‘The Tech Will Save Her’ – False Promises in Digital Gender-Based Violence (GBV) Solutions

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Digital interventions aimed at preventing or responding to gender-based violence (GBV) have re-emerged in recent years in cyclical form, each positioned as a world-first innovation. Despite differences in format, these interventions often replicate a flawed set of design assumptions that consistently fail to account for lived realities.

Terms such as ‘Open Source’, ‘secure, and ‘safe’ are often used to attract funding, yet usually describe tools that do not offer the protections these terms imply, nor implement the capabilities they publicly claim. A recent ‘privacy-conscious’ GBV-related digital platform deployed across several countries in the MENA region, for example, received multi-million-dollar funding from several donors but was built on a general-purpose content management system, which was not designed for deployment in contexts where digital infrastructure must account for surveillance. While implementers described applying custom engineering to improve safety, the underlying architecture could not be reconfigured to address these risks. Furthermore, their plans to implement a moderated user forum as part of their drive to scale up introduced additional vulnerabilities. Governments often monitor such platforms, and implementers cannot detect or prevent such surveillance, yet they continue to assure users that their platform is safe and private.

These issues are not limited to digital platforms. Although packaged differently, other interventions rely on the same flawed assumptions about infrastructure, access, and responsiveness. A

widely promoted wearable device developed to support women's safety by discreetly triggering alerts during an attack is another such example. The device connects to nearby mobile phones via Bluetooth and uses GSM networks to notify responders. However, in many high-risk, low-connectivity environments where these devices were meant to be deployed, Bluetooth pairing is unreliable in moments of distress, mobile signals are weak or deliberately disabled, and responders are often out of range or unable to act in time.

These constraints are well-documented, but these two examples (of many) illustrate how initiatives continue to be promoted as innovative solutions for populations they are structurally incapable of serving. Too often, tools are optimised for the visibility of their implementers rather than for the realities of the people they are funded to support. When the intended users are GBV survivors, there is frequently an implicit framing that positions them as the problem to be solved through technology, rather than addressing the structural conditions that cause or prolong harm.