




Wounded healing and rape survivors in South Africa: Converting social pain to healing



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Gender-based violence (GBV), particularly rape, continues to be a deeply entrenched crisis in South Africa, with one in three women experiencing sexual or physical abuse in their lifetime. This article explored a wounded healing approach to rape survivors within the context of GBV, drawing on the theological metaphor of Christ as the ultimate wounded healer to propose a framework for pastoral care that facilitates the transformation of social pain into social healing. Central to this exploration is the question: How does the church respond to the pervasive issue of rape, and what is its public and pastoral role in addressing GBV? Using a literature-based methodology that follows a practical theological approach, the article explores the intersection of theological reflection, empirical analysis and contextual pastoral care. It examines the church's potential as both a site of healing and an agent of public witness against gendered violence. The article highlighted how the lived experiences of survivors, when acknowledged and integrated into pastoral responses, can become resources for transformative care. In this wounded healer approach, survivors are not merely passive recipients of help but active participants in a healing process that draws on shared suffering and redemptive narratives. The article further proposes practical theological interventions that equip churches to shift from silence or complicity to active engagement and advocacy.

Contribution: The article contributes to addressing a gap in theological scholarship on GBV by offering a contextual and praxis-oriented model of care rooted in Christian compassion, justice and social responsibility.

Keywords: wounded healing; rape; gender-based violence; GBV; social healing; South Africa.

Introduction

Gender-based violence (GBV) remains a pervasive and significant challenge, not only in South Africa but across the globe. The World Health Organization (WHO n.d.) defines violence against women as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (n.p.)

This comprehensive definition is reinforced by Zonp et al. (2022:1), who highlight the multifaceted nature of GBV, encompassing domestic violence, child marriage, sexual harassment, aggression, violations of sexual autonomy and intimate partner violence. These acts are not only widespread but also profoundly traumatic, leaving 'enduring psychological, emotional and physical scars for victims and survivors', as noted by Taylor et al. (2018:2).

Given the prevalence of GBV and rape, particularly in contexts like South Africa, there is an urgent need for effective interventions that empower individuals to move beyond victimhood toward healing. This raises a crucial question: How can the pain of GBV and rape be transformed from social suffering into restored dignity and social healing? This article aims to address this challenge by exploring practical theological interventions. The goal is to equip churches to transition from silence or complicity to active engagement and advocacy, thereby fostering healing and promoting social well-being within communities.

Context and background

In the South African context, GBV remains a deeply rooted and pressing social issue (Nanthambwe & Magezi 2024; Buqa 2022; Phalatsi-Shilubana 2025). According to the Department of Justice and Constitutional Development (2020:25), one in three women in South Africa has experienced sexual or physical abuse, highlighting the widespread nature of this crisis. In recent years, public

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outrage has intensified, particularly in response to high-profile cases such as the gang rape of eight women in West Rand and the tragic deaths of Namhla Mtwla and Sedika Lekhobo, among others (Nkanjeni 2022). These incidents sparked nationwide protests and increased demands for accountability and systemic change. In response, the South African government has taken notable steps, including the establishment of a GBV helpdesk within the Office of the President, which signals the state's recognition of the urgency and severity of the issue (South African Government 2022). Additionally, victim support centres and specialised units within the South African Police Service (SAPS) have been established across the country to provide targeted interventions (South African Government 2022). These efforts emphasise the national prioritisation of addressing GBV and reflect a growing commitment to mitigating its devastating impact on individuals and communities.

The widespread prevalence of GBV in South Africa is further reflected in the country's low ranking on global safety indices. According to the Global Peace Index (GPI), South Africa is ranked 151 out of 163 countries, indicating a high level of societal instability and violence (Institute for Economics and Peace [IEP] 2021:10). Notably, the GPI evaluates peace not solely in terms of the absence of war but also through indicators such as societal safety and security, the extent of ongoing domestic or international conflict and levels of militarisation (IEP 2021:7). Within this broader context, the high incidence of rape is particularly alarming. South Africa has one of the highest recorded rape rates globally (Mahabeer 2021:29). A survey by the South African Medical Research Council revealed that more than one in four men admitted to having committed rape, highlighting the extent to which sexual violence is embedded within societal structures (World Population Review 2022). Crime Stats SA (2023) recorded a total of 241 337 rape, 43 177 sexual assault, 12 109 attempted sexual offences and 7287 contact sexual offences cases for the past 4 years. These stats account for reported cases, yet it should be noted that there are cases that are not reported because of the stigma that clings to cases associated with female genitalia. These statistics paint a sobering picture of a nation grappling with systemic violence and underscore the urgent need for comprehensive responses from both state and civil society actors.

The pervasive reality of GBV signals a deeply fractured and wounded society in urgent need of healing. At both personal and communal levels, survivors of such violence often carry profound emotional, psychological and spiritual wounds that demand more than legal or institutional responses; they require holistic, empathetic and contextually grounded care. In this regard, the concept of *wounded healing* provides a compelling pastoral and theological framework. As Louw (2022:60) explains, wounded healing serves as a metaphor within care and counselling, wherein the caregiver's own experience of suffering becomes a crucial resource for facilitating the healing of others. This approach affirms that the wounded healer does not operate from a place of

perfection but rather from a state of shared vulnerability, 'limping', as Sedgwick (1994:25) describes it, both physically and emotionally.

This model of care is not merely theoretical but has been practically embodied in various victim support centres across South Africa (Einat 2015). These centres often operate on the premise that healing is not only possible, but that those who recover can, in turn, become instruments of healing for others (Einat 2015:205). From a psychological perspective, involving survivors of GBV, particularly rape, as peer counsellors and caregivers reflects a wounded healer paradigm, where care and guidance are offered by individuals who have themselves journeyed through pain. As Jung noted, 'the disease of the soul could be the best possible form of training for a healer' (Daneault 2008:1219), suggesting that lived experience equips individuals with deep insight and authenticity in counselling contexts. Within pastoral theology, this notion finds its fullest expression in the figure of Jesus Christ, the ultimate wounded healer, who offers redemptive healing through his suffering, as portrayed in Isaiah 53 (Nolte & Dreyer 2010:2). Thus, the wounded healer approach bridges psychological insight with theological depth, offering a model of care that is both contextually relevant and spiritually transformative.

Central to this approach is the recognition of social pain, the collective anguish experienced when violence fractures the bonds of trust, belonging and shared identity within a community. Social pain is not simply the sum of individual traumas; it is a communal wound that distorts relationships, erodes solidarity and undermines a shared sense of dignity (Luvo & Saunders 2022:41). In contexts of GBV, this pain manifests in fear-driven withdrawal from public life, breakdown of family and communal networks and silencing of survivors' voices (Taylor et al. 2018:2).

In light of the deep societal wounds caused by GBV, particularly rape, this article seeks to respond to a critical question: How can the church, through a wounded healer approach, publicly and pastorally respond to rape survivors within the broader context of GBV in South Africa? This question lies at the intersection of pastoral care, theology and social justice, aiming to explore how the church can move beyond spiritual platitudes to offer tangible, empathetic and transformative support to survivors.

To address this question, the article adopts a qualitative, literature-based methodology. This framework enables a structured engagement with the empirical realities of GBV, theological reflection on the concept of wounded healing and practical recommendations for pastoral action. Data are drawn from a range of sources, including theological literature, pastoral care studies, empirical reports on GBV in South Africa and case studies from victim support initiatives.

The importance and contribution of this article lie in its attempt to integrate theology with lived experience, offering a contextual pastoral care model grounded in both the biblical narrative of Christ as the wounded healer and the

psychological reality of trauma recovery. It contributes to the growing body of scholarship on GBV within theological and pastoral disciplines by advocating for survivor-informed care and positioning the church as a critical agent of healing and transformation in the public sphere. By situating the wounded healer model within South Africa's socio-cultural and religious landscape, the article also challenges churches to reimagine their roles, not as distant observers, but as embodied communities of healing, solidarity and justice. To lay a conceptual foundation for this argument, the following section explores the various definitions and interpretations of the wounded healer metaphor, both theologically and psychologically.

Conceptualising the wounded healer in theological and psychological perspectives

The concept of the wounded healer has emerged as a profound metaphor in both theological and psychological disciplines, offering a paradigm of care that is rooted in shared suffering, empathy and redemptive vulnerability. While there is no singular definition of a wounded healer, the notion broadly refers to individuals whose personal experiences of pain and suffering become essential sources of insight, compassion and healing in their care for others.

From a theological perspective, Henri Nouwen (1972) remains a seminal voice in articulating the concept of the wounded healer, particularly within the contexts of pastoral and spiritual care. Nouwen (1972) proposes that caregivers, rather than concealing their pain, are called to embrace and reveal their wounds as a channel through which God's healing can flow to others. His assertion that 'the great illusion of leadership is to think that man can be led out of the desert by someone who has never been there' (Nouwen 1972:83) underscores the conviction that genuine pastoral care requires shared vulnerability. Theologically, this model finds its ultimate expression in the suffering Christ, 'by his wounds we are healed' (Is 53), who transforms pain into a redemptive force. In this light, Christian caregivers are invited not only to carry their wounds with dignity but to use them as instruments of compassionate solidarity.

According to Espring (2014:379), Carl Jung's psychological framing of the 'wounded physician' provides a parallel lens to Nouwen's theological insights. Jung observed that many people are drawn to healing professions because of their unresolved suffering. His struggle with mental illness and familial trauma informed his clinical approach, wherein he argued that caregivers who have journeyed through pain possess a unique capacity for empathy and deep relational understanding. As Espring (2014:379) affirms, this psychological model is not just a theoretical construct but a lived reality for many therapists and pastoral workers whose care is shaped by personal adversity. The wounded healer, in this view, carries dual wisdom – intellectual knowledge and experiential insight – enabling them to provide care that is both informed and transformative.

This synergy between theology and psychology is further expanded by Espring (2014), who emphasises that the effectiveness of a wounded healer lies in their ability to translate their suffering into wisdom, sensitivity and relational presence. Dykstra (2005:77) similarly highlights the dynamic role of the healer who, while continually binding their wounds, remains ready to offer healing to others, thus framing care as an ongoing mutual process rather than a one-sided act of giving.

The lives of historical figures such as Anton Boisen and Vincent van Gogh, both explored by Nouwen, offer embodied examples of wounded healing. Boisen, who struggled with mental illness, revolutionised pastoral care by treating patients as 'living documents', encouraging the search for meaning and dignity amidst trauma (Nouwen 1972). Van Gogh, whose wounds were psychotic episodes and existential loneliness, expressed his healing vocation through art. For Nouwen, both men became icons of redemptive woundedness, showing that one's brokenness does not disqualify one from healing others but can become the very foundation of compassion and grace (Nouwen 1972).

From the various definitions and perspectives surveyed, ranging from Nouwen's Christocentric vulnerability to Jung's clinical empathy, Espring's relational sensitivity and Dykstra's readiness and resilience, a common thread emerges. Firstly, suffering is a necessary precursor to woundedness, provided it has left a lasting emotional or existential impact. Secondly, the process of reflection and meaning-making enables the wounded individual to extract life-giving wisdom from their pain. Thirdly, the willingness to use that wisdom vulnerably and empathetically for the benefit of others constitutes the act of healing.

For this article, the wounded healer is conceptualised as an individual who has undergone personal suffering, has reflected deeply on the meaning of that suffering and now consciously draws on that experience to bring healing, empathy and transformation to others, particularly through a posture of shared vulnerability. Within the theological framework, this conceptualisation is grounded in the example of Jesus Christ, the ultimate wounded healer, whose brokenness became the source of human redemption (Is 53). Psychologically, it affirms the idea that lived experience of trauma, when properly integrated, equips caregivers with a depth of insight and authenticity that cannot be taught but only lived. This article, therefore, integrates theological and psychological perspectives to present wounded healing as a viable model for pastoral care to rape survivors within the broader context of GBV in South Africa.

Having established a conceptual framework for understanding the wounded healer, the discussion now turns to the lived realities that necessitate such a model, namely the pervasive presence of GBV, with a particular focus on rape, in the South African context. This section explores the multidimensional wounds, psychological, emotional, spiritual and communal, which rape inflicts upon survivors, thereby underscoring the

urgent need for a theologically grounded and contextually responsive model of care.

Gender-based violence, rape and the deep wounds of survivors in South Africa

Gender-based violence, particularly rape, remains a critical public and pastoral concern in South Africa. Repeatedly described as the 'rape capital' of the world (Mahabeer 2021:29), the country continues to grapple with alarming rates of sexual violence, despite constitutional guarantees of equality and dignity. Theologically, this crisis speaks to a nation in deep moral and spiritual disrepair, where human dignity, as *imago Dei*, is constantly violated.

Understanding rape within the gender-based violence framework

Rape is situated within the broader category of GBV, which the United Nations defines as 'any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women... whether occurring in public or private life' (United Nations 1993). While rape can affect persons of all genders, the overwhelming majority of reported cases involve women and girls, underscoring the gendered nature of the violence (Javed & Chattu 2020:33). The WHO (2011) expands on this definition, framing sexual violence as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. (n.p.)

South African legal definitions of rape have evolved significantly. Before 2007, rape was limited to the unlawful and intentional vaginal penetration of a woman by a man, excluding other forms of sexual violation. The introduction of the *Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007* expanded the definition to include any act of sexual penetration without consent, regardless of gender, anatomical specifics or relationship between perpetrator and victim (Department of Justice and Constitutional Development 2020:20). Importantly, the legal recognition of marital rape underscores the reality that sexual violence can and does occur within the institution of marriage – a notion that remains contested or outright denied in many cultural and religious contexts. This resistance is reflected in empirical findings. For instance, a study conducted in Ghana among 300 men and women by Adodo-Samani (2015), found that only 18% of married women and a mere percentage of married men identified non-consensual sexual acts within marriage as constituting rape. Such findings highlight a prevalent belief across many African communities that rape cannot occur within marriage, reinforcing harmful gender norms and obstructing justice for survivors. In a related study, Sedziafa, Tenkorang and Owusu (2019) explore whether marriage can generate and legitimise sexual violence in Ghana, noting the following:

Marital sexual violence occurs in Ghana, where women and men are socialized to believe marriage confers unlimited sexual access to women's bodies. Consequently, marriage is used to legitimize sexual violence and rape.... Participants believed that marriage confers promises of unlimited sexual availability regardless of the wife's non-consent, and the husband's infidelity is often blamed on the wife. Most narrated incidents of non-consensual sex were accompanied by physical aggression and emotional abuse. Although the participants preferred to seek help from informal sources, including family and friends, almost all favoured the criminalization of marital rape to check the institution of marriage which encourages a husband's unlimited sexual access to his wife in the absence of the wife's explicit consent. (p. 1)

This empirical evidence highlights the need for critical engagement with cultural and theological constructs that continue to normalise or excuse marital sexual violence. Such findings resonate beyond the Ghanaian context and have direct relevance for South Africa and other parts of the continent, where similar patriarchal ideologies prevail. In this regard, the legal clarity provided by statutes recognising marital rape challenges entrenched traditional interpretations that equate marriage with absolute sexual rights. Ngubane et al. (2022:7) observe that some perpetrators justify their actions by appealing to cultural norms such as *lobola* (bride price) or by claiming ignorance of statutory rape laws. These rationalisations reveal a profound disconnect between legal frameworks and socio-cultural beliefs, highlighting the urgent need for comprehensive, multidimensional education – ethical, theological, legal and cultural – that affirms consent, upholds the dignity of women and redefines marital relationships through the lens of mutual respect and justice.

Theological and societal implications of rape

The trauma inflicted by rape is multifaceted and far-reaching. Survivors frequently endure long-term psychological, emotional and spiritual suffering. Conditions such as post-traumatic stress disorder (PTSD), depression, anxiety, sexually transmitted infections and suicidal ideation are well-documented consequences of sexual violence (Luvo & Saunders 2022:41; Taylor et al. 2018:2). Beyond the physical violation, rape profoundly disrupts a survivor's sense of self-worth, trust in others and faith in a just and benevolent world – including their faith in God.

This existential and spiritual rupture is poignantly illustrated in the words of an anonymous rape survivor who shared her experience with Barrier (2018), a Christian minister who provides pastoral responses to difficult questions through an online platform. Reflecting on her assault, she writes:

During my freshman year of college, I was raped. I have had this fear inside of me that it's going to happen again. Each day, I feel scared and wonder why God would let that happen to me. Just last week, I was grabbed at night by an unknown man. Luckily, this time, I broke free. It's like my worst fear came true. I have a strong faith in God, but this all makes me wonder about that question 'Why me?' I know that God loves me and is there for me, but this makes me wonder where He was during that time. (n.p.)

This raw and honest testimony encapsulates the spiritual disorientation and theological questioning that often follow rape. Her account reveals not only the lingering psychological fear and trauma but also a deeply wounded spirituality, a space where trust in God's presence and protection is shaken. While affirming belief in God's love, the survivor simultaneously expresses feelings of abandonment, fear and divine silence. This paradox, holding onto faith while questioning divine absence, is not uncommon among survivors of sexual violence and represents a critical dimension of their healing journey.

For pastoral theology, such expressions of pain must be taken seriously as legitimate and necessary articulations of lament. They invite the church and caregivers into a posture of empathetic listening, theological humility and spiritual accompaniment rather than quick theological explanations. As Louw (2022:60) argues, pastoral care must address not only the psychological but also the existential dimensions of suffering, acknowledging the rupture of meaning and the deep questioning of God's presence. The wounded healing model becomes especially pertinent here, offering a framework where survivors' stories of brokenness are not silenced or theologised away but embraced as sacred narratives within a community committed to healing, justice and the redemptive presence of Christ.

Spiritual wounds, in particular, are often neglected in public discourse. Many survivors struggle with theological questions about divine justice, human dignity and the presence of evil. For Christian survivors, churches can either be a source of healing or a place of silence and further marginalisation. As Maine (2025:24) observes, rape survivors are often met with secondary victimisation, shame and disbelief – even within faith communities – resulting in profound alienation.

Cultural practices such as *ukuthwala* (forced marriage), *go gapa* (abduction for marriage) and the silencing of women through patriarchal norms continue to foster environments where rape is trivialised or justified (Magezi & Manzanga 2019:3; Sibanda & Maposa 2013:143). Moreover, the phenomenon of corrective rape, particularly against lesbian women, reveals the intersections of GBV, patriarchy and homophobia. Koraan and Geduld (2015:1931) report that in South Africa, an average of 10 lesbians are raped per week in efforts to 'cure' their sexuality.

The cumulative effect of such violence, compounded by cultural denial and religious silence, deepens the wounds experienced by survivors. This context necessitates an integrated pastoral response that not only addresses trauma but also critiques and transforms the socio-cultural and theological narratives that perpetuate it.

The role of the church in this crisis is complex. On the one hand, some congregations and faith-based organisations have played a significant role in victim support, advocacy and pastoral care (Maine 2025:35). On the other hand, many churches remain complicit, whether through silence,

patriarchal theology or even the active protection of perpetrators within their ranks. Cases of clergy sexual abuse and the reluctance of some congregations to support victims publicly point to systemic failures in embodying the justice and compassion of Christ (Dayimani 2023; Tshwete 2023).

Such contradictions necessitate a re-evaluation of ecclesial praxis. As Magezi and Manzanga (2019:7) argue, the church should function as a space of *koinonia* – a fellowship of mutual care and healing. To do so, it must confront its complicity in the structural sin of GBV and reimagine itself as a community of wounded healers, grounded in Christ's example.

Rape as deep wounding: A theological concern

In pastoral theological terms, rape constitutes a form of deep wounding, not merely of the body but of the soul. Survivors often feel forsaken, both by the people around them and by God that leads to social pain. The question 'Where was God?' echoes painfully through their narratives (Barrier 2018). Thus, any meaningful intervention must address not only the psychological and legal dimensions but also the existential and spiritual crises that follow such trauma.

Social pain refers to the deeply felt, collectively shared experience of loss, shame and alienation that arises when violence damages the fabric of communal life (MacDonald & Jansen-Campbell 2011:3). In the case of GBV, social pain is experienced not only by the survivor but also by their family, congregation and wider community. This pain emerges when communities fail to protect vulnerable members when silence prevails over truth and when the moral order is perceived as broken (Mudimeli & Khosa-Nkatini 2022). In African communal contexts, where personhood is understood relationally, I'm because we are, acts of sexual violence destabilise the very structures of belonging and interdependence (Mbiti 1990). This makes healing a necessarily social process. Restoration requires not only the individual's recovery but also the mending of communal thrust, the reweaving of solidarity and reaffirmation of shared moral values.

From a wounded healing perspective, the suffering of rape survivors becomes a site for theological reflection and pastoral transformation. As Nouwen (1972:4) and Louw (2022:60) remind us, healing occurs when wounds are not concealed but acknowledged and shared in community. Survivors must be invited to narrate their pain, not as objects of pity but as agents of healing who, through the redemptive presence of Christ, can offer others the same empathy and grace they seek.

The state of GBV and rape in South Africa reflects a nation in need of holistic healing. While legal reforms and public initiatives are necessary, they remain insufficient without corresponding theological and pastoral engagement. Rape inflicts wounds that reach into the core of human dignity and identity, calling for responses that are both prophetic and pastoral.

This section has demonstrated that rape is not only a criminal offence but also a spiritual and existential crisis. Its deep wounds require care that is theologically grounded and contextually responsive. In the next section, the role of the church in responding to GBV including rape will be further explored.

The role of the church in responding to gender-based violence

The prevalence of GBV, especially rape, in South Africa calls for a theologically grounded and contextually responsive engagement from the church. As a moral and spiritual authority in many communities, the church is uniquely positioned to confront societal injustice, offer pastoral care and model redemptive responses. Phalatsi-Shilubana (2025) states the following:

Churches have over the years and in most societies been considered to be places of safety and a sanctuary. Besides spreading the Word of God, churches also play a role in edifying believers, nurturing believers and building them up or helping them to mature in Christ. Over and above the spiritual role churches play, they have also been known to provide a physical safe haven during times of violence. (p. 1)

However, its historical and contemporary record in addressing GBV is marked by both silence and promise, as well as complicity in some contexts and courageous witness in others. Many survivors of GBV report that churches have either ignored their pain or indirectly perpetuated harm through silence, denial or theological misinterpretations (Maine 2025:24). Cultural constructs such as male headship, female submission and the sanctity of marriage are sometimes reinforced uncritically in ecclesial settings, thereby normalising abuse or discouraging victims from speaking out (Buqa 2022:6; Mudimeli & Khosa-Nkatini 2024:6). In some cases, male perpetrators, especially those in positions of religious leadership, are shielded from accountability, while victims are shamed or urged to forgive without justice (Mudimeli & Khosa-Nkatini 2024).

Such responses undermine the Gospel's imperative for justice and healing. They also contribute to what has been called a 'secondary victimisation', where survivors are re-traumatised by the very communities they seek support from (Mkwanzani & Nathane-Taulela 2022:2). As noted in the previous section, this failure of moral witness distorts the church's identity as a healing and redemptive community.

Despite these failures, the church's theological resources offer profound possibilities for prophetic and pastoral engagement. At the heart of the Christian faith is the belief in a God who hears the cries of the oppressed (Ex 3:7), who walks with the wounded (Ps 34:18) and who calls his people to seek justice, love mercy and walk humbly with God (Mi 6:8). This theological orientation should compel churches to become communities of refuge, advocacy and healing for survivors of sexual violence.

From a Christological perspective, Jesus' ministry consistently centred those who were marginalised, violated and silenced. His embodied compassion and redemptive suffering provide the theological foundation for a wounded-healing approach to GBV. As such, the church is called to imitate Christ not only in word but in practice by creating spaces where survivors are listened to, believed and supported with dignity (Phalatsi-Shilubana 2025:6).

The church's response to GBV must take both public and pastoral forms. Publicly, the church must confront patriarchal norms and challenge cultural, legal and theological systems that normalise violence against women. This includes having platforms to speak out against GBV, engaging in community education and collaborating with advocacy organisations and state institutions.

Pastorally, churches must offer trauma-informed care that acknowledges the complex wounds survivors carry, emotional, psychological and spiritual. This includes establishing safe spaces for survivors, training clergy in pastoral counselling and developing survivor-led ministries that reflect a wounded healer model of care. Churches can also provide theological education that reclaims Scripture as a resource for liberation rather than oppression, reinterpreting contested texts in light of God's justice and compassion.

To respond meaningfully to GBV, the church must reimagine itself as a wounded yet healing community, a space where the brokenness of individuals is met with grace, solidarity and transformation. This requires moving beyond institutional preservation or moral respectability and embracing the messiness of human suffering with authenticity and vulnerability. As Maine (2025:35) notes, survivors need spaces where their stories are not only heard but integrated into communal healing processes that mirror Christ's redemptive suffering.

The church must therefore shift from being a silent bystander to becoming an active participant in social healing, embodying hope, disrupting systems of violence and pointing towards the eschatological promise of a world restored by justice and love.

Building on the preceding discussion of the church's role in responding to GBV, the following section explores the wounded healing model as a constructive pastoral theological framework. This model provides a pathway for the church to embody its vocation not only as a site of moral witness but also as a community of restoration, facilitating both individual and social healing in the aftermath of trauma.

Wounded healing as a model for pastoral care and social healing

The wounded healing is more than a metaphor; it is a theological praxis that enables communities to move from collective pain to communal healing. In this model, Christ's own scars are not erased in resurrection (Jn 20:27) but

become signs of recognition and restoration, embodying the truth that wounds can be redeemed without being denied (Louw 2016).

Theologically, wounded healing in the GBV context can be understood as a fourfold process of communal transformation as discussed by Louw (2016). Firstly, it is lament. Lamenting helps with creating safe communal spaces, including worship, where the reality of violence is named before God without euphemism or denial (Ps 13; Lm 1–5). Secondly, it is solidarity. In solidarity, Christ's ministry of presence (Mt 28:20) is embodied where survivors are not abandoned to isolation but accompanied by the church as a fellow-wounded community. Thirdly, it is transformation. Transformation involves re-authoring the narratives of both survivor and community so that identity is no longer defined by the act of violence but God's redemptive work. Fourthly, it is public witness. Public witness includes taking the transformed narrative into public life through advocacy, education and resistance against structures that perpetuate GBV (Mi 6:8). By following this process, the church participates in *cura vitae*, the healing of life, that Louw (2016) describes as integral to pastoral care. Social healing becomes possible when the church recognises its own woundness and offers its vulnerability as a site where God's justice and compassion can be made visible.

The wounded healing model offers a contextually grounded and theologically rich paradigm for pastoral care within the traumatised landscape of GBV in South Africa. Rooted in the recognition that healing can emerge from within the wounds themselves, this model affirms the transformative potential of shared suffering and the redemptive power of vulnerability. In this framework, those who have experienced trauma, whether caregivers or survivors, are not disqualified from caregiving; instead, their scars become a resource for compassionate ministry and communal healing.

At the centre of this model is the theological image of Christ as the suffering servant, whose wounds become the source of human redemption (Is 53:5). Nouwen (1972) famously captures this in his assertion that the wounded healer does not hide their pain but makes it available to others as a path to healing. Louw (2016) builds on this Christocentric image by articulating *cura vitae* – a pastoral theology of life – arguing that pastoral care must address the totality of human experience, including suffering, meaning-making and relational restoration. For Louw (2016), care must not only be spiritual but also existential, dealing with the lived experiences of woundedness and fostering hope through compassionate presence.

Barbara McClure (2010) adds that pastoral care must recognise human beings as storied selves, whose healing is deeply tied to the capacity to narrate, reinterpret and integrate traumatic experiences. McClure (2010) critiques the individualistic focus of pastoral care and counselling,

advocating for a more relational and socio-cultural understanding of human beings. She emphasises the need for pastoral theology to account for the complexity of human identity as shaped by relationships, social contexts and narratives. In this way, wounded healing is not merely therapeutic but also hermeneutical. It is about helping individuals re-author their identity in light of both pain and resilience. Similarly, Miller-McLemore (2005) insists that pastoral care must be practical, public and embodied, moving beyond private counselling models to engage real-world suffering and systemic injustice. Wounded healing, then, calls the church not only to attend to survivors individually but to transform the social conditions that foster GBV.

African scholars such as Vhumani Magezi and Emmanuel Lartey emphasise the contextual and communal nature of pastoral care, which is vital in applying the wounded healing model within South Africa's GBV context. Magezi (2019) advocates for a public pastoral care approach, in which the church addresses suffering as a public issue, responding to societal trauma with both theological and practical tools. He argues that care must address the structural and relational wounds within society, not just personal distress. In the context of GBV, this means the church must become a visible, active presence in dismantling patriarchy, confronting silence and advocating for survivors.

Lartey (2003) similarly proposes a model of intercultural pastoral care that honours local cultural wisdom while critically engaging with oppressive norms. His emphasis on care as a dialogical and mutual process supports the wounded healer model, as it affirms the voice of survivors and sees them not as passive recipients but as theological interlocutors and partners in the healing journey.

Nanthambwe and Magezi (2022) advance this discourse by framing pastoral care as a socially engaged and justice-oriented practice. They (Nanthambwe & Magezi 2022) emphasise the need for churches to develop theological approaches that affirm the dignity of survivors, integrate psychological insight with biblical theology and build community structures that support long-term healing. Their work (Nanthambwe & Magezi 2022) critiques theological constructs that render women silent or subordinate and urges a pastoral care model that is both prophetic and restorative, echoing the wounded healing paradigm.

As Dykstra (2005:77) points out, the wounded healer is one who continually tends to their pain in readiness to serve others. This speaks to the reciprocal nature of pastoral care, where healing flows not only from caregiver to survivor but also from survivor to community. Maine (2025:38) confirms this in the South African context, observing that many rape survivors who have received care go on to assist others in peer-support settings. These survivor-led efforts exemplify a lived theology of wounded healing, where pain is transformed into praxis.

This communal dimension aligns with Louw's (2016) argument that healing is not simply an inward process but a relational and ecclesial task. The church, therefore, must become a wounded yet redemptive community, a place where lament is allowed, stories are honoured and justice is pursued. It must not only speak comfort to the broken but also challenge the ideologies and systems that break them.

Incorporating the wounded healing model into pastoral care praxis requires a reorientation of both theological imagination and ecclesial structures. Churches must cultivate spaces of empathy, safety and theological depth, where the wounds of GBV survivors are neither sanitised nor sensationalised but engaged with integrity. Clergy and lay leaders must be equipped with trauma-informed, contextually relevant pastoral tools and theological education must resist patriarchal interpretations that legitimise violence or silence.

As McClure (2010) and Magezi (2019) argue, such care must be practical and public, not confined to the counselling room or pulpit. It must engage schools, community centres, families and legal systems, working collaboratively to restore wholeness. The wounded healer model invites churches to be not only caregivers but also co-sufferers and co-labourers in the redemptive work of God's justice.

Having explored the theological grounding and contextual relevance of the wounded healing model, it becomes necessary to translate this framework into practical strategies for ecclesial engagement. The following section offers concrete theological interventions and pastoral recommendations aimed at equipping churches in South Africa to become agents of healing and justice for survivors of rape. These interventions seek to move the church from theoretical reflection to embodied action, transforming congregational spaces into communities of care, advocacy and redemptive solidarity.

Practical theological interventions and recommendations for churches to engage in healing gender-based violence victims in South Africa

Translating the wounded healing model into ecclesial practice requires more than empathetic awareness; it demands concrete actions that reshape pastoral theology, congregational life and public witness. In the South African context, where survivors of rape often encounter silence, stigma and secondary victimisation, the church must reposition itself as a community of advocacy, care and transformation. The following practical theological interventions emerge from the wounded healing paradigm and are supported by contextual insights from Maine (2025) and other scholars.

Firstly, churches should establish survivor-centred safe spaces in their communities. One of the most urgent interventions is the creation of safe and confidential spaces within local churches where survivors can speak openly,

process their experiences and receive comprehensive care. Maine (2025:38) notes that rape survivors often refrain from reporting because of fear of judgement or shame, particularly in religious settings. To address this, churches must designate trained pastoral caregivers, preferably including survivors themselves, to provide trauma-informed counselling and spiritual support. For example, some South African churches have partnered with local non-governmental organizations (NGOs), such as the Tears Foundation and Thuthuzela Care Centres, providing referral pathways for survivors seeking professional care while maintaining a pastoral presence within faith communities (Luvo & Saunders 2022:41).

Secondly, churches must train their pastoral teams in trauma-informed care. Effective pastoral care requires theological depth and psychological competence. Clergy and lay leaders must be trained in trauma-informed pastoral care, which involves understanding trauma symptoms, listening without judgement and responding with theological sensitivity. The viable example is the Uniting Presbyterian Church in Southern Africa (UPCSA), which has developed training modules for ministers that incorporate trauma care, conflict resolution, and ethical leadership, reflecting a growing awareness of the church's responsibility in addressing societal pain (UPCSA 2020). As Maine (2025:40) affirms, wounded healers must learn how to 'embrace vulnerability and listen without rushing to fix or theologise the pain'. Pastoral teams should receive continuous formation to embody this ethos.

Thirdly, churches must develop survivor-led ministries and peer support groups. The wounded healing model is most effective when survivors are not merely passive recipients of care but are actively empowered to become participants in the healing of others. This empowerment is not only therapeutic but also theological, affirming the capacity of wounded individuals to contribute meaningfully to the restoration of communal life. As Maine (2025:38) notes, survivors who are offered safe spaces for healing often emerge with a renewed sense of purpose and can support others through peer counselling and group facilitation. These survivor-led ministries serve as tangible expressions of redemptive vulnerability, offering care that is both deeply empathetic and contextually authentic.

Such involvement not only fosters healing for others but also promotes self-agency, resilience and theological affirmation of survivors' worth and giftedness. This aligns with Emmanuel Lartey's (2003) emphasis on relational mutuality in pastoral care, where both caregiver and care receiver are transformed through dialogical engagement. Moreover, by occupying leadership roles within ecclesial or community spaces, survivors challenge the silencing effects of trauma and reclaim their voice and vocation within the body of Christ.

This approach also contributes to the transformation of congregational culture by modelling alternative forms of leadership rooted in empathy, lived experience and restorative witness. Survivor-led ministries reflect the wounded Christ,

whose own scars became the pathway for others' healing (Jn 20:27). Thus, they exemplify the very heart of pastoral theology, a theology of accompaniment and incarnation.

Churches should intentionally cultivate survivor-led initiatives as part of their pastoral and diaconal ministries. These could include peer-led support groups, healing retreats, storytelling circles, trauma-informed Bible studies and spaces for lament and liturgical expression. Such initiatives must be rooted in confidentiality, theological reflection and mutual care, ensuring that survivors are not retraumatised but supported in a manner that honours their stories and theological agency. Facilitating these spaces will not only provide accessible and relevant care but also help the church to embody a theology of solidarity and communal healing in practice.

Fourthly, churches must embrace advocacy and prophetic witness. Beyond internal reform, churches must engage publicly by denouncing GBV and advocating for justice. This includes collaborating with community organisations, participating in public protests and pressuring local authorities to act against systemic failures in GBV cases. For example, following a wave of GBV-related killings, several faith leaders joined public marches under the banner #TheChurchMustAct, demanding greater state accountability and introspection within religious spaces (Dayimani 2023). Maine (2025:45) insists that the church must 'move from silence to solidarity', becoming a prophetic voice that disrupts unjust systems and reimagines public theology as a tool for societal healing (Nanthambwe 2024:7).

Fifthly, the church in South Africa must rethink the theological language and ecclesial culture that are oppressive to women. The church must critically evaluate theological teachings and liturgical practices that reinforce harmful gender roles or silence suffering. This includes re-examining concepts of forgiveness, submission and sexual purity that are sometimes weaponised against survivors. This can be done by encouraging participatory Bible studies and theological forums that centre survivor perspectives and promote gender-equitable theology. As Lartey (2003) and Magezi (2019) argue, contextual and public pastoral care must engage with both Scripture and tradition in dialogue with lived realities, ensuring that theology becomes a site of liberation, rather than further oppression.

Conclusion

This article has sought to explore GBV, particularly rape, through the lens of the wounded healing model within the South African context. Beginning with the deeply rooted crisis of GBV and its devastating impact on women, it was shown that survivors of rape carry multifaceted wounds, such as psychological, emotional, spiritual and social, which demand a pastoral response that is both compassionate and contextually informed. By conceptualising the wounded healer through theological and psychological perspectives, drawing on figures such as Nouwen, Jung and Louw, the article offered a framework in which suffering is not a disqualification from care but a transformative resource for healing. Within this framework, the church emerged as a critical agent, both in its historic complicity and its potential to

become a community of restoration and redemptive solidarity. The wounded healing model provides a path forward for churches to reimagine their role: not as distant observers or moral authorities, but as wounded communities journeying with survivors toward justice and healing. As shown, this demands more than theological reflection; it requires practical interventions, such as trauma-informed pastoral training, survivor-led ministries and public advocacy.

The recommendations outlined in this article urge churches to embody a theology of presence, truth-telling and restorative action. When the church listens to the voices of survivors, acknowledges its wounds and embraces its calling as a healer of communal brokenness, it participates in the very heart of the Gospel, Christ who was wounded yet brings healing (Is 53:5). In doing so, the church not only offers pastoral care that is theologically grounded and contextually responsive but becomes a prophetic sign of hope in a society still marked by pain. The wounded healing model calls the church in South Africa and elsewhere, to be a cruciform community: broken, yet redemptive; vulnerable, yet life-giving. Through such embodied witness, the church may contribute meaningfully to the transformation of GBV survivors' pain into a collective testimony of healing, justice and restored dignity.

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