

Examining the Effectiveness of Social Support Services for Women Survivors of Sexual Abuse in Lubombo Region in Eswatini

Lindelwa Temalengeni Dlamini^{1*} & Chrispin Matuka²

¹*School of Humanities and Business, Information and Communications University, Lusaka, Zambia*

²*School of Humanities and Business, Information and Communications University, Lusaka, Zambia*

* Corresponding Author: Lindelwa Dlamini, Email: lindz5328@gmail.com

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ARTICLE INFORMATION	ABSTRACT
<p>Article history: Published on 21st Jan 2026</p> <p>Keywords: Sexual Abuse Social Support Services Women Survivors Eswatini Trauma-Informed Care</p>	<p>This qualitative study examined the effectiveness of social support services for women survivors of sexual abuse in the Lubombo region of Eswatini. Guided by a phenomenological design, in-depth interviews were conducted with 30 women survivors recruited via purposive sampling from three social welfare offices. Thematic analysis revealed that primary services included psychosocial counselling, legal assistance, and referral support. Survivors' experiences were marked by emotional relief and a sense of empowerment when services were trauma-informed. Key coping mechanisms included spiritual support, acceptance, and seeking emotional support from family. Significant barriers to accessing and utilizing services included transportation challenges, fear of betrayal and disclosure, and pervasive stigma and discrimination. The study concludes that while existing services provide critical support, their effectiveness is hampered by structural and psychosocial barriers. Recommendations include ensuring ongoing counselling, integrating peer support networks, training providers in trauma-informed care, and decentralizing services to improve accessibility.</p>

1. Introduction

Sexual violence against women is a global pandemic with devastating physical, psychological, and socio-economic consequences (WHO, 2021). In Eswatini, nearly 33% of women report experiencing sexual violence in their lifetime (UNICEF, 2022). Despite the enactment of the Sexual Offences and Domestic Violence Act (SODV) in 2018, significant gaps persist in service delivery and survivor protection. Social support services—encompassing psychosocial, medical, legal, and economic assistance—are critical for recovery and reintegration. However, in rural regions like Lubombo, less than 40% of survivors access formal support, with many relying on informal coping mechanisms (Eswatini Ministry of Health, 2023).

1.1 Statement of the Problem

While policy frameworks in Eswatini emphasize accessible, survivor-centered interventions, multiple barriers impede service utilization. Reports indicate that over 55% of survivors cite stigma, lack of confidentiality, and inadequate resources as major obstacles (UNFPA, 2022). Furthermore, only an estimated 35% of service providers in Lubombo are adequately trained in trauma-informed care. This disconnect between policy intent and lived reality creates a critical gap in supporting survivors' recovery, underscoring the urgent need to evaluate the effectiveness of existing social support services from the perspective of the survivors themselves.

1.2 Objectives of the Study

The main objective of this study was to examine the effectiveness of social support services for women survivors of sexual abuse in the Lubombo region. The specific objectives were to:

- Identify the types of social support services rendered.
- Explore the lived experiences of survivors with these services.
- Understand the coping mechanisms employed by survivors.
- Identify limitations faced in accessing and utilizing available services.

2. Literature Review

The pervasive issue of sexual violence against women has spurred a global research agenda focused on understanding its impact and evaluating interventions for survivor support. This literature review synthesizes existing knowledge across four key domains relevant to the present study: (1) the types of social support services available to survivors, (2) survivors' lived experiences with

these services, (3) the coping mechanisms they employ, and (4) the systemic and sociocultural barriers that limit access to care. A critical examination of this body of work reveals a significant gap: while studies have mapped service availability in various contexts, including Eswatini (Fielding-Miller et al., 2021), there remains a paucity of in-depth, qualitative research that centers the voices of survivors themselves to assess the *effectiveness* of these services in meeting their complex psychosocial, legal, and economic needs. Much of the literature from high-resource settings (e.g., Vaughan, 2025; Decker, 2025) offers frameworks that are difficult to generalize to low-resource, rural contexts like Lubombo, where infrastructure, cultural norms, and resource constraints differ profoundly. Similarly, studies within the African and Eswatini context often adopt a macro, policy-focused lens (ICJ & SWAGAA, 2020) or quantitative approaches (Kelly et al., 2011) that, while valuable, can overlook the nuanced, subjective experiences of recovery and help-seeking. This review, therefore, not only catalogues what is known but also highlights this central gap in contextual, survivor-centered evaluation, which the current study aims to address through a phenomenological exploration of effectiveness in the Lubombo region.

2.1 Types of Social Support Services

Globally, support services for survivors include medical care, psychosocial counselling, legal aid, and shelter (WHO, 2013). In high-resource settings, these are often integrated within primary care (Vaughan, 2025). In Africa and Eswatini specifically, services are often fragmented. Studies note the availability of One-Stop Centres offering post-rape care and psychosocial support (Fielding-Miller et al., 2021), and the recent establishment of GBV shelters (CDC & PEPFAR, 2021). However, multi-sectoral referral pathways are often inconsistent, hindering comprehensive care (Agesa, 2020).

2.2 Survivors' Experiences and Barriers

Survivors' experiences are shaped by the responsiveness and approach of services. Positive experiences are linked to survivor-centered, trauma-informed care that fosters safety and trust (Nixon, 2024; Decker, 2025). Conversely, experiences are often negative due to institutional indifference, victim-blaming, and poor coordination among service sectors (ICJ & SWAGAA, 2020; Matthews & von Hase, 2016). In Eswatini, systemic gender biases and cultural stigma further constrain access to justice and support (ICJ, 2020).

2.3 Coping Mechanisms

Survivors employ diverse coping strategies, ranging from adaptive (e.g., seeking therapy, spiritual practices, social support) to maladaptive (e.g., avoidance, self-blame). Studies in similar contexts highlight the role of religious coping (Pertek, 2024), disengagement strategies due to fear of stigma (Dwarumpudi et al., 2022), and the critical importance of social support networks in recovery (Fletcher, 2021).

3. Methodology

This chapter outlines the methodological framework employed to investigate the effectiveness of social support services for women survivors of sexual abuse in the Lubombo region. A qualitative research approach was deemed most appropriate, as the study seeks to explore the depth, complexity, and subjective meaning of survivors' lived experiences—data that cannot be fully captured through quantitative measures alone (Creswell & Poth, 2018). The methodology is guided by a phenomenological design, which is specifically concerned with understanding the essence of a phenomenon as experienced by individuals (Marshall & Rossman, 2016). This approach aligns with the study's objectives to explore survivors' experiences, perceptions, and the meanings they ascribe to the support services received. The chapter details the study area, population, sampling strategy, data collection and analysis procedures, and the measures taken to ensure the validity and reliability of the findings.

3.1 Research Design

This study employed a qualitative research methodology underpinned by a phenomenological design, which is suited to exploring the lived experiences and meanings individuals ascribe to a phenomenon (Creswell, 2013).

3.2 Study Area and Population

The study was conducted in the Lubombo region of Eswatini at three social welfare offices: Siteki, Simunye, and Siphofaneni. The target population was women survivors of sexual abuse who had engaged with these services.

3.3 Sampling and Data Collection

A purposive sampling technique was used to recruit 30 participants, with data saturation determining the final sample size. Data was collected through face-to-face, semi-structured interviews, which were audio-recorded and supplemented with note-taking.

3.4 Data Analysis

Thematic analysis was used to analyze verbatim transcripts. Data was coded, and themes were identified through an iterative process of reading and re-reading (Braun & Clarke, 2006). Validity was ensured through member checking and triangulation, while reliability was strengthened by maintaining a clear audit trail and conducting peer debriefing.

4. Findings

This chapter presents the analysis of data collected from 30 women survivors of sexual abuse across three social welfare offices in the Lubombo region. The findings are presented in two integrated parts. First, the demographic profile of the participants is

detailed to contextualize the study sample. Second, the core qualitative findings, derived from thematic analysis of the interview transcripts, are presented. These findings are organized according to the study's specific objectives and are structured around the four major themes that emerged: (1) Types of social support services, (2) Experiences with social support services, (3) Coping mechanisms, and (4) Challenges in accessing and utilizing services. Throughout this section, the results are discussed in relation to the existing literature reviewed in Chapter 2, highlighting points of convergence and divergence, and interpreting the significance of the findings within the specific sociocultural context of Lubombo, Eswatini.

4.1 Demographic Profile of Participants

The demographic characteristics of the 30 participants are summarized in Table 1.

Table 1: Demographic Characteristics of Participants (N=30)

Variable	Frequency	Percentage (%)
Age		
18 – 30	10	33
31 – 40	15	50
41+	5	17
Marital Status		
Married	7	23
Single	20	67
Cohabiting	3	10
Education Attainment		
Primary	12	40
Secondary	10	33
High school	5	17
Tertiary	3	10
Data Collection Site		
Siteki Social Welfare	10	33
Simunye Social Welfare	10	33
Siphofaneni Social Welfare	10	33.3

Source: Research Data, 2025

4.2 Thematic Findings

Four major themes with associated sub-themes were identified, as summarized in Table 2.

Table 2: Major Themes and Sub-Themes from Thematic Analysis

Major Themes	Sub-themes
Types of social support services	Psychosocial Counselling, Legal Assistance, Referral Support
Experiences with social support services	Emotional Relief, Feeling of Empowerment
Coping mechanisms	Spiritual Support, Acceptance, Emotional Support, Mixed Family Support
Challenges in accessing services	Transportation Issues, Fear of Betrayal/Disclosure, Stigma and Discrimination

4.2.1 Types of Social Support Services

Participants primarily identified psychosocial counselling as a core service. One participant noted, "When I came here... they talked to me though counseling, I really felt understood... and felt that I was not alone" (Participant 2). Legal assistance and referral support to other necessary services were also reported.

4.2.2 Experiences with Services

A common positive experience was emotional relief. "Talking to a counselor helped me calm down... I cried a lot during my first session, but I felt lighter afterward" (Participant 13). When services were empathetic and respectful, they also fostered a feeling of empowerment, helping survivors regain a sense of control.

4.2.3 Coping Mechanisms

Survivors employed various coping strategies. Spiritual support through prayer and church attendance was significant: "I managed myself through prayers... I always feel strong by having personal prayer" (Participant 5). Acceptance of the situation, often supported by counselling, was another key strategy. Participants also sought emotional support from family, though this support was sometimes inconsistent ("mixed family support").

4.2.4 Challenges in Accessing and Utilizing Services

Major barriers included:

- Transportation Issues: Distance and cost made travel to service centers difficult.

- Fear of Betrayal/Disclosure: Survivors feared that their case details would not remain confidential, deterring reporting.
- Stigma and Discrimination: Societal judgment and blame were pervasive, silencing survivors and discouraging help-seeking.

4.3 Effectiveness of Counselling Therapy

Students reported that counselling provided emotional relief, coping strategies, and resilience to navigate academic and personal stressors. However, effectiveness was moderated by the quality of counsellor-student relationships and perceived confidentiality.

5. Conclusion and Recommendations

This chapter provides a conclusive synthesis of the research study, which aimed to examine the effectiveness of social support services for women survivors of sexual abuse in the Lubombo region of Eswatini. It revisits the study's objectives and consolidates the key findings presented in Chapter 4 to draw overarching conclusions about the nature, impact, and limitations of existing support systems. The conclusions are not merely a restatement of results but an interpretative summary that addresses the central research problem. Furthermore, based on these evidence-based conclusions, the chapter proposes practical, context-sensitive recommendations targeted at policymakers, social service providers, and community stakeholders. These recommendations are designed to bridge the identified gaps between service provision and survivor needs, thereby enhancing the effectiveness, accessibility, and trauma-informed quality of support for women survivors in Eswatini.

5.1 Conclusion

This study revealed that women survivors in Lubombo value social support services, particularly psychosocial counselling, which provides essential emotional relief. However, the effectiveness of these services is significantly undermined by structural barriers (transportation, decentralized services) and profound psychosocial obstacles (stigma, fear of disclosure). Coping is a multifaceted process relying on both formal services and informal support systems like spirituality and family.

5.2 Recommendations

Based on the findings, the following recommendations are made:

- Ensure Sustained Mental Health Support: Social service providers should implement ongoing counselling programs with regular follow-ups to address long-term trauma, depression, and anxiety.
- Integrate Peer and Community Support: Social welfare and GBV institutions should actively link survivors to peer support groups and community networks to provide mutual understanding and practical guidance.
- Implement Trauma-Informed Care Training: All frontline staff should be trained in trauma-informed care principles to build survivor trust, ensure safety, and improve engagement.
- Improve Service Accessibility: The Department of Social Welfare should explore practical solutions like transport support and further decentralize services to bring them closer to survivors' communities

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