



Pastoral care for Gender-based violence affected South African University students

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Doi: <https://doi.org/10.46222/pharosjot.103.2050>

Abstract

Gender-based violence is a widespread type of human rights violation that frequently takes place in academic environments like schools and universities. The prevalence of gender-based violence (GBV) among university students is shockingly high. Many survivors of campus sexual abuse experience academic difficulties in addition to the emotional and psychological impacts of the assault, which in some cases may necessitate them taking a leave of absence or even dropping out of school altogether. Many students entering South African HEIs would have already been exposed to or experienced violence because of South Africa's alarmingly high rate of sexual assault against children. GBV in Universities, has many causal factors, including age, societal norms, masculinity, and social media. This paper utilized secondary data as a methodology to collect data. This paper proposes that universities combine the assistance of psychologists and pastoral caregivers in the healing of those affected by GBV, because people who have experienced GBV may benefit from pastoral counselling in focusing their attention on finding purpose and meaning in their lives despite adversity.

Keywords: Pastoral care, Gender-based-violence, GBV on campus, masculinity, interventions.

Introduction

One of the most pervasive forms of human rights violations is gender-based violence which frequently occurs in academic environments like schools and universities, and it affects university students at frighteningly high rates (Edwards, Waterman, Kagunda & Bikeri, 2021). Gender-based violence (GBV) is defined as "any act... that results in or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life," according to the United Nations during the 1995 Conference on Women Report of the Fourth World in Beijing, China (Larson, 1996). This excludes all forms of violence a woman can encounter, excluding only those that depend on the exploitation of women's power by men, such as rape, domestic violence, sexual and interpersonal violence, and sexual, psychological, and economic abuse. Most domestic and interpersonal violence incidents include men as perpetrators and women as victims; even though women can also commit various forms of violence against men, the impact of gender violence on women is far greater. This is a result of the tendency that gender is frequently viewed as an indicator of "status that determines social position in society, which typically credits women with less power, privilege, and resources than males," and is based on a society's ascribed gender roles and status (Russo & Pirlott, 2006). According to Heslop et al. (2020), unfair norms and gender-based stereotypes serve as the foundation for sexual and psychological acts of violence committed



in and around schools. As a result, issues of rape, sexual exploitation, and abuse are virtually always pervasive at University campuses (UNESCO (2015), According to Heslop et al. (2019), sentiments of powerlessness and vulnerability are present in university residential spaces but are suppressed by ignorance and fear (Mmahabeer, 2020). The loss of a parent, dating violence, relationship breakdowns, and challenges to academic success are common crises that traditional-age (18–24-year-old) university students experience. These pervasive issues, such as the surge in sexual violence, will be handled by University counsellors.

According to Mahabeer (2021), nearly one in every four women is sexually attacked in college; nevertheless, Parkes (2015) asserts that there is currently little research about what works to minimize violence, as well as deficiencies in policy enactment procedures that impede effective action. Universities around the world have revised their sexual assault policies, processes, and resources (Holland & Cortina, 2017). According to Leung et al. (2019), present sexuality programs and interventions may be inadequate or ineffective. GBV incidents outside of campuses and residences, or prior to reaching university, are difficult to track and record in South Africa, but have substantial repercussions for student attendance, learning, and performance (DHET, 2019). In 2019, the University of KwaZulu-Natal organized a debate to address GBV on campuses in collaboration with Higher Health, the DHET, academics, students, and other stakeholders (Mungroo, 2019). The incidence of GBV arose from the discussion, as did the need for a safer academic environment. The DHET Deputy Minister Mr Buti Manamela stated that GBV on campuses constituted a crisis and that there was an urgent need to address psychosocial support for GBV victims. He also encouraged universities not to hide GBV statistics because doing so puts women's lives in jeopardy. Professor Relebohile Moletsane contended that the institutional environment had allowed incidents of GBV to persist since there were no swift punishments for perpetrators. Surprisingly, victims reported feeling coerced and intimidated into withdrawing their complaints. As GBV became more prevalent on college campuses, students expressed concerns about victimization and vulnerability (Mungroo, 2019).

According to Williams (2002), the rising diversity of the student population poses a challenge to university student service units. In this regard, the development of university GBV-related organizational structures necessitates proactive human intervention and a visible whole-campus strategy (Beres & Trehame, 2019). There is a definite need for thorough sex education and the promotion of institutionally appropriate norms for behaviour. Age-gender-appropriate, evidence-based sexuality curricula should reflect national and institutional context, according to Keogh et al. (2021). These curricula will benefit the development of a more adaptable educational environment and have a greater impact on the health of adolescents and young people. Universities need to reduce the legal risk by taking proactive measures to accommodate all students and to create a safe learning environment free from stigma, prejudice, and violence also be aware that both male and female students have the potential to be both perpetrators and victims of violence to varying degrees and in a variety of ways (Chimunhu & Chirisa, 2022). GBV is a reflection of significant structural issues in a society that frequently require a multifaceted strategy to address rather than a single technique or form of intervention. It also requires knowledge of the local violence situations (Gouws, 2016). It is against this background, that this paper proposes a shift and movement toward integrated GBV counselling services at universities.

Methodology

This paper utilized qualitative secondary data analysis. Secondary data is information that has previously been gathered from primary sources and made available for use by other researchers. This particular type of data has already been gathered in the past. A researcher may have gathered the information for a specific project and subsequently made it accessible



for use by other researchers. Like with the national census, the data may also have been gathered for broad use without a particular study goal. Data categorized as secondary for one type of study may be primary for another study. When data is reused, it becomes primary data for the first research it is used in and secondary data for the second research it is used in. Books, personal sources, journals, newspapers, websites, government documents, and other sources are examples of secondary data sources. In comparison to primary data, secondary data are known to be more easily accessible (Panchenko, & Samovilova, 2020). The advantage of adopting secondary data is that a lot of the groundwork has already been done. The information might have already been published, vetted, and organized in an electronic format with case studies already completed. Through utilization in the media, secondary facts can swiftly become more or less well-known. Secondary data is frequently used to confirm primary data because of its public scrutiny and exposure, which lends it greater validity than primary research data (Squitieri, & Chung, 2020).

GBV's Impact on Campus

GBV on campus can have both immediate and long-term consequences for survivors. For starters, GBV victimization typically has emotional and psychological consequences. The trauma and fear may result in increased anxiety, low self-esteem, bodily issues, and a decrease in focus and productivity. Sexual assault victims are more likely to develop despair, suicidal thoughts, use drugs, and engage in substance misuse, in addition to many of the other negative consequences that other victims and survivors of campus violence suffer (Bate, 2017). Substance abuse may be viewed as a form of self-medication in order to lessen the pain and go on. In addition to the emotional and psychological impacts of the assault, many survivors of campus sexual abuse also struggle academically, which in some situations may necessitate them taking a leave of absence or even forcing them to drop out of school altogether (Cranney, 2016).

Research shows that women are more likely than men to encounter gender discrimination and sexual harassment (Mayekiso & Bhana, 1997). Even though it is typical to downplay sexual harassment as a kind of sexual assault, there are some cases when the psychological harm is so severe that it results in post-traumatic stress disorder (Hébert et al., 2014). Sexual harassment can make female workers and students less likely to participate in daily activities and more likely to utilize avoidance strategies to lessen their risk of becoming re-victimized (Oni et al., 2019). Sexual harassment may have an impact on a female student's performance in class, attention during lectures, and even her decision to abandon a course (Dei et al., 2016). In addition to having a negative impact on students' academic and professional potential, GBV's detrimental impacts on learning abilities also have a negative impact on the institution and, more broadly, on society due to lost potential.

One further result of GBV is mistrust among students at HEIs. When addressing GBV, it is important to pay attention to the university staff and students concerns about being victims of it on a campus. Academic performance and achievement (such as attendance at courses and jobs) as well as participation in extracurricular activities on campus may all be impacted by this concern. The fear of GBV, which comprises "fear of victimization and perceived risk," should not only be eliminated among students and staff but also eliminated from their lives in general (Ascensio et al., 2014).

The institutional and individual causes of GBV

Sexual violence exists on a continuum, and its various expressions, including sexual harassment, call attention to the underlying problematic norms, attitudes, and behaviours of both people and society as a whole. These standards, attitudes, and behaviours are commonly



tolerated, normalized, and even accentuated in the institutional setting (Safer spaces). A victim's past increases the likelihood of becoming a victim of or engaging in GBV on campus. Because of the alarmingly high rate of sexual assault against minors in South Africa, many of the students enrolling at South African HEIs would have been exposed to or experienced violence prior to registration. Prior victimization increases the likelihood of males engaging in GBV, whereas prior victimization increases the likelihood of females becoming victims again (Culatta et al., 2020).

Age is another personal risk factor for sexual victimization; GBV is typically more common among younger girls attending HEIs. First-year women are a particularly susceptible group when it comes to being a victim of sexual violence, according to research conducted at HEIs in the United States. South African literature suggests the influence of age on GBV at HEIs. Collins (2014:286) claims that "young men are overwhelmingly the perpetrators of most forms of violence, and the typical student age group (that is, 18-23 years) is near the middle of the peak offending period... For many young adults, this is their first time living away from family care and supervision". Due to the lack of limitations and the increased opportunity for experimenting in the new university environment, students may be more vulnerable to abuse. Additionally, due to their inexperience and youth, students may also be less skilled in self-defence. Some types of crimes are significantly influenced by the attitudes and beliefs of different genders. On how such crimes are reported, social norms also have an effect. When some forms of aggressive or criminal behaviour become commonplace, people are less likely to step in and help.

Some of our HEI students and employees exhibit the gender-inequitable attitudes and behaviours that are prevalent in South African culture. For instance, male sexual entitlement and masculine domination may be contested in the future. However, these attitudes and practices could support institutional and social norms on campus that promote or exacerbate GBV (Chauke et al., 2015). When alcohol, other substances, and harmful gendered norms connected with drinking culture are present, sexual assault is more likely to happen. House parties and "digs formals" can promote a sexual setting that increases the likelihood that people will participate in "non-consenting sexual relations," reflecting the confluence of drinking culture and rape culture (Sexual Violence Task Team). It is widely agreed that social media's culture, power, and influence have made it possible to communicate in new ways on gender and sexual abuse (Rentschler, 2015).

Social media, despite all of its obvious benefits, allows for uninvited, unwanted, and anonymous expressions of involvement; in other words, it is an unregulated space. Fairbairn, Bivens, and Dawson (2013) claim that little is known about the sexual component of online abuse and harassment. Abuseful relationship patterns can be encouraged or sustained on social media, and the majority of sexual abuse on these platforms goes unreported (Fairbairn et al., 2013). According to Fairbairn et al. (2013:3), there are many different motifs connected to sexual violence on social media. These include location tracking, online harassment, the publication of pornographic images and texts without permission, cyberstalking, the use of deception and anonymity, and humiliation, particularly the "shaming" of young women. Due to the normalization of sexual assault and common victim-blaming tropes, the illegality and severity of these crimes are regularly diminished and downplayed in high-profile cases involving politicians, athletes, and celebrities (Monchgesang, 2015).

Understanding institutional and social norms is essential for understanding the risk factors affecting GBV at HEIs. The risk factors and the nature of GBV may have certain characteristics across different HEIs, but there may also be risk factors that are unique to particular types of institutions because HEIs in South Africa are not uniform in any manner. Institutional norms concerning hegemonic masculinity and gender equality, for example, can have an impact on how the institutions respond to GBV, as well as the likelihood that such violence will occur on



campus (Collins, 2011). A 2016 report by the Rhodes University Sexual Violence Task Team, for instance, discusses how the male-dominated institutional culture at Rhodes University has contributed to an isolated and oppressive/silent institutional space (SVTT). The SVTT Report discusses and calls for establishing "Safe Spaces" for sexual violence victims and survivors, such as actual safe spaces and areas where gender-discriminatory campus norms can be debated and challenged.

The disclosure of GBV occurrences by victims or survivors is also influenced by institutional factors (Anita & Lewis, 2018). When a facility is unsure about what constitutes GBV, staff and students are less likely to report incidents. GBV occurrences are no longer seen as something that needs to be reported because they are accepted as normal. People are less likely to report an incident, however, when they are aware that they have been victimized but feel as though their institution won't take their case seriously or respond to their report in a timely and meaningful manner.

Where gender equality is widely acknowledged, it is likely to both decrease instances of GBV and increases the ability of survivors to disclose incidents (Perrin et al., 2019). The absence of sufficient rules and procedures to prevent and manage the problem is one of the main institutional risk factors for gender-based violence. Not all HEIs in South Africa have GBV policies in place, especially those that deal with sexual harassment (DHET, 2017). There are different GBV policies in existence at various institutions. There isn't yet a single comprehensive policy for GBV management for HEIs in South Africa (Adams et al., 2013).

Institutions with GBV policies might not always keep them up to date with the latest guidelines and laws. These regulations frequently fall short or are administered incorrectly, which renders them ineffectual in addressing GBV on campuses. Furthermore, these policies are frequently unclear, making it difficult for the general campus community to understand them. Many HEIs also lack the necessary support networks and clear reporting procedures for survivors to cope with and treat cases of GBV. Due to inadequate regulations and methods to prevent and address GBV, fewer victims/survivors disclose their victimization and seek assistance, which raises the possibility that GBV may in many cases be going unpunished (DHET, 2017).

In order to decrease GBV incidences while also boosting the number of survivors seeking assistance, interventions to prevent and respond to GBV must be carefully planned by institutional authorities, and paths to do so must be clear and simple. If the processes and institutions that provide support for victims/survivors are perceived as frightening and difficult, survivors will be deterred from reporting incidents and asking for aid. Contrarily, where comprehensive rules and processes are put in place that is supportive and survivor-focused, there is likely to be a rise in survivors reporting incidents and seeking assistance. Due to the pervasiveness of patriarchal and hegemonic masculine norms in our culture across all racial and socioeconomic categories, acts of GBV are frequently not even acknowledged as violent behaviour. This again emphasizes the very real need for sustained comprehensive initiatives and strategies to challenge these norms and attitudes. On the other hand, some individuals may be conscious that what they are doing constitutes GBV, but because institutional GBV policies and processes are lax, they feel free to carry out these crimes without fear of repercussions. To put it another way, if institutional policies to prevent GBV are murky and the response mechanisms are convoluted and poorly understood, people will be more likely to commit crimes since they won't be afraid of retaliation, especially not serious retaliation (Republic of South Africa, 2020).

The nature of campus environments is an important institutional risk factor for GBV. This is relevant to institutional settings and locations where incidents occur more frequently. During off-campus site visits, such as those for students and staff in the health sciences and social workers who are completing off-campus placements as part of their studies, GBV incidents



may occur on campus grounds, in campus buildings (such as lecture halls), in residences, while students and staff are travelling to and from campus, including in the immediate vicinity of the campuses. Studies currently conducted in South Africa on sexual assault in higher education indicate that, in line with international literature, it is a common occurrence in residence halls (Sexual Assault Response Team, 2016).

The physical design of an institution can either increase or decrease the likelihood of GBV. The environmental design may be less of a risk factor in GBV situations since GBV at HEIs is generally done by acquaintances, as compared to other campus crimes like theft, robbery, and hijacking, which are typically committed by strangers. However, environmental design has the power to either increase or decrease the risk of GBV. This includes the possibility of surveillance and harassment, and on occasion, as was demonstrated at the University of Cape Town (UCT), the design of residences—particularly those with loose entrance controls—can enhance the probability of sexual assault. People may feel more or less victimized depending on environmental design. For those who have already observed GBV, the fear of victimization is typically made worse (SART, 2016).

GBV interventions in institutions of Higher learning

Interventions to address GBV can be divided into two categories: 'response' and 'prevention': 'response' efforts support and help victims or survivors while also attempting to avoid GBV, and 'prevention' initiatives seek to prevent GBV from recurring (Dartnall & Channon, 2020; SIDA, 2015). GBV activities in South Africa have been focused on the response strategy. Dartnall and Channon (2020) believe those reaction activities should be supplemented by prevention initiatives and policy reform. In Sweden, eliminating GBV and protecting women's safety are top priorities. In order to stop GBV, SIDA essentially supports three main prevention intervention strategies or shifts: 1) A shift to advocating for gender equity and altering gender norms early on in boys' and girls' lives; 2) Preventive measures - a shift to viewing women as "survivors" rather than "victims," and focusing on women's empowerment and agency; and 3) A shift from "response" to "prevention" interventions. SIDA has developed measures that include preventing violence, enforcing legal and legislative frameworks to end impunity for GBV abusers, and creating response services for survivors/victims to prevent GBV, and protect and deliver justice to survivors (SIDA, 2015). Davids (2019) asserts that a number of regional and international accords and protocols aimed at eliminating GBV have been accepted and implemented by the South African government, that is, the Beijing Platform for Action (BPFA) (1995), the UN Resolution 1325 on Women, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003), the SADC Declaration on Gender and Development, the UN Convention on the Elimination of All Forms of Discrimination Against Women, and other international instruments (UN, 1993) and the (Centre for the Study of Violence and Reconciliation) (CSVR, 2016).

The majority of governments globally have accepted and advocated for policies that instruct them to recognize and uphold gender equity and empower women in higher education settings (Dranzoa, 2018). For justice and fair treatment, most institutions throughout the world have anti-discrimination, anti-violence, and anti-harassment rules (Cismaru & Cismaru, 2018). However, according to Myers & Cowie (2017), institutions are not moving quickly enough to stop GBV in the absence of a catastrophic incident on campus. The authors go on to claim that GBV policies were implemented as a "knee-jerk" reaction rather than as preventative measures. Along with its legal ramifications, GBV's social environment, including all of its manifestations of harassment, bullying, and sexual violence behaviours, has to be addressed".



The Constitution of South Africa (Act No. 108 of 1996) forbids GBV in all its expressions to ensure a society free from violence, harassment, and intimidation in public and private life (DHET, 2019). However, the Government is frequently charged with indirectly supporting GBV since it legitimizes power disparities and promotes GBV through the implementation of biased laws and policies (Wane et al., 2018). The university has a fiduciary duty to safeguard students from injury while they are on campus and in university housing, as well as to implement extensive awareness and preventive programs to foster a productive working environment (DHET, 2019). The Higher Education Act (Act No. 101 of 1997) mandates that university councils update and review their institutional policies to ensure that they are consistent with the regulatory frameworks that apply to them (DHET, 2019). The effectiveness of reactions to GBV interventions at universities may be constrained by institutional strategy, location, and management; disjointed responses compromise the integration of human resources, student affairs, campus security, legal departments, and police services (DHET, 2019). The majority of misunderstandings are caused by employees and students who lack knowledge and expertise regarding whom to report to, whom to follow up cases with, and how to manage processes.

Espoused GBV policies envision a variety of preventative intervention methods to help vulnerable groups of students considering the rising number of GBV cases recorded in universities in South Africa, both within and outside of residences (DHET, 2019). This entails taking a "zero tolerance" stance toward all instances of GBV, treating them seriously, putting in place competent security, investigation, and prosecution teams to handle GBV cases, offering victims the necessary counselling and support, making sure perpetrators face legal and disciplinary consequences, and making emergency contact information readily available to staff and students around-the-clock (DHET 2019). However, research indicates that although universities frequently make an open commitment to equality and diversity, this is frequently not reflected in the daily realities of disadvantaged students (Formby, 2017). Clear, precise, and multi-layered interventions should be made through well-articulated university regulations, instilling awareness and preventative education among staff and students. The use of outside organizations should also be part of university policies and laws that promote efficient and accessible channels for reporting GBV incidents (Myers & Cowie, 2017). Most colleges provide information on policies and processes, including justifications and strategies for handling all types of GBV, online (Cismaru & Cismaru, 2018).

In the context of South Africa, further research is necessary to determine the amount of accessibility and usefulness of such programs. Universities have the choice to perpetuate the gender relations and hierarchies that lead to GBV or work to improve and avoid it by fostering a non-toxic, safe campus environment using an integrated, resourceful, and inclusive strategy (Wane et al., 2018). GBV prevention efforts should therefore be theoretically connected, supported by data, and specifically tailored to the unique institutional context and student demographics (Wane et al., 2018).

Pastoral care conceptualization

The phrase "pastoral care" has traditionally been used to describe assistance provided by Christian and Jewish groups (Doehring, 2015). In the course of time, the phrase has also evolved to be used to denote care in the context of other religious traditions, such as Muslim, Buddhist, and Hindu. Since people typically draw from multiple religious traditions in their daily lives, the lines between religious communities in our world of the religious plurality are blurry (Ammerman, 2010). The restricted view of pastoral care as occurring inside distinct religious communities and traditions is challenged by this. Today's world is becoming more secularized, at least in the West, in addition to being a world of religious plurality.



The shift to secularity in Western countries, as described by Taylor (2007), is "a move from a society where belief in God is unchallenged and indeed, unproblematic, to one in which it is acknowledged to be one option among others" (p. 3). This highlights the issue of how to comprehend pastoral care in a post-religious world. When pastoral care is linked to religion, its benefit to nonreligious individuals may not be clear and it may even be seen as an old-fashioned practice. On the other hand, the word pastoral care is now frequently used to refer to nonreligious care delivered by humanist professionals in several Western nations rather than just designating care by religious experts. Numerous authors stress the necessity for suitable and persuasive terminology to be developed to characterize pastoral caregivers' work in a changing world (Kevern & McSherry, 2015; Thorstenson, 2012).

The phrase pastoral care is frequently eliminated entirely in religiously multiple environments in favour of the more generic term spiritual care, which is unrelated to any particular religious tradition (Doehring, 2015). In secular contexts as well, using the word spiritual care has benefits. There are many different definitions for the difficult topic of spirituality (de Jager Meezenbroek et al., 2012; Lephard, 2015). Some of these definitions initially refer to individuals' personal searches for meaning (Walton, 2012). Such formulations lack a religious overtone, which may have helped explain why spirituality and spiritual care are receiving more attention in other situations, such as those involving health care (Paley, 2008). However, the ambiguity around the term spirituality also contributes to a lack of clarity about the issue of who is qualified to offer spiritual support to whom in secular contexts. For chaplains who serve in secular institutions and organizations like hospitals, prisons, and the military, this dilemma appears especially pressing.

Chaplains typically use a discourse of spirituality rather than religion to describe their work, yet they nevertheless find it difficult to justify and explain what they do (Pesut, 2016; Pesut et al., 2012). Concerns have been expressed that "chaplains are losing their authority in the spiritual arena as other health care providers claim and do provide spiritual care" (Harding et al., 2008:115). Chaplains confront the issue of defining what makes their care unique in a secular culture, especially when those receiving it consider themselves nonreligious (Nolan, 2016). Some authors (Harding et al., 2008) argue for a return to more explicitly theological rather than spiritual discourse for describing pastoral care, while others stress the need for a discourse on chaplaincy that "preserves its core value but speaks to people of all religions and none" in a society where the number of people who identify as having no religion is rising (Kevern & McSherry, 2015:49). Theological language does not speak to "people of all religions and none," despite the fact that it looks too general in spiritual discourse to reflect this "fundamental value.

Pastoral Care as a Professional Career

Chaplains define their role in broader terms, as providing a sense of wholeness, healing, and presence to those in their care, in contrast to how many health professionals perceive them as only executing religious rituals and prayers (Cadge, Calle & Dillinger, 2011). These jurisdictional divisions frequently lead to misunderstandings over professional conduct. These conflicting expectations are a major source of stress, particularly for chaplains working in hospice (Williams et al., 2004). To allay these identity-related worries, academics created a "taxonomy" of 100 chaplain actions designed to enhance coordination and communication across palliative care teams (Massey et al., 2015). In a related study, Idler et al. (2015) divided the routine tasks performed by healthcare chaplains into two categories: "doing" and "being." Even if existential practices like active listening and spiritual assessment fall under "being," many chaplains also find themselves in more active or "doing" roles, such as writing out advance directives with patients or preparing meals. Idler et al. (2015) looked at 1,140



documented chaplain visits and discovered that majority of them included some sort of "doing" activity.

Contrary to popular belief, chaplains perform remarkably few overt religious acts (such as distributing sacraments and reading scripture): only 3% of recorded visits included these actions. Furthermore, Ilder et al. (2015) studied over 1,500 chaplain-patient-family conversations in addition to chaplain activities. Conversations were divided into two groups called "practical matters" and "ultimate concerns," which corresponded to the activity clusters. Although over half of the conversations included discussions of ultimate issues (such as emotions, religion, and existential issues), practical issues (such as finances, hospice care, and advance directives) were brought up more frequently: 75% of patient conversations, and 84 % of family conversations. It's difficult to say if this focus on practicality reflects changes in the patient population (lessening religiosity) or in the chaplaincy field (passive positions, liberal theology, etc.).

In dealing with pastoral care , professional treatments must address societal issues. These solutions provide professions more prestige since they are (1) exclusive, (2) particular, (3) measurable, and (4) talk to clients on their own terms. In other words, professions are appreciated the greatest when they are the single provider of specialized therapies that work and communicate in a professionally defined language. As a profession, it is important to bring the argument of Abbot's (1988) framework which states that A profession must first be able to accurately diagnose conditions that pertain to its field of expertise. By eliminating extraneous information, a condition is categorized as an issue the profession can address throughout this screening phase. A method of professional inference must be used by the profession to link each diagnostic to the related treatment. In this situation, the profession must carefully strike a balance between public awareness: if the link between diagnosis and treatment is too easy, the profession is superfluous; if it is too complex, the public is less likely to give the profession their trust and authority. This is frequently manifested in the professional balance between routine and nonroutine work: routine jobs provide transparency but not prestige, whereas nonroutine duties provide prestige but not transparency. Considering, Abbott's criterion for socially valid professions, today's pastoral care practitioners place the profession in a precarious situation. For starters, measuring the spiritual "success" of pastoral care has never been straightforward, and the contemporary push for evidence-based practice only emphasizes the growing necessity and urgency of this rationale (Cadge, 2012). Second, there are few regular chores that may be delegated to subordinates (although recent initiatives to "automate" theological counselling are not unheard of (Heilweil, 2019). Third, secular alternatives and liberal pluralist theologies have rendered specificity and exclusivity in pastoral care therapies obsolete.

The social standing and authority of pastoral care professionals are reduced by each of these traits, some of which are inherent to the profession and some of which are more recent developments. Importantly, language plays a major influence in this situation. Due to their uncontested monopoly on personal problems, clergy in the past could afford to use explicitly religious language; however, pastoral care professionals today place a strong emphasis on "meeting people where they are" and letting them determine the terms and direction of their time together. The use of ecumenical language by pastoral care professionals might be considered a necessary effort to win back client favour in a crowded system of professions where there is growing competition and dwindling authority (Canda, Furman, & Canda, 2019).

The purpose of this is not to set a standard against contemporary pastoral developments. For instance, in a highly rationalized medical setting, nurses and doctors can place an excessive emphasis on the diagnostic procedure, removing too much personal information as unimportant and leaving the patient feeling disembodied (Kübler-Ross, 1969; Starr, 1982). In this way, the hospital chaplain offers a helpful service by unconditionally, holistically



recognizing and affirming patients (Chaves, 2017). The use of ecumenical language by pastoral care professionals might be considered a necessary effort to win back client favour in a crowded system of professions where there is increased competition and dwindling authority.

However, individuals lacking professional language or quantitative therapies do not achieve social prestige. Importantly, professionals may adapt by creating new roles and labour divisions in response to shrinking domains (Chaves, 2017). A significant part of the growth of healthcare chaplaincy can be attributed to these shifting jurisdictional boundaries. Religious adherence has dropped while hospital sizes have risen in America since at least the 1960s, even though there have been relatively few national studies on the importance of healthcare chaplaincy (Voas & Chaves, 2016). Due to this, the public's perception of religious careers has evolved from conventional congregational responsibilities to professional ones in medicine, such as those of hospital chaplains. In addition, Abbott (1988) highlights the chaplain's ongoing function in contemporary medical institutions.

Cadge (2012), and Swift (2014) all provide documentation of the development of this distinct ministerial vocation. According to prior studies, chaplains are present in half to two-thirds of all hospitals in the United States, and the majority of chaplains see well over half of all hospitalized patients (Cadge, 2012). According to Idler et al. (2015), this offers a bit of an anomaly because medical chaplaincy continues to be a common occurrence in contemporary life while being a profession that is fast decreasing.

Pastoral care and Gender-based violence

Among the many therapeutic approaches, some of which will be briefly described, narrative counselling and logotherapy have been identified as effective ways for pastoral care with people who have experienced domestic abuse and are struggling to find hope, healing, and purpose in their lives. These two therapy modalities are compatible with religious themes such as "hope" and "new life" (Davies, & Dreyer, 2014). Psychologists work with people who have challenging lives and dysfunctional relationships to help them transition to healthier, more productive existence and relationships. Pastoral counsellors concentrate on issues of faith and spirituality that are fundamental to persons of faith's worldview. The starting points are different. Pastoral counsellors, for example, will employ biblical themes and spiritual tools such as prayer. There are some parallels. Forgiveness is an important psychological and pastoral issue (Davies, & Dreyer, 2014). According to Roberts (2012:38), forgiveness is "directed by one human being (the victim of an offence) to another (the perpetrator of the crime" and is "the correlative of repenting and asking forgiveness." On the practical side of the counselling process, the backdrop of the upbringing and the events that shape the person's character and personal disposition is crucial.

Psychology has historically concentrated on dysfunction, but there has recently been a shift toward positive psychology, with an emphasis on growth and flourishing (Roberts 2012:40). Hope, patience, humility, thankfulness, and love are all important factors in flourishing. This connects to religious ideas such as loving one's neighbour and experiencing God's love and strength. Pastoral counsellors also deal with issues related to morality, religious diversity, and the biological foundation of religion. According to studies, religious people are generally healthier (Ripley, 2012:154). People's well-being can be influenced by religious practices, beliefs, and the social aspect of encouraging spiritual communities. Therefore, helping people find healing can be accomplished through a strategy that incorporates faith and spirituality. The counsellor wants to help clients deal with their issues more skilfully (Tan, 2011:2). Involving some kind of learning or development can help achieve this (Summers & Barber, 2009; Tan 2011:2).



Logotherapy

The psychologist and Holocaust survivor Victor Frankl (2004:154) created the psychological approach of logotherapy, which enables the counsellor to penetrate the emotional world of the counselee to find new meaning in life (Frankl, 2004:104–106). Life's suffering and challenges can provide people with the chance to discover a higher purpose and transcend their circumstances. People can lose their spiritual foundation as a result of emotional distress and the loss of hope. If people look for solutions to their issues in life and complete their tasks, they can discover the purpose of life (Frankl, 2004:76–85). The key goal is to never lose hope. Additionally, there is meaning in pain, loss, suffering, and death. Human life is focused on something or someone other than the individual. People grow more human, transcend themselves, and achieve self-actualization as they serve and love others more.

Frankl (2004:115) makes a distinction between three different ways to find meaning in life: first, "creating a word or doing a deed," which is an achievement or accomplishment; second, "experiencing something or encountering someone," which is finding goodness, truth, or beauty in nature or culture, or in loving others in their uniqueness; and third, "the attitude we take towards unavoidable suffering," which transforms personal tragedies or a predicament into something positive (Frankl, 2004:117). Even while pain may not always have a purpose, it is nevertheless possible to discover meaning despite suffering. When facing difficulties in life, believers can lean on their spiritual resources.

People who have experienced domestic violence might be helped in pastoral counselling to concentrate their attention on finding purpose and meaning in their lives despite hardships by keeping Frankl's discoveries in mind. Weisskopf-Joelson (1975) brings an interesting dimension where he argues that logotherapy is not what psychotherapists may deem it to be, but he says it is a philosophy of life, rather than a "scientific" psychotherapy school. Many contemporary psychotherapists, it is said, find it difficult to embrace the philosophical or religious parts of logotherapy and of psychotherapy in general; quite unusual scenarios might occur when these therapists treat a philosophy of life as if it were a therapeutic practice. He went on to say logotherapy best works in religious settings to help those suffering.

Pastoral narrative counselling

Both logotherapy and narrative pastoral counselling allow the counselee to comprehend the situation by talking about it and identifying emotions that have caused problems. When Ricoeur's (1990a, 1990b) basis on narrativity was applied to counselling, narrative therapy emerged (Freedman & Combs, 1996; Müller, 2010; White & Epston, 1990). The goal of the narrative is for people to discover hope. The individual is guided to construct a new future tale after searching for significance in life through prior stories and recollections (Müller, 2010:1-2). People organize their lives using tales in their thinking, acting, and decision-making processes. Identity, which is established by experiences, is discovered and developed in the story. Counsellors become immersed in the counselee's narrative and go towards the counselee's cultural system with care and empathy (Müller, 2010:3). Stories have told and dreaming components. Maladaptive behaviour may emerge if there is a larger gap between "telling" and "dreaming." The objective is to achieve harmony between the past, present, and future to get to a place of integrity, wholeness, and maturity. People have the power to redefine the past through language. The counselee analyses events in her or his life through the use of vocabulary and its meanings (Runcan et al., 2013). The counsellor's job is to uncover the truth underneath the fiction and assist the client in creating an imagined future. The story of the individual and the story of Christ are combined in narrative pastoral counselling. The story of faith offers hope and contains God's promises. The counselee is helped to find a new destiny in Christ by the account of Christ. Considering the gospel, historical events are retold.



The foundation of Christian hope is the idea of a "better future" (see, for example, 1 Corinthians 7). Human challenges need not always result in hopelessness where there is faith in God. Narrative pastoral counselling is a highly successful method for assisting those who have experienced the trauma of domestic violence to process the incidents that resulted in the trauma. Such counselling covers topics like guilt, mortality, hope, and God's grace while also addressing the spiritual side of their life (Davies, & Dreyer, 2014).

Conclusion

This paper has revealed that Gender-based violence is a common form of human rights violation that occurs regularly in academic settings such as schools and universities. Gender-based violence (GBV) is an alarmingly common occurrence among university students. In addition to the emotional and psychological effects of the assault, many survivors of campus sexual abuse struggle academically, which in some cases may require them to take a leave of absence or even drop out of school entirely. Because of South Africa's disturbingly high rate of sexual assault against children, many students entering South African HEIs would have been exposed to or experienced violence before enrolment. There are numerous causes of GBV on campus amongst others are age, social norms, masculinity, and social media. This paper proposes that Universities ought to blend the help of psychologists and that of pastoral carers in the healing of those affected by GBV, because people who have experienced GBV may benefit from pastoral counselling in focusing their attention on finding purpose and meaning in their life despite adversity.

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Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*



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