Strengthening Professional and Community Capacity to Respond to Gender-Based Violence in Eswatini: A Qualitative Intervention Study.

Abstract

Gender-based violence (GBV) remains a critical social welfare and public health challenge in Eswatini, shaped by patriarchal family systems, cultural norms, and women's socio-economic dependence. These structural factors limit survivors' access to protection and services while reinforcing norms that discourage disclosure. This study examined the effectiveness of a culturally responsive training intervention designed to strengthen professional and community capacity to prevent and respond to GBV within the local service delivery context. The qualitative intervention engaged seven key stakeholders, including social workers, a psychologist/counselor, a traditional leader, and a church leader. Training content focused on GBV as a systemic welfare issue, trauma-informed and survivor-centered practice, ethical service provision, inter-sectoral collaboration, and culturally grounded prevention strategies. A qualitative pre–post design was used to assess changes in knowledge, attitudes, and practice readiness using open-ended questionnaires analyzed through thematic content analysis. Findings demonstrated increased practitioner confidence and critical awareness of GBV as rooted in family and cultural power relations. Participants reported stronger commitment to survivor-centered communication, confidentiality, and advocacy, and greater readiness among community leaders to support prevention efforts. The study underscores the policy relevance of culturally aligned capacity-building models. Strengthening multi-sector partnerships, sustained workforce training, and community-informed policy implementation are recommended to support long-term, gender-transformative GBV prevention and social welfare responses in Eswatini.

Background of Study

Gender-based violence (GBV) remains a pervasive global concern and is widely recognized as a grave violation of human rights with profound physical, psychological, social, and economic consequences for survivors. It is deeply rooted in patriarchal systems and sociocultural structures

that privilege men and subordinate women, reinforcing unequal power relations within households and communities (Dzinavane, 2016; Heise et al., 2019). These power imbalances restrict women's autonomy and normalize the use of violence as a means of control. As a result, survivors often experience long-term emotional and mental health consequences, including fear, anxiety, depression, and post-traumatic stress disorder, that reduce their capacity to participate fully in social and economic life (Hossain et al., 2021; WHO, 2021).

In Eswatini, GBV remains widespread and is compounded by cultural and religious norms that shape expectations around womanhood, marriage, and authority. Within many communities, women are expected to demonstrate endurance and obedience in marriage, while men are positioned as household heads who hold decision-making power (Mpofu & Tfwala, 2024). These cultural expectations can silence survivors, discourage reporting, and perpetuate acceptance of violence. Although national efforts such as legal reforms, capacity development for service providers, and increased civil society advocacy have been implemented, deeply entrenched patriarchal norms continue to impede meaningful transformation (Yalcinoz et al., 2020; Hudspeth, 2022).

Traditional and church leaders hold considerable influence in defining and reinforcing gender norms. Their authority extends beyond religious or customary matters into family and community life, shaping how cases of violence are interpreted and resolved. Yet, despite their central role in community decision-making, these leaders are often excluded from formal GBV prevention and response strategies (UNFPA, 2020). This gap limits the effectiveness of interventions designed to shift harmful norms and strengthen survivor support systems.

This study addresses that gap by implementing a training intervention designed to enhance the knowledge, attitudes, and leadership capabilities of both professional service providers and cultural or religious leaders. The intervention seeks to promote

Evidence shows that multi-sectoral, evidence-based approaches trauma-informed, survivor-centered, and culturally grounded responses to GBV while empowering influential community leaders to challenge harmful sociocultural practices and foster sustainable community-level change. integrating professionals, legal frameworks, and community engagement, including the involvement of religious and traditional leaders, are essential to building sustainable responses to GBV in low- and middle-income countries (LMICs) (Bott et al., 2019; Kabeer, 2016). Survivors

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in Eswatini and across Africa face numerous challenges, including patriarchal norms, victim-blaming, and stigma, which deter help-seeking behaviors (UN Women, 2022). Moreover, GBV is frequently underreported due to social stigma and systemic barriers, such as limited awareness, weak referral systems, and a shortage of trained professionals (WHO, 2021; UNDP, 2020).

To address these challenges, the intervention adopted a learner-centered and empowerment-based training strategy, incorporating interactive sessions, role-plays, and case studies grounded in real-world scenarios. This pedagogical approach enabled participants to reflect, conceptualize, and apply new knowledge through experiential learning and problem-solving activities. Such participatory learning has been shown to improve empathy, communication, and trauma-informed practice among professionals, helping them to address both personal biases and systemic gaps (Ali et al., 2025).

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Building on the contextual challenges outlined above, this study was designed as an evidence-based intervention that aligns with international best practices for preventing and responding to GBV. By grounding its design in both global and regional empirical evidence, the study acknowledges that professional capacity-building and community leadership engagement are central to achieving sustainable behavioral and systemic change. Similar training-based interventions implemented in countries such as Pakistan and Tanzania have demonstrated the effectiveness of participatory, skills-oriented approaches in improving professionals' and leaders' competencies, confidence, and collaboration in GBV prevention and survivor support (Ali et al., 2025; Mboya et al., 2023). Drawing from these evidence-based models, the present Eswatini intervention sought to contextualize global insights within local cultural and institutional realities, thereby bridging the gap between theory, practice, and community engagement. The integration of evidence-based content, experiential learning methods, and cross-sector collaboration underscores the study's commitment to both scholarly rigor and real-world impact in advancing gender equity and social justice in Eswatini.

Gender-based violence (GBV) against women remains one of the most persistent social, public health, and human rights challenges in Eswatini, where deeply rooted patriarchal norms, cultural expectations, and religious interpretations continue to shape unequal gender relations. While national legislation such as the Sexual Offences and Domestic Violence (SODV) Act of 2018 and various multisectoral GBV strategies represent important policy progress, the practical

implementation of these frameworks depends heavily on the capacity of frontline professionals and culturally influential leaders. Social workers, counselors, psychologists, traditional leaders, and faith-based leaders play a crucial role in prevention, early identification, trauma-informed support, community education, and system-level advocacy. Yet, research indicates that these stakeholders often operate with limited training, constrained resources, and insufficient guidance on how to apply empowerment-oriented, survivor-centered, culturally sensitive approaches in daily practice (Sarkin, 2020; Field-Miller, 2019).

Moreover, professionals such as social workers, counselors, and community workers are often the first point of contact for GBV survivors and play a crucial role in early identification, care, and referral. However, studies indicate that many professionals lack adequate skills and training to manage GBV cases holistically (Mboya et al., 2023). Strengthening their capacity through targeted, context-specific training can enhance responsiveness and coordination across sectors. The empowerment-based learning strategy implemented in this study, therefore, aimed to equip both professionals and community leaders with the competencies needed to deliver effective, survivor-centered GBV prevention and response services.

Existing GBV literature in Eswatini tends to focus on prevalence rates, risk factors, legal reforms, and policy analysis. However, less is known about how professionals on the ground conceptualize GBV, navigate socio-cultural norms, and apply evidence-based principles such as empowerment, systems thinking, and strengths-based practice when engaging with survivors. There is also a limited understanding of how influential community leaders interpret their roles in either reinforcing or challenging harmful norms. This knowledge gap highlights the need for research that not only documents attitudes and beliefs but also examines how capacity-building interventions can enhance professional competence, strengthen trauma-informed practice, and foster collaboration between formal service providers and community leadership structures.

This study is well-positioned to contribute significantly to knowledge, practice, and policy. First, it addresses a major global priority aligned with the United Nations Sustainable Development Goals (SDGs), particularly SDG 5: *Achieve gender equality and empower all women and girls.* Reducing GBV is globally recognized as essential for women's health, dignity, human rights, and socio-economic participation. Second, at the national level, Eswatini's obligations under the SODV Act (2018), National Gender Policy, and multisectoral GBV

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response frameworks require strong grassroots-level implementation supported by informed, trained professionals and community leaders. This study generates context-specific evidence to help strengthen these implementation processes.

From a social work perspective, the study directly advances the Grand Challenges for Social Work, particularly *Ensure Healthy Development for All Youth*, *End Gender-Based Violence*, and *Promote Social Justice and Human Rights*. It also aligns with the NASW Code of Ethics, which emphasizes service, social justice, the dignity and worth of the person, the importance of human relationships, integrity, and competence. By strengthening the capacities of professionals and community leaders, the study contributes to ethical, competent, trauma-informed, culturally sensitive practice that honors survivors' rights and dignity.

Furthermore, the study has practical significance. It offers insights into how professionals and leaders can move beyond reactive responses to GBV and adopt preventative, community-engaged strategies. It also highlights the transformative role of professional empowerment, cross-sector collaboration, and leadership engagement in changing harmful gender norms.

The purpose of the study was to explore and describe cultural dynamics, including social and gender norms, attitudes, beliefs, and values that contribute to gender-based violence, to develop professional training for professionals working with survivors of gender-based violence. The study's purpose is grounded in the need to enhance professional capacity for ethical, holistic, and culturally relevant practice that aligns with national priorities and global human rights standards.

Research Questions

The following research questions guided the study:

1. How do professionals and community leaders understand gender-based violence in Eswatini, and what beliefs, cultural norms, and contextual factors shape these understandings?
2. How does the GBV training intervention influence participants' knowledge, attitudes, and perceptions regarding GBV, trauma, family dynamics, and survivor-centered practice?
3. How do participants conceptualize their roles and responsibilities in preventing and responding to GBV before and after the training?

4. In what ways does the training enhance participants' confidence, skills, and perceived capacity to support survivors and challenge harmful norms within their professional and community contexts?

Literature Review

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Socio-cultural norms

Gender-based violence (GBV) in Eswatini is reinforced by deeply rooted sociocultural norms that shape gender roles and power relations. Women are socialized to be obedient and enduring, while men are positioned as household authorities, legitimizing control and normalizing violence as a form of discipline (Milazzo, 2016; Fielding-Miller et al., 2016; Mpofu & Tfwala, 2024). Cultural expectations, such as *Tibi Tendlu*, the belief that family matters must remain private, promote secrecy, suppress disclosure, and reinforce women's subordination (Dzinavane, 2016; Sultana, 2020). Marriage practices involving lobola further pressure women to remain in abusive unions due to stigma and economic implications for families, framing women as belonging to the husband's household (Nyawo, 2020; Mthembu, 2019; All Africa, 2015; Klomegah, 2019).

Stigma, shame, and victim blaming

Stigma, shame, and victim-blaming further deter survivors from seeking help. Women often fear being accused of provoking violence or destabilizing the family, making social judgment a strong barrier to reporting (ICJ & SWAGAA, 2020; Thetsane, 2019). Regional studies show that victim-blaming erodes confidence in formal systems and delays help-seeking (Shannon et al., 2019; Hatcher et al., 2020). Limited awareness of rights also weakens access to services. Although the Sexual Offences and Domestic Violence (SODV) Act provides protection, many survivors and community members lack understanding of legal provisions, including marital rape and emotional abuse (ICJ & SWAGAA, 2020; Motsa & Marojele, 2021).

Patriarchal biases

Patriarchal biases within formal and traditional justice systems create institutional barriers. Police and traditional authorities often encourage reconciliation rather than legal action, treating

GBV as a private matter and contributing to secondary victimization and impunity (Nyawo et al., 2020; Walker & Sónia, 2018; WHO, 2021).

Structural challenges

Structural challenges, including limited shelters, strained social services, and rural inaccessibility, restrict survivors' ability to obtain safety and support (UNFPA, 2020; Muluneh et al., 2020). Weak multi-sector coordination and fragmented referral systems further hinder comprehensive care, mirroring global evidence on the need for integrated responses (Bott et al., 2019; DPMO, 2023; WHO, 2013).

Socioeconomic dependence

Socioeconomic dependence remains a critical barrier, as high unemployment and poverty reduce women's capacity to leave abusive relationships or pursue legal remedies (Hossain et al., 2021; UN Women, 2020). Vulnerable groups, including young women, women with disabilities, and rural populations, face compounded discrimination, inaccessible services, and a lack of privacy (Nyawo et al., 2020; Ndlovu & Mabuza, 2021).

Finally, mistrust of institutions stemming from slow processes, limited enforcement, and perceived impunity discourages reporting and perpetuates silence (ICJ & SWAGAA, 2020; Sikweyiya et al., 2020).

The Need to Strengthen Professional and Community Leadership Capacity

Combating GBV requires coordinated action across professional and community sectors. The United Nations Population Fund (2022) highlights that violence against women remains pervasive when survivor support systems are fragmented or under-resourced. In Eswatini, many women still lack decision-making autonomy in critical areas such as healthcare and finances, indicating persistent gender inequality within households (Nyawo, 2018).

Traditional chiefs, church leaders, and community elders play influential roles as custodians of cultural norms. Their authority positions them to either reinforce patriarchal expectations or serve as agents of cultural transformation (British Council, 2013). Therefore, GBV interventions in Eswatini must strategically engage these leaders to shift communal beliefs and promote protective responses rooted in local cultural frameworks.

Recent scholarship calls for national behavior change initiatives, men's engagement campaigns, and culturally grounded educational programs to challenge the normalization of violence (Mpofu & Tfwala, 2024; UN Women, 2024). Strengthening laws alone is insufficient; change must include improved collaboration among service providers, survivor-centered professional practices, and community dialogue that challenges harmful norms (International Commission of Jurists, 2020).

The professional development training intervention in this study responds to these gaps by enhancing the capacity of frontline social service workers and mobilizing the influence of traditional and religious leaders. Together, these groups hold the potential to expand survivor safety, promote accountability, and foster sustainable gender-transformative change in Eswatini.

As gender-based violence is a complex issue and represents a public health problem, it is essential to activate continuous, multidisciplinary, and capillary training courses, allowing professional workers to strengthen professional and relational skills required to effectively respond to the health needs of women who have been abused.

Evidence-Based Training Study

This study is grounded in evidence-based practice, drawing on international experiences where structured GBV training interventions have been implemented and evaluated with measurable success. For instance, a 2025 study in Pakistan focused on strengthening the health system's response to gender-based violence (GBV) through a Life Skills-Based Training program for healthcare providers. The program aimed to enhance the competencies of healthcare professionals (HCPs) in identifying, responding to, and referring cases of GBV, while also engaging community leaders and key stakeholders involved in prevention and response efforts (Ali et al., 2025). The intervention employed a pre- and post-test design to assess changes in knowledge, attitudes, and skills, utilizing structured instruments adapted from UNHCR and UNICEF GBV assessment tools. Participants were purposively selected through collaboration with local authorities and partner organizations to ensure diverse representation across professional and community sectors (Webster, 2016).

The findings demonstrated statistically significant improvements in post-test results, indicating measurable progress in participants' knowledge, skills, and survivor-centered

attitudes. The Pakistan study revealed that well-designed, culturally contextualized training not only enhanced professional competencies but also fostered collaboration across health and community systems to overcome systemic and cultural barriers that impede GBV responses (Ali et al., 2025).

Similarly, a related study conducted in Tanzania provided additional evidence supporting the effectiveness of targeted GBV training programs. The Tanzanian intervention focused on enhancing awareness and response mechanisms among community-based practitioners and local leaders. Participants demonstrated a high level of understanding of GBV concepts after training and identified persistent barriers to help-seeking, including fear of stigma, lack of supportive services, and legal challenges (Mboya et al., 2023). These findings mirror challenges observed in Eswatini, suggesting that sociocultural constraints remain a key obstacle to effective prevention and survivor support.

Collectively, these studies, along with the present Eswatini intervention, underscore the value of training-based, participatory, and culturally grounded approaches in improving GBV response capacity among professionals and leaders. All three studies (Pakistan, Tanzania, and Eswatini) demonstrate that comprehensive GBV capacity-building interventions can significantly enhance knowledge, confidence, and collaboration across service and leadership sectors, while also promoting community ownership of change and more sustainable prevention strategies.

Theoretical Framework

The study utilizes three theories that are connected to responding to gender-based violence. Systems Theory, Empowerment Theory, and the Strengths-Based Approach collectively provide a complementary framework for addressing gender-based violence against women in Eswatini. Systems Theory highlights that GBV is rooted in interconnected structures, such as cultural norms, family dynamics, religious institutions, and legal systems, showing that violence cannot be addressed at the individual level alone but requires coordinated, multisectoral change. Empowerment Theory builds on this by focusing on increasing awareness of women's rights and decision-making power while equipping professionals and community leaders to challenge patriarchal norms and advocating systemic reform. The Strengths-Based Approach further reinforces this work by recognizing the resilience, cultural assets, and community resources that

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women and communities already possess, helping shift GBV interventions from deficit-focused models to ones that foster dignity, healing, and collective capacity.

Systems Theory

Systems theory provides a holistic framework for understanding gender-based violence (GBV) as a multidimensional problem embedded within interconnected social, cultural, institutional, and political structures. A system consists of elements and relationships that generate patterns of behavior over time (Carne, 2019). Applied to GBV, systems theory highlights how individual, relational, community, and societal factors interact to produce and sustain violence, including gender inequality, rigid norms, family dynamics, economic dependency, and institutional responses (Hamby, 2013; Tracy, 2023). This perspective emphasizes that GBV is not an isolated event but a systemic issue shaped by broader structures such as legal systems, cultural beliefs, religious institutions, and social service networks (Albanesi et al., 2021; Flood, 2019).

Systems thinking helps practitioners avoid victim-blaming by shifting attention from individual responsibility to structural contributors and encourages multisectoral collaboration among social workers, healthcare providers, traditional and faith leaders, law enforcement, and policymakers (Allen et al., 2013; Meyer & Frost, 2019). By identifying leverage points within systems, this theory guides the development of coordinated, survivor-centered interventions that address root causes of GBV.

Empowerment Theory

Empowerment theory focuses on increasing personal agency, confidence, and control by enabling individuals and communities to understand and act on their rights (Moore et al., 2021). In GBV work, empowerment is both a process and an outcome that promotes autonomy, self-determination, and the recognition of survivors' inherent strengths (Goodman & Epstein, 2008; Wood, 2014). For professionals, empowerment involves building competencies in trauma-informed practice, legal literacy, cultural sensitivity, and reflective self-awareness to reduce burnout and enhance ethical engagement with survivors (Kim, 2018). Empowerment is understood to operate across multiple levels—individual, relational, and collective, each

contributing to increased agency and broader social transformation (Joo et al., 2019; Zimmerman, 1995; Speer & Peterson, 2000). Grounded in principles of social justice and human rights, empowerment theory supports survivor-centered practice and encourages professionals to challenge harmful norms, advocate systemic reforms, and strengthen community leadership in responding to GBV.

Strengths-Based Approach

The Strengths-Based Approach complements systems and empowerment theories by shifting focus from deficits to the inherent resilience, capacities, and resources of survivors, families, and communities. This perspective emphasizes the positive attributes that individuals possess and their ability to use these strengths in coping, recovery, and change (Venkat, 2017; Wood, 2014). In the context of GBV, strengths-based practice recognizes survivors' courage, coping strategies, spiritual resources, and social networks as starting points for healing and intervention (Wiley et al., 2021). By amplifying existing protective factors and community assets, this approach counters deficit-based narratives and fosters hope, motivation, and resilience (Madrigal, 2003). It is particularly valuable in trauma-informed and culturally grounded interventions, helping survivors reclaim dignity and reinforcing the capacity of communities to support members experiencing violence.

Social work theoreticians who critically evaluated the merits and limitations of Empowerment Theory and the Strength Perspective found both theories to have high theoretical quality (Joseph, 2020; Joseph, 2025; Joseph et al., 2022). As for Systems Theory, it can be argued that this framework is important given its purpose and interdisciplinary nature.

Methodology

Research Design

This study employed a qualitative intervention research design, guided by the participatory model of Fraser and Galinsky (2010). Intervention research emphasizes the systematic development, implementation, and evaluation of programs designed to address identified social problems while engaging practitioners and community members as co-creators of change. In this study, the design followed the cyclical steps of problem identification, intervention design, implementation, formative and summative evaluation, and refinement. A pre- and post-training

qualitative assessment was conducted to explore shifts in participants' knowledge, attitudes, and perceived competencies in addressing gender-based violence (GBV).

The design was grounded in the principles of participatory action and empowerment-based learning, ensuring that participants were not passive recipients of training but active contributors to its development and reflection. This approach allowed the study to capture rich, contextual insights about how cultural, religious, and systemic factors influence professional and community responses to GBV in Eswatini.

Sampling and sampling methods

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Participants were selected using purposive sampling to ensure inclusion of individuals with direct experience responding to gender-based violence (GBV) against women. Purposive sampling was suitable because it ensured that participants possessed the knowledge and experience necessary to provide rich, contextually grounded insights (Palinkas et al., 2015).

Eligible participants were required to be 18 years or older, actively working or serving in Eswatini at the time of the study, and have direct professional or community-based involvement with women experiencing GBV. All participants needed to demonstrate practical experience in providing support, guidance, intervention, or decision-making related to GBV cases and be willing to participate fully in the intervention and evaluation activities, including reflective discussions and case analyses, and provide informed consent. Individuals were excluded if they had no direct involvement in GBV-related work, held purely administrative roles without survivor interaction, were unable to commit to the full intervention process, or declined to provide informed consent. A total of seven participants were included in the study, comprising four social workers, one counselor, and two community leaders (one traditional leader and one church leader)

Data Collection Methods

Data were collected using pre- and post-training qualitative surveys consisting of open-ended questions designed to explore participants' understanding of GBV, family dynamics, trauma impact, and the roles of leaders and professionals in prevention and response. These tools were adapted from existing GBV training assessment instruments developed by UNFPA and

WHO to ensure alignment with international standards while being tailored to the Eswatini context.

The training intervention spanned several sessions and incorporated interactive learning methodologies such as role-plays, group discussions, reflection exercises, and case studies drawn from local contexts. These activities allowed participants to critically engage with real-life scenarios and apply trauma-informed and survivor-centered principles in simulated practice. At the conclusion of the training, participants completed the post-test qualitative questionnaire, allowing for comparison with baseline (pre-test) data. This pre–post structure provided insight into participants' evolving perspectives, confidence levels, and skill applications following the intervention.

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Data Analysis

Data was analyzed using thematic content analysis (Braun & Clarke, 2006). This analytic approach involves identifying, organizing, and interpreting patterns of meaning within qualitative data to understand participants' shared and divergent experiences. The process followed six phases: (1) familiarization with the data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the final narrative report (Labra et al, 2019).

Thematic content analysis was chosen for its flexibility and ability to highlight both common patterns and context-specific insights. Pre- and post-training responses were compared to identify changes in knowledge, attitudes, and confidence, as well as emerging conceptual shifts regarding the roles of family dynamics, trauma, and leadership in GBV prevention. Representative quotations from participants were used to illustrate key findings, ensuring authenticity and transparency in interpretation.

Ethical Considerations

The study adhered to established ethical standards in social work research. Informed consent was obtained from all participants before participation. Participants were informed of their right to withdraw at any time without penalty and assured of confidentiality and anonymity.

To protect participants, identifying details were omitted from all transcripts and reports. Given the sensitivity of GBV-related discussions, special attention was paid to emotional safety during data collection. Participants were encouraged to share only information they were comfortable disclosing, and psychological support or referrals were made available where needed. Ethical clearance was obtained from the Stephen F. Austin State University Institutional Review Board (IRB) before data collection.

Findings

Demographics:

Table 1

Participants' Demographic Characteristics

Variables	N	%
Gender		
Men	2	28.6
Women	5	71.4
Age		
Under 40	4	57.1
40 and over	3	42.9
Profession		
Social Work	4	57.1
Psychology	1	14.3
Other	2	28.6

The sample comprised seven participants, the majority of whom were women (71.4%, n = 5). Participants were relatively evenly distributed by age, with 57.1% (n = 4) under 40 years and 42.9% (n = 3) aged 40 years and above. Social workers constituted the largest professional group (57.1%, n = 4), followed by one psychologist (14.3%, n = 1), with the remaining participants (28.6%, n = 2) representing other professional or community leadership roles.

Theme 1: Recognizing GBV as rooted in family power dynamics

Post-training reflections indicated a shift from viewing GBV as individual conflict to understanding it as embedded in patriarchal family structures. The participant highlighted how

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For each of the quotes, use an acronym or other identifier so reader can see the range of the 7 participants. Did all of them share the same views, and show the same shifts. Please unpack the participants responses in more detail, and ideally use more than one person per theme

family expectations often discourage survivors from reporting abuse to maintain family unity and avoid social shame.

"Before, I thought abuse happened because partners failed to communicate. Now I understand it is linked to how power is arranged in families, where women are expected to endure and remain silent." (Post-training reflection)

This shift demonstrates an increased capacity that situates GBV within broader systems of gendered power rather than interpersonal dispute alone.

Theme 2: **Deeper understanding of trauma impacts and survivor needs**

The participant's understanding of trauma deepened notably. They described trauma as long-term, complex, and requiring sustained emotional support, reflecting adoption of a survivor-centered practice stance.

"I now see that trauma does not end when the violence stops. Survivors need patience, empathy, and space to heal at their own pace." (Post-training reflection)

This perspective contrasts with pre-training assumptions that healing requires verbal disclosure or a quick resolution.

Theme 3: Repositioning traditional and religious leaders as agents of change

The participant demonstrated a broadened view of leadership, shifting from seeing traditional and religious authorities as neutral cultural custodians to recognizing them as influential actors who can shift harmful norms.

"Our leaders shape how the community thinks. If they speak openly against GBV, people will listen, and behavior can change." (Post-training reflection)

This suggests increased recognition of multi-sectoral collaboration in GBV response.

Theme 4: Critical engagement with cultural practices such as *lobola*

The participant began to critically reflect on cultural practices, particularly *lobola*, as both meaningful and potentially reinforcing gendered power imbalances. Before the training, some participants did not clearly understand the harmful effects of the custom; during the training, they changed their narrative.

"I still value lobola, but I now see how it can make men feel entitled and make women feel they must stay, even when abused." (Post-training reflection)

This indicates movement toward a culturally respectful yet gender-critical lens, rather than cultural rejection or uncritical acceptance.

Theme 5: Strengthened ethical and confidentiality awareness

Following training, the participants demonstrated a clearer understanding of confidentiality and ethical responsibility, which helped them avoid further harm. This understanding marked a significant change from pre-training to post-training. Before training, participants show the importance of understanding confidentiality and informed consent and respecting the client's decisions in the treatment plan.

"I learned that confidentiality is not just a rule. It protects the survivor's dignity and safety. I must not share their story without consent." (Post-training reflection)

This reflects alignment with survivor autonomy and professional ethics.

Theme 6: Increased confidence in advocacy and community dialogue

Finally, the participant expressed increased readiness to engage community members, challenge harmful language, and promote gender-equitable norms. The training enhanced them to commit themselves in advocating for the transformation of traditional and gender norms that normalize GBV, as well as for broadening collaboration with stakeholders such as community leaders, healthcare providers, and legal entities.

"I feel more confident speaking up when I hear people normalize abuse. I can now guide the conversation respectfully toward awareness and accountability." (Post-training reflection)

Participants identified specific actions, including awareness-raising, leader collaboration, and supporting safe reporting pathways.

Discussion

This study sought to strengthen the capacity of frontline professionals and influential community leaders in Eswatini to prevent and respond to gender-based violence (GBV) through

a culturally grounded training intervention. The findings indicate that the training contributed to meaningful shifts in participants' knowledge, attitudes, and perceived competencies. Participants developed a more nuanced understanding of GBV as a product of structural power relations within families and communities, rather than as isolated interpersonal conflict. This represents a significant shift from individualized explanations of abuse toward recognizing the broader socio-cultural systems that maintain gender inequality, consistent with feminist and socio-ecological frameworks (Bott et al., 2019).

The enhanced awareness of trauma and its prolonged psychological, emotional, and relational effects suggest improved readiness to employ survivor-centered and trauma-informed practices. Participants articulated the importance of empathy, safety, confidentiality, and patience when supporting survivors. This shift aligns with global best practice standards emphasizing non-judgmental communication, validation of survivor experiences, and respect for autonomy (Hossain et al., 2021). Such attitudinal change is critical, as negative or dismissive professional responses can deepen survivors' sense of shame, discourage help-seeking, and perpetuate silence.

A notable finding was the repositioning of traditional and religious leaders as key actors in reshaping gender norms. Traditionally, these leaders are viewed as custodians of culture, sometimes reinforcing practices that normalize women's subordination. However, participants increasingly recognized their potential to model equitable attitudes, challenge harmful interpretations of cultural practices such as lobola, and mobilize community dialogue. This is particularly important in Eswatini, where leadership authority carries moral legitimacy and widespread influence.

The study also demonstrated strengthened professional advocacy capacity. Participants expressed a heightened responsibility to involve families, community members, and institutions in prevention efforts. This reflects a shift from focusing solely on individual cases to promoting collective accountability and community-wide transformation. However, sustainable change requires continuous support structures, follow-up mentorship, and coordinated partnerships across sectors, including health, social welfare, education, religious institutions, and traditional authority systems.

Overall, the study highlights the value of culturally responsive, dialogue-based capacity-building interventions that address both knowledge and belief systems. While the small sample limits generalizability, the findings provide insight into how targeted training can catalyze normative change in GBV response and prevention. Future work should scale the intervention, integrate community-level awareness initiatives, and evaluate longer-term behavioral and systemic outcomes. Continued collaboration with traditional and church leaders is essential to ensure community-owned, gender-transformative changes**.**

Implications of the Findings

Implications for Theory

The findings support and extend empowerment theory by demonstrating that survivor empowerment in the context of gender-based violence is not solely an individual process but is shaped by professional responses and community-level systems. Empowerment is strengthened when survivors encounter informed, non-judgmental support within culturally relevant contexts.

The findings also reinforce systems theory by illustrating how interconnected systems, professional services, family structures, and traditional and religious leadership collectively influence responses to GBV. Persistent victim-blaming attitudes and inconsistent practices reflect systemic barriers, indicating that effective interventions must address multiple levels of the system simultaneously.

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Implications for Research

The findings are consistent with existing GBV research, highlighting the role of social and institutional systems in shaping responses to violence against women. This study extends the literature by applying an intervention research approach in Eswatini and by including both professionals and community leaders. Future research should examine the sustainability of empowerment-oriented interventions through longitudinal and multi-site studies that assess system-level change over time.

Implications for Social Work Practice

Micro-level: The findings underscore the importance of empowerment-oriented, survivor-centered practice that prioritizes safety, validation, and self-determination when working directly with survivors.

Mezzo-level: Social work agencies, traditional structures, and faith-based organizations represent critical systems for strengthening coordinated, empowerment-focused responses through ongoing training and collaboration.

Macro-level: The findings support the integration of empowerment and systems-based approaches into national GBV policies, social work education, and professional development frameworks to promote sustainable, system-wide change.

Comment [A12]: as noted above, you should cut this para as your findings are not about what they then did in their practice, but just about what the training had them realise.

Limitations and Future Directions

This study was limited by its small, region-specific sample and short intervention and follow-up periods, which restricts its transferability and the assessment of long-term change. Future research should build on these findings through larger, multi-site, and longitudinal studies across diverse regions and professional settings in Eswatini, with greater attention to culturally grounded and gender-transformative approaches, including engagement of community leaders, men and boys, and the use of hybrid or digital training models to strengthen sustainable GBV prevention and response

Conclusion

This study demonstrated that culturally responsive, capacity-building training can meaningfully shift how frontline professionals and influential community leaders in Eswatini understand and respond to gender-based violence. By engaging social workers, faith-based leaders, and traditional authorities together, the intervention created a shared space for critical reflection on how cultural norms, patriarchal family structures, religious interpretations, and practices such as lobola can reinforce women's vulnerability and silence. Participants reported deeper insight into GBV as a systemic issue rather than an individualized or private matter, and greater appreciation of trauma-informed, survivor-centered approaches. Notably, traditional and church leaders began to re-envision their roles not only as custodians of culture but as advocates capable of challenging harmful norms and fostering supportive environments for survivors.

The findings underscore the importance of involving cultural leadership in GBV prevention efforts. Interventions that overlook these actors risk limited reach and sustainability, as cultural narratives and community authority significantly shape attitudes and behaviors. Strengthening leaders' capacity to model respect, speak against violence, and promote healing has the potential to shift community beliefs, reduce stigma, and expand pathways to safety for survivors.

While the small sample limits the breadth of generalization, the training offers a promising foundation for broader community-based strategies. Scaling similar initiatives nationally, alongside ongoing mentorship and multi-sectoral collaboration, may contribute to more sustainable, gender-transformative change. Ultimately, empowering leaders who hold moral and cultural influence is essential in promoting dignity, safety, and justice for women and girls in Eswatini.

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