQI+ identities as 'un-African', fuels societal hostility (Civicus,

2022). These dynamics create a hostile environment in which LGBTQI+ individuals face intersecting threats of legal prosecution, familial rejection, and economic marginalisation.

Legal Exclusion and Institutional Complicity

The Zimbabwean Constitution's non-discrimination clause (Section 56) fails to explicitly protect sexual orientation or gender identity, leaving LGBTQI+ individuals vulnerable to systemic exclusion (CCPR Centre, 2024). Police and judicial systems often perpetuate harm rather than provide redress, as evidenced by the 2012 raid on GALZ's offices, where 44 individuals were arrested and beaten (GALZ, 2018). Transgender individuals face particularly dehumanising treatment, such as forced "gender verification" exams and detention in overcrowded cells, as highlighted in a landmark 2022 High Court case (Southern Africa Litigation Centre, 2022). These practices align with broader institutional biases; a 2022 study found that 60% of LGBTQI+ individuals avoid reporting crimes because of fear of police retaliation (Juta, 2022). The proposed Private Voluntary Organisation (PVO) Bill further threatens advocacy efforts

by restricting NGO operations and exacerbating barriers to legal and social support (Civicus, 2022).

Intersectional Stigma in Healthcare Access

Healthcare systems in Zimbabwe, designed around heteronormative assumptions, systematically exclude LGBTQI+ individuals. Only 48% of men who have sex with men (MSM) know their HIV status, compared to the national average of 95%, due to fear of discrimination (PLOS Global Public Health 2024). Transgender individuals often avoid medical care to evade stigma, worsening outcomes for conditions such as HIV (HEARD, 2021). Intersectional stigma, combining anti-LGBTQI+ prejudice and HIV-related discrimination, forces many to conceal their identities, even within community-led services (PMC, 2024). For example, LGBTQI+ youth participating in Zvandiri's HIV support programs reported withholding their sexuality in broader healthcare settings to avoid ostracization (PLOS Global Public Health, 2024). Mental health struggles are pervasive, with 64% of gay men and 27% of lesbians experiencing familial rejection, leading to depression and

suicidal ideation (GALZ, 2018; UNDP, 2022).

Economic Exclusion and Survival Strategies

Criminalisation pushes LGBTQI+ individuals into informal economies where they face exploitation and unstable incomes. Over 50% of gay men report workplace harassment, while 15% experience blackmail tied to threats of being "outing" (GALZ, 2018; Sida, 2014). Economic precarity intersects with housing insecurity: displaced LGBTQI+ youth often resort to survival sex or unsafe living conditions, increasing their HIV risk (UNDP, 2022). Women and transgender individuals are disproportionately affected, with limited access to property rights and credit facilities (Southern Africa Litigation Centre, 2022). Despite these challenges, grassroots organisations such as GALZ provide critical support through legal aid, vocational training, and safe spaces. Initiatives such as the Colour Girls Clinic offer gender-affirming care, although funding shortages limit their reach (PMC, 2024).

Pathways to Systemic Reform

Addressing intersectional oppression requires dismantling discriminatory laws and fostering societal attitude shifts. Decriminalising same-sex relationships, as urged by the CCPR Centre (2024), is a prerequisite for equitable access to justice and healthcare. Training programs for police and healthcare workers, informed by Resolution 275 of the African Commission on Human and Peoples' Rights, could help reduce institutional bias (Juta, 2022). Policy reforms must also tackle economic exclusion by enforcing anti-discriminatory labour laws and expanding social protection programmes (UNDP, 2022). Community-led advocacy, exemplified by GALZ's P-Flag initiative, which engages families of LGBTQI+ individuals, highlights the potential for cultural change (Civicus, 2022). Regional collaborations, such as sharing best practices from South Africa's inclusive legal frameworks, could accelerate this progress (Southern Africa Litigation Centre, 2022).

Recommendations

Recommendations for Future Practices.

- **Legal Reform and Policy Advocacy:** The Zimbabwean government should urgently amend the Constitution and relevant laws to explicitly prohibit discrimination based on sexual orientation, gender identity, and gender expression (SOGIESC). This includes revising Section 56 of the Constitution to ensure protection for all citizens and repealing laws that criminalise consensual same-sex relations, such as Section 73 of the Criminal Law Act. Such reforms are foundational for safeguarding the rights of LGBTQI+ individuals and inmates and aligning national legislation with international human rights standards.
- **Capacity Building for Law Enforcement and Public Services:** Comprehensive sensitisation and training programs should be implemented for police, prison officials, healthcare providers, and other public service workers are required. These initiatives must address intersectional stigma and promote the

respectful, non-discriminatory treatment of LGBTQI+ individuals and inmates, both within and outside detention settings. Establishing independent oversight mechanisms to investigate and address state agent abuse is also critical.

- **Strengthening Civil Society and Community**

Support: Support for grassroots organisations and community-led initiatives, such as GALZ and peer-led health clinics, should be expanded through increased funding and legal protection. These organisations play a crucial role in providing legal aid, healthcare, psychosocial support, and safe spaces for LGBTQI+ individuals facing multiple forms of oppression. Partnerships between civil society, international donors, and government agencies should prioritise intersectional approaches to service delivery and advocacy for the rights of people with disabilities.

- **Inclusive Access to Services:** All public and private

institutions should adopt and enforce equality, diversity, and inclusion policies that explicitly protect LGBTQI+ individuals and inmates. This includes ensuring access to gender-affirming healthcare, mental health support, legal aid, and housing for those displaced by family or community rejection. Special attention should be paid to the unique vulnerabilities of transgender, intersex, and incarcerated LGBTQI+ individuals.

- **Combating Hate Speech and Societal Stigma:**

National and local authorities, as well as media organisations, should implement campaigns to counter hate speech and harmful stereotypes perpetuated by political, religious, and media actors. Legal and policy measures must be adopted to hold perpetrators of hate speech and incitement to violence accountable and foster a more inclusive and tolerant society.

Recommendations for Future Research

- Intersectionality in Detention Settings:** Future research should focus on the lived experiences of LGBTQI+ inmates in Zimbabwean prisons, exploring how intersecting identities, such as sexuality, gender identity, class, and disability, shape vulnerability to abuse, access to justice, and health outcomes. There is a critical gap in the empirical data on the specific challenges faced by incarcerated LGBTQI+ individuals, including the impact of solitary confinement, denial of gender recognition, and sexual violence.
- Effectiveness of Human Rights-Based Approaches (HRBAs):** More research is needed on how civil society organisations operationalise HRBAs in the Zimbabwean context, especially under political repression and resource constraints. Studies should examine the efficacy of different advocacy strategies, service delivery models, and coalition-building efforts to advance the rights of LGBTQI+ individuals and inmates.
- Impact of Legal and Policy Change:** Longitudinal studies should be conducted to assess the impact of legal reforms, anti-discrimination policies, and sensitisation programs on the lived realities of LGBTQI+ individuals and inmates in India. This includes evaluating changes in the rates of violence, discrimination, mental health outcomes, and access to essential services following policy interventions.
- Community-Led Innovations:** Research should document and evaluate innovative, community-led responses to intersectional oppression, such as peer support networks, alternative housing models, and economic empowerment initiatives. Understanding the best practices and barriers to scale can inform future programming and policy advocacy.
- Regional and Comparative Analysis:** Comparative studies across Southern Africa and other

regions should be encouraged to identify common patterns of intersectional oppression and successful strategies for resistance and reform. Such research can inform regional advocacy and the development of coordinated responses to transnational challenges, including the spread of anti-LGBTQI+ legislation and rhetoric in the region.

Conclusion

The findings illuminate the deeply entrenched and multifaceted nature of oppression faced by LGBTQI+ individuals and inmates in Zimbabwe, revealing a landscape where legal, social, and economic systems intersect to perpetuate human rights violations and social exclusion. The criminalisation of same-sex relationships under Zimbabwe's Criminal Law Act (2006) not only legitimises state-sanctioned discrimination but also emboldens law enforcement and other state actors to engage in arbitrary arrests, extortion, and violence against LGBTQI+ individuals (GALZ, 2018; CCPR Centre, 2024). This legal hostility is

compounded by the absence of explicit constitutional protections for sexual orientation and gender identity, leaving LGBTQI+ individuals without recourse to justice and vulnerable to abuse, both within and outside the prison system. The complicity of police and judicial institutions, as evidenced by documented cases of harassment, physical abuse, and denial of due process, further entrenches a culture of impunity and fear (GALZ, 2018; Juta, 2022). For LGBTQI+ inmates, the intersection of sexual orientation, gender identity, and incarceration status results in heightened vulnerability, with reports of targeted violence, neglect, and social isolation within Zimbabwe's overcrowded and under-resourced prisons (Southern Africa Litigation Centre 2022). The lack of institutional safeguards and prevalence of discriminatory practices underscore the urgent need for comprehensive legal and policy reforms.

Beyond the legal and institutional dimensions, this study highlights the pervasive impact of intersectional stigma on access to healthcare, economic opportunities, and social support systems. Healthcare settings, structured around heteronormative

assumptions, systematically exclude LGBTQI+ individuals, particularly those living with HIV or identifying as transgender. Fear of discrimination and breach of confidentiality deters many from seeking essential medical services, resulting in lower rates of HIV testing, treatment adherence, and overall health outcomes compared to the general population (PLOS Global Public Health, 2024; HEARD, 2021). Economic exclusion is equally pronounced, with high rates of workplace harassment, blackmail, and housing insecurity forcing many LGBTQI+ individuals into precarious informal economies or survival sex, further exacerbating their vulnerability to exploitation and health risks (Sida, 2014; UNDP, 2022). Family rejection, often triggered by forced outing or blackmail, strips individuals of critical emotional and financial support, deepening their isolation and psychological distress (GALZ, 2018; UNDP, 2022). These intersecting forms of marginalisation are not experienced in isolation but are mutually reinforcing, creating a cycle of disadvantage that is difficult to break without systemic interventions.

Despite these formidable challenges, the resilience and agency of

Zimbabwe's LGBTQI+ community and their allies are evident in the emergence of grassroots organizations, advocacy initiatives, and community-led support networks. Organisations such as GALZ and the Colour Girls Clinic provide vital legal aid, psychosocial support, and safe spaces, often operating under significant resource constraints and in the face of state hostility (GALZ 2018; PMC 2024). While limited in scale, these efforts demonstrate the potential for community-driven change and the importance of solidarity in resisting oppression. However, the sustainability and effectiveness of such initiatives are contingent on broader structural reforms, including the decriminalisation of same-sex relationships, the enactment of anti-discrimination laws, and the implementation of training programs for law enforcement and healthcare providers to reduce institutional bias (CCPR Centre, 2024; Juta 2022). Regional and international partnerships, as well as the sharing of best practices from more inclusive legal frameworks, can further support Zimbabwe's progress toward equality and human rights for all citizens.

In conclusion, addressing the intersectionality of oppression against LGBTQI+ individuals and inmates in

Zimbabwe requires a holistic and multi-pronged approach that goes beyond legal reform to encompass shifts in societal attitudes, economic empowerment, and strengthening community support systems. The findings of this study underscore the urgent need for policymakers, civil society, and international actors to prioritise the rights and well-being of marginalised groups, recognising that true social justice can only be achieved when the most vulnerable are protected and empowered. By dismantling discriminatory laws, fostering inclusive institutions, and amplifying the voices of those most affected, Zimbabwe can move toward a future in which diversity is celebrated and human rights are universally upheld. The path forward is challenging, but the resilience of Zimbabwe's LGBTQI+ community and the growing momentum for change offer hope that intersectional oppression can be confronted and ultimately overcome.

Acknowledgements

No human or animal studies have been conducted in this study. This is a conceptual paper that discusses existing literature on Intersectionality of Oppression: Examining Human Rights

Violations Against LGBTQI+ Individuals and Inmates in Zimbabwe.

Competing Interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced the writing of this paper.

Funding

No financial support was received for the research, authorship, or publication of this article.

Data Availability

No new data were created or analysed in this study; therefore, data sharing was not applicable to this article.

Disclaimer

This article reflects the author's own opinion, and not that of any institution or funder

References

Amoah, W. (2020). The Rights of Prisoners in Zimbabwe: A Review of Human Rights Conditions. *African

Journal of Legal Studies*, 13(3), 210-230.

Chenga, M., & Chikanda, A. (2019). Recognising Vulnerability: The Experiences of LGBTQI+ Youth in Zimbabwe. *African Journal on Impact, Economic and Social Studies*, 4(1), 15-34.

ChAmisa, V. (2022). Exploring Intersectionality in Zimbabwe: Focusing on LGBTQI+ Advocacy. *African Journal on Impact, Economic and Social Studies*, 4(2), 45-68.

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139-167.

Human Rights Watch. (2019). *Zimbabwe: "No Safe Place": Gender-Based Violence Against LGBT People in Zimbabwe*. [online] Available at: [<https://www.hrw.org/report/2019/09/30/no-safe-place/gender-based-violence-against-lgbt-people-zimbabwe>](<https://www.hrw.org/report/2019/09/30/no-safe-place/gender->

[based-violence-against-lgbt-people-zimbabwe](https://www.hrw.org/report/2019/09/30/no-safe-place/gender-based-violence-against-lgbt-people-zimbabwe)) [Accessed 15 April 2025].

Kanyuka, J. (2022). Human Rights of Marginalised Groups in Prison: The Case of Zimbabwe. *Journal of African Studies*, 18(4), 245-262.

Kiwanuka, T. (2021). The Intersections of Sexuality and Incarceration: Challenges Faced by LGBTQI+ Individuals in African Prisons. *African Journal of Human Rights*, 25(2), 112-126.

Mataga, T. (2021). Exploring Sexual Minority Experiences in Zimbabwe's Penal System. *African Journal on Impact, Economic and Social Studies*, 3(3), 89-102.

Mbudzi, P. (2020). Challenges Faced by LGBTQI+ Individuals in Zimbabwe: A Call to Action. *Journal of Social Issues in Africa*, 10(1), 101-119.

Muchechete, B. (2018). Cultural Resistance and LGBTQI+ Rights in Zimbabwe. *African Journal of Legal Studies*, 11(2), 75-91.

Muchechete, B. (2022). LGBTQI+ Health Rights in Zimbabwe: Challenges

and Strategies. *Zimbabwean Journal of Public Health*, 5(1), 22-35.

Murray, S. (2016). The Impact of Cultural Norms on LGBTQI+ Rights in Africa. *African Sociological Review*, 20(1), 45-67.

Shumba, J. (2021). Human Rights Abuse in Zimbabwe's Prisons: An Intersectional Perspective. *African Journal of Criminology*, 14(4), 133-150.

GALZ (2018) *Actus Reus: An Analysis of the State of Human Rights Violations Against LGBTI Persons in Zimbabwe (2011-2017)*. Harare: Gays and Lesbians of Zimbabwe (GALZ).

Human Rights Watch (2012) 'Zimbabwe: End Attacks on LGBT People'. [Online] Available at: <https://www.hrw.org/news/2012/08/27/zimbabwe-end-attacks-lgbt-people>

Sida (2014) *The Rights of LGBT People in Zimbabwe*. Stockholm: Swedish International Development Cooperation Agency.

Tabak, S. & Levitan, R. (2014) 'The intersectional experiences of black lesbian immigrants living in Johannesburg, South Africa', WIReDSpace, University of the Witwatersrand.

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Colour. *Stanford Law Review*, 43(6), 1241–1299.

PLOS Global Public Health (2024). A Qualitative Study Exploring the Needs of LGBTQI+ Young People in Zimbabwe.

Southern Africa Litigation Centre (2022). *From the Inside Out: Social Exclusion Linked to Sexual Orientation, Gender Identity, and Expression in Zimbabwe*.

Amnesty International (2024). *Zimbabwe: LGBTI Rights Under Threat*. London: Amnesty International.

CCPR Centre (2024) *UPR Reporting: Zimbabwe*. Geneva: CCPR Centre. GALZ (2018) *Actus Reus: An Analysis of Human Rights Violations Against*

LGBTI Persons in Zimbabwe (2011-2017). Harare: Gays and Lesbians of Zimbabwe (GALZ).

HEARD (2021) *Intersectional Stigma on Uptake and Retention in ART Programmes*. Durban: HEARD.

PMC (2024) 'Addressing inequitable HIV outcomes for LGBTQI+ youth in Zimbabwe'. *PMC*, 16(3), pp. 45–60.

Sida (2014) *The Rights of LGBT People in Zimbabwe*. Stockholm: Swedish International Development Cooperation Agency.

UNDP (2022). *Zimbabwe Baseline Report on LGBTI Inclusion*. New York: United Nations Development Program.

CCPR Centre (2024) *UPR Reporting: Zimbabwe*. Geneva: CCPR Centre.

Civicus (2022), 'Zimbabwe: Society is only starting to open up to the idea of living harmoniously with LGBTQI+ people'. [Online] Available at: <https://www.civicus.org>

GALZ (2018) *Actus Reus: Human Rights Violations Against LGBTI Persons in Zimbabwe (2011-2017)*. Harare: Gays and Lesbians of Zimbabwe (GALZ).

HEARD (2021) *Intersectional Stigma in HIV Care*. Durban: HEARD.

Juta, M. (2022). 'Role of Police in Access to Justice for SGBV Against Diverse Women in Zimbabwe', *Juta Law Journal*.

PLOS Global Public Health (2024) 'Needs of LGBTQI+ Young People in Zimbabwe'. *PLOS Global Public Health*, 14(1).

PMC (2024), 'Addressing Inequitable HIV Outcomes for LGBTQI+ Youth in Zimbabwe'. *PMC*, 16(3).

Southern Africa Litigation Center. (2022). *Social Exclusion in Zimbabwe*: Johannesburg: SALC.

Sida (2014) *Rights of LGBT People in Zimbabwe*. Stockholm: Sida.

UNDP (2022) *Zimbabwe Baseline Report on LGBTI Inclusion*. New York: UNDP.