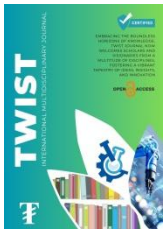
DOI 10.5281/twist.10049652#624

TWIST, 2026, Vol. 21, Issue 3, pp. 124-133

TWIST

Journal homepage: www.twistjournal.net



Faith in Action? The Role of the Church in Addressing Gender-Based Violence in Eswatini

Phumuzani Mpofu
PhD in Education with Educational Psychology, PostDoc,
University of Witwatersrand, South Africa

Abstract
Gender-based violence (GBV) remains a pervasive social, public health, and human rights challenge in Eswatini, with women and girls disproportionately affected. The church, as a moral and social authority, holds potential to influence social norms, support survivors, and promote gender justice. This qualitative study, guided by the transformative paradigm and Social Norms Theory, explored the role of churches in addressing GBV in Eswatini. Using a phenomenological design, in-depth interviews with church leaders, congregants, and key informants were conducted to examine how church teachings, pastoral practices, and institutional responses shape attitudes toward gender, power, and violence. Findings indicate that churches engage in awareness-raising through sermons, moral education, prayer, and community outreach, contributing to greater openness and dialogue around GBV. However, effectiveness is constrained by uneven capacity, resource limitations, cultural resistance, and patriarchal interpretations of doctrine. The study underscores the dual potential of church teachings to both empower and constrain survivors, highlighting the need for targeted training, institutionalised GBV strategies, and multi-sectoral collaboration. Integrating theological reflection with evidence-based approaches can strengthen the church's contribution to GBV prevention, survivor support, and social norm transformation in Eswatini.

Keywords
gender-based violence, church responses, social norms, Eswatini, faith-based interventions, survivor support

INTRODUCTION

Gender-Based Violence (GBV) remains a pervasive global social, public health, and human rights challenge, disproportionately affecting women and girls across cultural, religious, and socio-economic contexts, and is deeply rooted in structural gender inequality (OECD, 2023; World Health Organization [WHO], 2021). International frameworks define GBV as encompassing physical, sexual, psychological, emotional, and economic abuse, reflecting the multiple and intersecting harms experienced by women worldwide (United Nations, 1993). Despite longstanding global commitments to gender equality such as the principle of equal pay enshrined in the Treaty of Rome (1957) and ethical traditions within Christianity affirming the moral equality of all human beings, gendered violence persists at alarming levels. Globally, approximately one in three women experiences physical or sexual violence during their lifetime, prompting international institutions to characterise violence against women as a global pandemic (WHO, 2021).

In Eswatini, both national and international evidence indicate particularly high levels of GBV. Recent national surveillance data report a notable rise in GBV cases, most of which occur within domestic and intimate partner settings (Government of the Kingdom of Eswatini, 2024; UN Women, 2024). Peer-reviewed research from Eswatini links exposure to sexual violence with adverse mental health outcomes, including elevated depressive symptoms among female university students (Fielding-Miller et al., 2024). Broader evidence from Southern Africa shows that exposure to intimate partner violence and rape is associated with depression, post-traumatic stress symptoms, and harmful outcomes such as suicidal thoughts (Machisa et al., 2022), while social determinants, including sexual violence, contribute to mental health burdens among adolescent girls and young women across the region (Perestrelo et al., 2025). Together, these findings underscore the limitations of existing prevention and response mechanisms and the urgent need for context-specific, multisectoral interventions.

GBV constitutes a serious violation of fundamental human rights and represents a major public health concern with long-term social, economic, and psychological consequences (EC, 2023). The United Nations General Assembly defines GBV as any act that results in, or is likely to result in, physical, sexual, or psychological harm, including threats, coercion, or deprivation of liberty, in both public and private spheres (Magezi & Manzanga, 2019). International frameworks, including the EU Gender Equality Strategy 2020–2025, emphasise the need for safety across domestic, public, workplace, and digital spaces, reinforcing the understanding of GBV as a structural and systemic issue requiring coordinated, multisectoral responses (European Commission, 2020).

GBV manifests in multiple, overlapping forms that are sustained by unequal power relations and structural gender inequality. Physical violence includes acts intended to cause bodily harm, such as assault, beating, or the use of weapons, often occurring within intimate partner and family contexts (WHO, 2021; Mpofu & Mamba, 2024). Sexual violence encompasses rape, coerced sexual acts, unwanted sexual contact, and the sexual exploitation of individuals unable to provide informed consent (WHO, 2021; Johnson et al., 2021). Psychological and emotional abuse involves intimidation, humiliation, threats, and controlling behaviours, while economic violence restricts access to financial resources, education, employment, or property, reinforcing dependency and vulnerability (UN Women, 2022). These forms of violence frequently coexist, cumulatively reinforcing gendered power imbalances rooted in patriarchal social structures.

Large-scale research indicates that GBV is widespread and disproportionately affects women. WHO (2021) estimates that about 30% of women globally have experienced physical and/or sexual violence by an intimate partner or other perpetrator in their lifetime, making GBV a major public health and human rights issue. Data from the European Union Agency for Fundamental Rights (FRA, 2024), based on tens of thousands of women aged 18–74, found that approximately one in three women in the EU has experienced physical or sexual violence as an adult, with 35% of women aged 18–29 reporting GBV higher than in older age groups. Administrative homicide statistics further show that women in Europe are killed by intimate partners or family members at roughly twice the rate of men, highlighting the gendered nature of lethal domestic violence (Eurostat, 2023).

Across sub-Saharan Africa, GBV remains widespread. Cross-national survey evidence shows that significant proportions of young women experience physical or sexual violence during their lifetimes, reflecting deeply entrenched gender norms, economic inequalities, and structural vulnerabilities (Sunmola & Adedini, 2025). Harmful practices intersecting with GBV, such as female genital mutilation (FGM) and child or forced marriage, continue to persist in the region, contributing to poorer health outcomes and diminished reproductive autonomy for girls and women (Esho et al., 2022). Although peer-reviewed data specific to the Southern African Development Community (SADC) are limited, regionally aggregated reports indicate pervasive violence against women and children and high rates of early marriage, highlighting persistent harmful gender norms and policy implementation gaps (UNICEF & SADC, 2023). The COVID-19 pandemic further affected GBV patterns by disrupting prevention and response services, altering social dynamics, and reducing program implementation capacity, with multi-country studies reporting perceived increases in GBV in some contexts (Esho et al., 2022).

In Eswatini, GBV remains a critical social crisis despite legal reforms such as the Sexual Offences and Domestic Violence Act of 2018. Women and girls particularly minors bear the greatest burden of domestic violence, sexual abuse, and femicide (Chemhaka et al., 2023; Mpofu & Tfwala, 2024). Government and civil society efforts to raise awareness and provide support are undermined by weak enforcement, cultural silence, stigma, and limited survivor services (Mpofu & Tfwala, 2024). While women bear the brunt of GBV, emerging evidence indicates that men and boys also experience abuse, though underreporting is significant due to prevailing gender norms (Mpofu & Mamba, 2024).

Given its moral authority, grassroots reach, and influence on social values, the church occupies a strategic position in responding to GBV in Eswatini, with potential to shape attitudes, challenge harmful norms, support survivors, and advocate for justice (Ganira et al., 2025; Magezi, 2017). Despite this potential, the nature and effectiveness of church-based responses in Eswatini remain under-documented, with some studies noting that religious institutions can inadvertently reinforce patriarchal norms (Stiles Ocran & Leis Peters, 2025). This study is novel in integrating global and regional GBV frameworks including CEDAW, SDG 5.2, and the SADC Regional Strategy on GBV with the lived realities of Eswatini, situating GBV within its sociocultural, institutional, and policy context. By doing so, it seeks to generate contextually grounded insights to inform policy reform, community-based interventions, and survivor-centred strategies, while critically examining the church's role in supporting survivors and challenging harmful social norms (National Strategy to End Violence in Eswatini, 2023–2027).

RESEARCH QUESTION

Main Research Question

How does the church influence social norms related to gender-based violence and shape responses to GBV in Eswatini?

Sub-Research Questions

1. How do church teachings, sermons, and doctrinal interpretations construct meanings around gender roles, power, and violence within congregations?
2. How do pastors, church leaders, and congregants respond to reported cases of gender-based violence, and how do these responses reinforce or challenge prevailing social norms?

3. What institutional, cultural, and theological factors enable or constrain churches in Eswatini from effectively preventing GBV and supporting survivors?

STATEMENT OF THE PROBLEM

Gender-based violence (GBV) continues to undermine gender equality, social justice, and sustainable development, with slow and uneven progress despite global and national policy commitments. Intimate partner and family-related homicides alone claim thousands of lives each year, illustrating the lethal consequences of GBV worldwide (Mpofu & Tfwala 2024). In Eswatini, rising incidences of rape, domestic violence, and femicide especially affecting women and girls reveal persistent gaps between policy intent and effective prevention and response. Entrenched cultural norms that reinforce gender inequality, weak enforcement of protective laws, inadequate survivor support services, and continued stigma further expose victims to harm and silence. Although legal and institutional frameworks are in place, the ongoing prevalence and severity of GBV point to systemic failures in prevention, protection, and accountability. This study therefore seeks to examine the role of the church in responding to GBV in Eswatini, identifying existing faith-based interventions, key challenges, and opportunities to strengthen the church's contribution to GBV prevention and social transformation.

THEORETICAL FRAMEWORK

This study adopted Social Norms Theory as its guiding theoretical framework to examine the role of the church in responding to gender-based violence (GBV) in Eswatini. Social Norms Theory posits that individual behaviour is shaped by shared values, expectations, and informal rules that define what is considered acceptable within a community (Bicchieri 2016; Cislaghi & Heise 2018). In the context of GBV, harmful norms that legitimise male dominance, normalise violence, and discourage disclosure often persist despite the presence of protective laws (Paluck et al 2018). In Eswatini, such norms are reinforced through cultural traditions, family structures, and religious interpretations that emphasise submission, endurance, and silence, thereby sustaining gendered power imbalances and limiting effective responses to abuse (Mpofu & Tfwala, 2024; United Nations Women, 2024).

Within this normative environment, the church occupies a powerful position as a moral and social authority capable of reinforcing or transforming community beliefs. Applying Social Norms Theory, this study examines how church teachings, pastoral practices, and institutional responses influence attitudes toward gender, power, and violence (Paluck et al. 2018). The framework enables analysis of whether churches challenge harmful norms by promoting dignity, equality, and accountability, or inadvertently sustain GBV through silence and victim-blaming (Mpofu & Tfwala 2024; United Nations Women, 2024). By focusing on norm formation and change, the theory provides a lens for identifying opportunities through which faith-based institutions can contribute to GBV prevention, survivor support, and broader social transformation in Eswatini (Bicchieri, 2016; Cislaghi & Heise, 2018).

METHODOLOGY

Research Paradigm

This study was guided by the transformative research paradigm, which prioritises social justice, equity, and the transformation of oppressive social structures (Mertens, 2023). The transformative paradigm is particularly appropriate for research on gender-based violence (GBV) because it centres the experiences of marginalised groups, challenges power imbalances, and seeks to generate knowledge that can inform social change. In this study, the paradigm aligns with the aim of examining how church-based norms, beliefs, and practices may either sustain or challenge gender inequality and violence in Eswatini.

Research Approach

A qualitative research approach was adopted to gain an in-depth understanding of how GBV is perceived, interpreted, and responded to within church contexts. Qualitative methods are well suited to exploring complex social phenomena such as norms, beliefs, and lived experiences, which cannot be adequately captured through quantitative measures (Creswell & Poth, 2018; Patton, 2015). This approach enabled the study to capture rich, contextualised accounts of participants' experiences and perspectives regarding the church's role in addressing GBV.

Research Design

The study employed a phenomenological research design, focusing on participants' lived experiences of church responses to gender-based violence. Phenomenology seeks to understand how individuals make meaning of their experiences within specific social and cultural contexts (Moustakas, 1994). This design was appropriate for exploring how church leaders, congregants, and survivors experience and interpret church teachings, pastoral practices, and institutional responses to GBV in Eswatini.

Participant Selection and Sampling

Participants were selected using purposive sampling, which allowed for the intentional selection of individuals with direct experience or knowledge relevant to the study (Palinkas et al., 2015). The study involved 18 participants drawn from seven Christian churches in Eswatini. These churches were selected because of their active involvement in community engagement and their influence on social issues affecting congregants, including gender-based violence (GBV).

The sample consisted of church leaders and congregants who were knowledgeable about church responses to GBV. Specifically, the participants included 14 church leaders (such as pastors, elders, and ministry leaders) and 4 adult church members who were active congregants. Church leaders were included because of their role in providing pastoral care, guidance, and leadership in addressing social challenges within their congregations, while congregants were included to provide perspectives on how church teachings and interventions are experienced at the community level.

To be eligible for participation, individuals had to be adults aged 18 years and above and actively affiliated with a church in Eswatini. Participants were approached through church networks and invited to participate voluntarily in the study. Sampling continued until data saturation was reached, meaning that additional interviews were no longer generating new themes or insights relevant to the research questions (Guest, Bunce, & Johnson, 2006).

Table 1 Participant Demographics and Roles

Participants	Gender	Age	Role
1	Male	58	Leader
2	Male	69	Leader
3	Female	50	Leader
4	Female	49	Leader
5	Male	43	Leader
6	Male	66	Leader
7	Female	56	Member
8	Female	65	Member
9	Male	69	Leader
10	Male	38	Leader
11	Male	45	Leader
12	Male	51	Leader
13	Male	48	Leader
14	Female	34	Member
15	Female	39	Leader
16	Female	32	Member
17	Female	41	Leader
18	Male	35	Leader
Total 18			Total 14 church leaders,4 members

Data Generation

Data were generated primarily through in-depth, semi-structured interviews with the 18 participants, as this method provided flexibility to explore participants' experiences while maintaining consistency across interviews (Creswell & Poth, 2018; Guest et al., 2017). An interview guide was used to facilitate discussion around key issues, including church teachings about gender, responses to gender-based violence (GBV) cases, perceptions of the church's role in GBV prevention, and support provided to survivors. Semi-structured interviews allowed participants to share their experiences, perceptions, and interpretations in depth while enabling the researcher to probe emerging issues relevant to the study. Each interview lasted approximately 45–60 minutes and was conducted in a location convenient and comfortable for participants, such as church premises or another mutually agreed setting. All interviews were conducted in a language comfortable for the participants, audio-recorded with their consent, and later transcribed verbatim to ensure accurate representation of participants' views (Rapley, 2011). In addition to interviews, document analysis of selected church policies, sermons, and training materials was conducted where available to complement interview data and strengthen data triangulation (Bowen, 2009).

Data Analysis

The data were analysed using thematic analysis, following the six-step process outlined by Braun and Clarke (2006). The analysis began with familiarisation with the data, where the researcher read and re-read the interview transcripts to gain a deep understanding of participants' accounts. This was followed by the generation of initial codes to identify meaningful segments of data relevant to the research questions. Related codes were then grouped into broader categories and themes that reflected patterns across participants' experiences and perspectives. The emerging themes were subsequently reviewed, refined, and clearly defined to ensure that they accurately represented the data and addressed the study objectives. The analysis was guided by Social Norms Theory, which provided a lens for interpreting how church teachings and practices may reinforce or challenge social norms related to gender, power, and violence (Heise, 1998; Lapinski & Rimal, 2005). Throughout the analytical process, reflexivity was maintained to minimise researcher bias and ensure that participants' voices were accurately represented, thereby enhancing the credibility and consistency of the findings (Braun & Clarke, 2006).

Ethical Considerations

Ethical approval was obtained from the relevant institutional ethics review committee prior to data collection. Participants were provided with clear information about the purpose of the study, and informed consent was obtained before

participation (Orb et al., 2001). Confidentiality and anonymity were ensured using pseudonyms and secure data storage. Given the sensitive nature of GBV, interviews were conducted with care to minimise distress, and participants were informed of their right to withdraw at any stage without penalty. Where necessary, referrals to appropriate support services were provided to participants who experienced emotional discomfort during the research process (World Health Organization, 2007).

FINDINGS AND DISCUSSION

The findings of this study are presented in relation to the research questions that guided the investigation into how churches influence social norms related to gender-based violence (GBV) in Eswatini. The analysis revealed that churches shape social norms through teachings, pastoral practices, and institutional responses, while also facing significant cultural and structural constraints. The themes demonstrate both the potential and the limitations of faith-based institutions in addressing GBV, highlighting how church teachings, leadership practices, and institutional structures can either reinforce or challenge prevailing norms related to gender, power, and violence.

Category 1: Church Teachings and Doctrinal Interpretations Constructing Gender Norms

In our first research question, we wanted to explore how church teachings, sermons, and doctrinal interpretations shape congregants' understanding of gender roles, power, and violence. This category examines how these teachings and interpretations influence social norms within congregations. The findings reveal that religious teachings play a central role in shaping attitudes toward gender and violence: while many promote respect, dignity, and moral responsibility, their interpretation can also reinforce patriarchal norms or encourage silence around abuse. These results highlight the dual influence of theology, showing that it can both challenge and sustain gender inequalities depending on how it is communicated and understood within faith communities.

Teaching and Moral Guidance

Participants emphasised that church teachings and sermons are vital for shaping congregational norms about gender-based violence (GBV). One participant stated, *"Pastors should discuss GBV issues and educate members through scripture."* This aligns with recent scholarship suggesting that faith leaders' public engagement on social issues can influence community attitudes and normative expectations (Ganira et al., 2025). In South Africa, discussions in religious spaces are increasingly framed within public theology, where pastors are called to address societal concerns such as GBV directly and constructively to promote dignity and justice (Nanthambwe & Magezi, 2024). When pastors integrate anti-GBV messaging into sermons and teaching, they help counter silence and stigma, emphasising that violence contradicts core ethical values upheld by faith communities (Nanthambwe & Magezi, 2024).

Promotion of Equality and Human Dignity

Participants highlighted teachings that emphasise love, equality, and respect. One noted, *"Church doctrines influence members by promoting respect, equality, and dignity."* Research indicates that religion can provide moral frameworks that encourage dignity and support coping among survivors of gender-based violence (Pertek, 2024). Studies of religious influence on GBV experiences across different contexts show that religious beliefs and practices can serve as emotional and spiritual resources that help individuals cope with adversity and find meaning beyond the violence they have experienced, indicating a potential "protective" influence of faith when interpreted in ways that affirm human worth.

Misinterpretation and Reinforcement of Silence

Conversely, some teachings were perceived as encouraging silence and endurance of abuse. A participant explained, *"Some interpret church teachings as requiring them to remain silent to preserve relationships."* Research on religion and GBV shows that faith communities can inadvertently normalise gendered violence when patriarchal interpretations of doctrine reinforce unequal gender relations and discourage help seeking (Naicker, 2025). For example, in studies examining religious resources and GBV, religious leaders and institutions sometimes encouraged survivors to stay in harmful relationships rather than seek safety or justice, illustrating how doctrine can be used to justify endurance over disclosure.

Empowerment to Speak Out

Where doctrine was interpreted inclusively, participants reported increased confidence among women to disclose abuse and seek help. This highlights the transformative potential of faith-based teachings. Broader evidence suggests that when religious communities engage critically with theology and gender norms, faith can become a source of resilience and empowerment, enabling survivors to challenge oppressive norms and access support structures (Pertek et al., 2023). This underscores that the role of religion in GBV is dual faced: it can both empower and constrain depending on how doctrine is communicated, the leadership's stance, and the community's willingness to reinterpret teachings in gender-just ways**.**

Category 2: Church Responses to Gender-Based Violence

The second research question sought to examine how pastors, church leaders, and congregants respond to reported cases of gender-based violence within church settings and how these responses may reinforce or challenge prevailing social

norms. The findings indicate that churches play an important role in shaping responses through pastoral care, moral guidance, and community-based interventions; however, these responses vary across congregations, ranging from awareness campaigns and counselling to limited or absent strategies, reflecting both the church's normative authority and the challenges of relying primarily on spiritual approaches without structured, survivor-centred support.

Theme 1: Church-Based Strategies for Addressing Gender-Based Violence

Churches in Eswatini employ a range of strategies to address gender-based violence, largely anchored in their moral authority and spiritual mandate. These strategies reflect an understanding of GBV as both a social and moral problem, although the extent of institutionalisation and coordination varies across congregations. Consistent with Social Norms Theory, these interventions seek to shape attitudes and behaviours by reinforcing values of non-violence, respect, and dignity.

Awareness Creation through Preaching and Teaching

Sermons and teachings in church settings emerged as a key strategy for raising awareness about GBV, with participants noting that *"Our church has introduced GBV awareness campaigns through sermons and workshops,"* illustrating how religious leaders extend moral instruction into community education. Research shows that faith leaders and religious institutions can influence attitudes toward GBV by integrating gender justice messages into religious teachings and mobilising congregations to promote equality and non-violence (Pertek, 2025; Interfaith GBV Community of Praxis & Faith Action Collective, 2024). Such approaches help shift social norms that sustain violence, but their effectiveness depends on training, theological reflection, and sustained leadership commitment to challenge patriarchal interpretations (Pertek, 2025).

Moral Education Across Age Groups

Churches also integrate GBV awareness into Sunday school, youth programmes, and women's meetings. *"We teach Sunday school, youth, and elders through songs and stories."* These platforms allow for age-appropriate engagement and early norm formation, using culturally embedded pedagogies that help individuals internalise anti-violence values from a young age. Such practice reflects a transformative approach because it does not merely transmit rules but actively encourages learners to question and reshape harmful gender norms that can underlie violence (Istratii, 2020). Recent research on faith-based responses to gender-based violence highlights how engaging religious communities in context-sensitive, intergenerational education can strengthen prevention efforts and support shifting attitudes toward gender equality across life stages (SVRI Faith & GBV Community of Practice, 2025).

Prayer and Spiritual Interventions

Prayer was frequently cited as a primary response to GBV, offering *"comfort, hope, and spiritual healing"* and serving as a central form of support, with participants noting that *"the church prays for those who have been abused"* (Mabasa et al., 2025). While spiritual practices can bolster emotional resilience, research suggests that prayer alone may be insufficient without being paired with practical, protective measures like counselling, safe shelter, and broader community support, highlighting the limitations of relying solely on spiritual coping (Mabasa et al., 2025; SVRI Faith & GBV Community of Practice, 2025). Policy literature emphasises that faith-based responses to GBV are most effective when integrated into holistic approaches that combine emotional, psychosocial, and legal support systems.

Community Outreach and Collaboration

Churches play a vital role in community outreach, extending beyond spiritual care to address social issues through programmes and partnerships with law enforcement and civil society (Federal Office of Justice Programs, 2013; Scheitle, 2017). Participants reported activities such as home visits and women's empowerment meetings, highlighting the church's function as a support and education hub. One participant noted that *"My church invited the police to educate the youth about GBV,"* showing how congregations actively collaborate to enhance awareness and prevention. Such partnerships demonstrate the potential of churches to contribute meaningfully to public education, protection, and social justice initiatives.

Limited or Absent Strategies

Despite isolated efforts by some faith communities, several churches reported having no visible or formalised strategies to address gender-based violence. One participant stated, *"Our church has not implemented any official strategies to address GBV,"* while another noted, *"We have never discussed GBV openly as a church."* The absence of structured interventions reflects uneven institutional capacity and leadership commitment, as well as theological and cultural frameworks that position GBV as a private matter rather than a collective moral and pastoral concern.

Theme 2: Perceived Effectiveness of Church Responses to GBV

Participants' perceptions of the effectiveness of church-led strategies were mixed but generally positive in relation to awareness and openness. Effectiveness was often assessed in terms of increased dialogue, behavioural change, and moral reflection rather than measurable reductions in violence.

Increased Awareness and Openness
Participants consistently reported greater openness and willingness among congregants to discuss GBV, suggesting a shift away from silence and stigma. As one participant observed, *"The strategies have raised awareness and encouraged people to speak openly."* Social norms scholarship emphasises that sustained dialogue in trusted community spaces can reframe GBV from a private issue to a collective moral concern (Cislaghi & Heise, 2018; WHO, 2021).

Behavioural Change and Lifestyle Impact
Beyond awareness, some participants perceived tangible changes in attitudes and everyday interactions, particularly around respect and accountability in relationships. One participant explained that church teachings encourage members to *"respect themselves and others, not just fear the law."* Research suggests that faith-based moral persuasion can influence behaviour by appealing to conscience, relational ethics, and shared belief systems (Tomkins et al., 2016; Le Roux et al., 2019).

Mixed Perceptions of Impact
Despite these positive accounts, participants expressed mixed views regarding the broader and sustained impact of church-based GBV interventions. These divergent perceptions underscore the complexity of assessing norm-based interventions, where change is often gradual, uneven, and difficult to measure (Heise & Kotsadam, 2015).

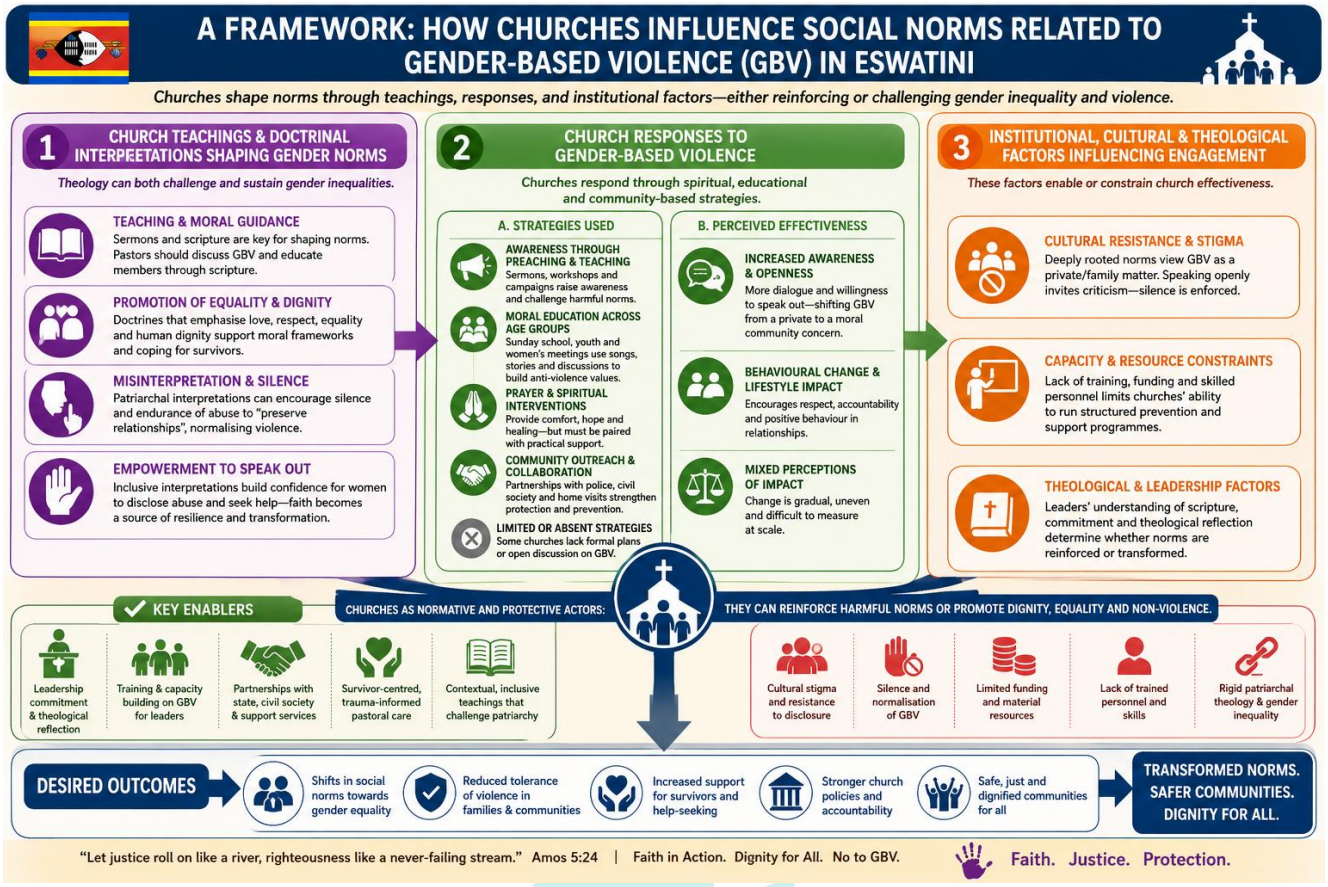
Category 3: Institutional, Cultural, and Theological Factors Influencing Church Engagement
In our last research question, we wanted to explore the institutional, cultural, and theological factors that enable or constrain churches in Eswatini from effectively preventing GBV and supporting survivors. This category examines the structural and contextual factors shaping the capacity of churches to engage in GBV prevention and response, including cultural resistance, stigma, limited resources, and leadership capacity, which influence how churches implement strategies, provide support, and reinforce or challenge prevailing social norms within their communities.

Cultural Resistance and Stigma
Participants reported significant cultural resistance and stigma around discussing GBV publicly, with one noting, *"Communities do not want the truth; when you speak it, they hate you."* Such resistance reflects deeply entrenched societal norms that position GBV as a private or family matter, discouraging disclosure and help-seeking. From a discussion perspective, this aligns with research showing that faith communities often mirror broader societal taboos, where patriarchal norms and restrictive interpretations of scripture can inhibit open dialogue, reinforce silence, and limit collective accountability (Le Roux 2015; Mavengano 2024; Ndlovu, Mavhandu-Mudzusi, and Baloyi 2024). These findings suggest that cultural resistance and stigma are key barriers that constrain churches from fully exercising their normative and protective roles in preventing GBV and supporting survivors

Capacity and Resource Constraints
Participants reported that lack of training, funding, and skilled personnel significantly constrained churches' ability to respond effectively to GBV, with one noting, *"Many church leaders are not trained to address GBV."* These capacity and resource limitations hinder the development of structured prevention programs, survivor support services, and awareness initiatives. From a discussion perspective, this aligns with research showing that without adequate resources and trained personnel, faith-based organizations often struggle to implement consistent and effective interventions, which can inadvertently reinforce existing social norms that tolerate violence (Le Roux 2015; Ndlovu, Mavhandu-Mudzusi, and Baloyi 2024). Strengthening leadership capacity, providing training on GBV, and integrating faith with evidence-based approaches are therefore critical strategies for enabling churches to fulfil their protective and normative roles in their communities

Synthesis of Findings in Relation to the Main Research Question
Overall, the findings demonstrate that churches in Eswatini play a significant role in shaping social norms related to gender-based violence through teachings, leadership practices, and community engagement. By integrating GBV awareness into sermons, youth programmes, and pastoral counselling, churches influence how congregants interpret gender roles, power relations, and acceptable behaviour within families and communities. Participants highlighted that religious teachings could promote values of dignity, equality, and non-violence, with one noting that church doctrines encourage members to *"respect, equality, and dignity."* At the same time, the findings reveal that interpretations of doctrine can also reinforce silence or tolerance of abuse, particularly where teachings emphasise endurance in relationships, as reflected in the observation that *"some interpret church teachings as requiring them to remain silent to preserve relationships."* These contrasting dynamics illustrate the dual role of religious institutions as both potential agents of social change and sites where existing patriarchal norms may be reproduced. While many churches are increasingly engaging in awareness campaigns and collaborative initiatives, participants also noted gaps in formal strategies and institutional capacity, with some stating that *"our church has not implemented any official strategies to address GBV."* From a social norms perspective, these findings suggest that churches possess considerable influence to reshape attitudes and behaviours, but their effectiveness depends on leadership commitment, theological reflection, and

collaboration with broader GBV support systems. Strengthening training, partnerships, and survivor-centred responses therefore remains critical for enabling churches to move beyond awareness creation toward sustained and transformative engagement with gender-based violence in Eswatini.



CONCLUSIONS

The study shows that churches in Eswatini are actively engaging with gender-based violence (GBV) in ways that reflect both their spiritual mandate and their embedded position within communities. Many congregations use preaching, teaching, intergenerational moral education, and community outreach to raise awareness and challenge harmful norms, contributing to greater openness and dialogue about GBV. These efforts align with Social Norms Theory, suggesting that trusted faith spaces can shift attitudes and norms around equality, respect, and non-violence. However, the effectiveness of these strategies is mixed and constrained by uneven institutional capacity, limited formalisation of GBV programmes, and cultural resistances rooted in patriarchal interpretations of doctrine. While participants noted increased awareness and some positive changes in behaviour, the depth and consistency of impact remain variable across congregations, highlighting the complexity of norm change and the limitations of awareness-based approaches when not paired with structural support. Furthermore, church teachings and doctrine can both empower and constrain responses to GBV, depending on interpretation, leadership stance, and whether spiritual support is integrated with evidence-based practices.

RECOMMENDATIONS

To strengthen church-based responses to GBV in Eswatini, intentional capacity building is essential. Churches should invest in targeted training for leaders and members that combines theological reflection with gender and GBV awareness, equipping faith actors with the skills to identify, respond to, and prevent violence in ways that affirm dignity and promote justice. Institutionalising GBV strategies such as clear policies, survivor-centred support mechanisms, and safe spaces can enhance accountability and reduce reliance on informal or solely spiritual responses. Building sustainable partnerships with civil society, legal institutions, and social support services can ensure survivors receive holistic care and that churches operate within multi-sectoral frameworks that reinforce protection and prevention. Finally, ongoing theological engagement that critically examines and reinterprets doctrines in gender-just ways can help reduce cultural resistance and stigma, fostering faith communities that not only raise awareness but actively contribute to reducing GBV and supporting survivors over the long term.

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