



Gender-based violence and efforts to address the phenomenon: Towards a church public pastoral care intervention proposition for community development in Zimbabwe

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Gender-based Violence (GBV) is a huge concern in many African countries such as Zimbabwe despite the preventative and mitigatory interventions that have been proposed and implemented by various stakeholders. The interventions applied range from policies and programmes that are government initiated as well as those interventions by social actors such as non-government organisations and Faith-based Organisations (FBOs) like churches. Gender-based violence as a social structural issue is sustained and perpetuated by cultural norms, values and beliefs that are fed by patriarchy, among other things. To effectively respond to the situation, interventions should target multiple social levels, including policy, government officials' attitudes, individual men and women, families, community leaders and structures and social institutions such as churches. Churches are a critical community social institution that could play a pivotal role in addressing GBV. To position churches as players on public issues such as GBV, the questions that emerge are: 'What is the role of the church in a public problem such as GBV? How could churches conceive and perform a public ministerial role that addresses GBV?' To respond to these questions, this article employs the idea of public pastoral care as a nexus that churches could utilise in performing a community and public role function in contributing towards addressing GBV. Firstly, the article sketches the context of GBV in Zimbabwe and the various efforts to address it. Secondly, it outlines the ambivalent role of churches in GBV. Thirdly, it conceptualises the notion of public pastoral care as an approach that could be employed by churches to address GBV. Lastly, it proposes some public practical approaches that could be employed in addressing GBV by churches.

Keywords: Public Pastoral Care; Gender-based violence; Church and Gender-based Violence; GBV church ministry response interventions to address Gender-based violence; Church Public Ministry; Zimbabwe Gender-based Violence; Zimbabwe Church Gender-based Violence.

Sketching the terrain: Gender-based violence context consideration and intervention efforts

Women suffer from different types of gender-related abuses that could predominantly be classified as gender-based violence globally. Our focus in this article is on Zimbabwe. Gender-based Violence (GBV) in Zimbabwe remains very high. It is important to understand the country's GBV context and situation in order to develop responsive interventions.

National gender-based violence outlook

The Zimbabwean government through the Ministry of Women Affairs, Gender and Community Development (MWAGCD) expressed serious concern over the increase in GBV cases (Sibanda 2017).

The Zimbabwe Demographic Health Survey (ZDHS 2015) revealed that more than one in three women have suffered physical violence since the age of 15 years. The survey also revealed that there is an increase in the percentage of women that reported having experienced violence in their lifetime, from 29.9% in 2010 to 34.8% in 2015. It is noted that the key perpetrator of violence is the current or former husband, or partner. In addition, the following statistics from Zimbabwe Statistics (ZIMSTAT) indicate the magnitude of the different forms of GBV that Zimbabwean women experience: from 2010 to 2015, 4500–8000 rape cases were reported, while between 2012

Note: Faith-Based Organisations, sub-edited by Nadine Bouwers du Toit (Stellenbosch University), Vhumani Magezi (North-West University) and Elisabet le Roux (Stellenbosch University).

and 2014, 2000–14 500 cases related to domestic violence were reported. These figures reveal an increase in abuses, which further affirm the problem of GBV.

A survey was conducted among women aged 15–49 years and men aged 15–54 years to determine perceptions of whether the husband has a right to beat his wife for whatever reason. The responses given were in the affirmative as follows (ZIMSTAT 2016:59–62):

- 14.6% of men in the study would beat their women for going out without informing compared to 7.1% of women who supported the action.
- For neglecting children, 21.9% of men would beat their wives compared to 12.3% of women who supported the action.
- For arguing with the husband, 23% of men affirmed the wife must be beaten and 13.9% of women supported the action.
- The study also revealed that 13.7% of men would beat their wives for refusing sex with them and 4.8% of women supported the action.
- Also, 8.4% of men would beat their wives for burning food (during cooking) and 3.5% of women supported the action.
- 43% of men would beat their wives for infidelity and 24.6% of women confirmed they should be beaten.

Speaking during the '16 Days of Activism against Gender-Based Violence', the UN resident coordinator, Bishow Parajuli stated, 'there are still many thousands of gender based violence cases reported across the country – and we know that even one case, is one too many and we must end this social ill' (UNDP 2017).

Like many other countries, Zimbabwe should strive hard to achieve the United Nations Sustainable Development Goals (UN SDGs 2016).

The Zimbabwean Constitution clearly provides for the assurance and protection of equality regardless of gender. The Zimbabwe National Gender Policy (ZNGP) 2013–2017 (Republic of Zimbabwe 2013–2017) has its vision clearly stated as, 'A gender just society in which men and women enjoy equality, contribute and benefit as equal partners in the development of the country'. The goal is also unequivocally stated as, 'To eradicate gender discrimination and inequalities in all spheres of life and development' (Republic of Zimbabwe 2013–2017:11). With this in mind, the nation is making efforts to have 50:50 representation and participation in public spheres. The representation of women in leadership positions at various levels in public service calls for greater attention and need for improvement (UNDP 2017). The Republic of Zimbabwe (2013–2017:4) adds that, 'the reality however still falls short of the target as there still exist disparities in a number of areas'. The disparity on gender inequality still favours more men than women as can be seen in Table 1 (Republic of Zimbabwe 2013–2017:4).

TABLE 1: Women positions in the public service.

Public service institution	Percentage of women
Parliament of Zimbabwe – House of Assembly	24
Parliament of Zimbabwe Senate	14
Cabinet Ministers	20
Permanent Secretaries	26
Public Service Directors	33
Supreme and High Court Judges	29
Zimbabwe Republic Police (ZRP) Deputy Commissioners	25
Zimbabwe Defence Forces (highest levels)	0

Source: Republic of Zimbabwe, 2013–2017, *Zimbabwe National Gender Policy*, p. 4, viewed 10 March 2019, from <https://www.empowerwomen.org/en/resources/documents/2014/12/the-republic-of-zimbabwe-national-gender-policy-20132017?lang=en>.
ZRP, Zimbabwe Republic Police.

Table 1 reveals that more men occupy influential positions in public service as compared to women. Is this by design or is there a shortage of capable women to occupy senior public service positions? Women could be appointed to lead certain arms of the public sector but chances are that they may receive instructions from men. Thus, they become strategically positioned to serve the interests of men and may not have control over what is happening. One of the five dimensions of social relations shared by institutions is power. Therefore, power embodies 'who decides and whose interests are served?' (March, Smyth & Mukhopadhyay 1999:108). Under this aspect, there are official rules (those that are written) and unofficial rules (those not written), which then allow some actors (men) to continue to gain authority and control over others (women) such that their privileged position is served, and this would make change difficult to occur. If women are to experience autonomy, they need to have the ability to be actively involved in making decisions that transform their lives at an individual or group level (March et al. 1999:108).

Women continue to be segregated and negatively affected in government sectors.

In addition, women still do not get maximum opportunities to serve in other capacities as men would. This keeps them subservient and not able to improve their skills to serve in other capacities. The result is that a particular gender becomes more preferred and proficient over the other because it is constantly exposed to higher and more challenging opportunities. The distribution of power and responsibilities still favours more men than women. Hence, women remain hampered to become emancipators of their lives (March et al. 1999). Women in Zimbabwe have access to opportunities and benefits in the public arena, 'but they still face the challenges in getting full access to opportunities' (ZIMSTAT 2016).

Various institutions such as the home, state, church and communities continue to covertly or overtly perpetuate unequal playing fields between women and men. The current gender relations in Zimbabwe seem to prescribe and promote policies that are more inclined to isolate women (UNDP 2017):

Gender based violence is rooted in a social construct of gender that is inculcated at a very early stage, and is often built upon unequal power relations and unjust attitudes, leading to violent behaviour. (p.1)

Therefore, 'the intended result of prohibiting all forms of GBV is however, far from being achieved as the cases continue to be on the increase' (ZDHS 2010–2011; Republic of Zimbabwe 2013–2017:6). Stereotyped differences in gender form the basis of increased GBV cases. Some people equate gender difference with male dominance leading to reproduction and maintenance of oppressive gendered relations. This allows for an overemphasis of male dominance that eclipse and ignore women's 'power and active roles within particular systems of social organisation' (Chogugudza 2004:19). Male dominance and its prevalence is particularly seen in the Zimbabwean family relations, church and also manifest at the State level.

Gender-based violence: A human rights violation

Among the human rights abuses, GBV remains the most prevalent and pervasive human rights violation globally (WHO 2012). It continues in every country in the world. It has social, religious and cultural roots (Cruz & Klinger 2011:1; Gerhardt 2014:13, 36; Heise, Ellesberg & Gottmoeller 2002:1; UNICEF 2013:13). Women affected by GBV are deprived of their right to enjoy life, as they should. This is caused by (among other reasons) our societies around the globe that have (Heise et al. 2002:1; Mutepfa 2009:77):

[I]nstitutions that legitimise and obscure and deny abuse. The same acts that would be punished if directed at an employer, a neighbour, or an acquaintance often go unchallenged when men direct them at women, especially in the family.

Women and girls remain disadvantaged and vulnerable. This is evidenced by their limited access to resources, both social and economic (Mashiri & Mawire 2013:94; Oxfam 2013). Just like their male counterparts, women are created in the image of God (Mashiri & Mawire 2013:94). However, their God-given dignity is trampled upon and violated (Chauke 2006). Even though working statistics on GBV are available, the exact figures remain difficult to establish owing to underreporting and lack of database (Hayes et al. 2016:1540; US Department of Justice 2010).

There is international consensus that GBV against women and girls is a violation of human rights. The Second World Conference on Human Rights (SWCHR) in Vienna in 1993 has been regarded as one of the achievements of the women's movement owing to its intentional focus and galvanised energy to address GBV issues. In the same year, the United Nations Commission on Human Rights (UNCHR) set a declaration that incorporated women's rights with the mechanisms assuring protection of human rights (Minnesota Advocates for Human Rights 2003):

Also in 1993, the UN General Assembly adopted the Declaration on the Elimination of Violence Against Women (DEVAW), which is currently the main international document addressing the problem of gender based violence. (p. 4)

The International Labour Organisation (ILO) also attests to the fact that GBV is a human rights violation, The ILO uses a rights-based approach to gender-based violence, which

violates victims' fundamental human rights as articulated in the 1948 UN Universal Declaration of Human Rights. These principles are included in Article 1, which provides that, 'All human beings are born free and equal in dignity and rights'; in Article 3, which provides that 'Everyone has the right to life, liberty and security of person'; and in Article 5, which provides that 'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment' (Cruz & Klinger 2011:13). Having these instruments in place is highly commendable as a good point of departure. However, the interpretation of the laws needs to continue cascading down to local communities for transformation to take place.

Efforts by government and country to address gender-based violence

The Government of Zimbabwe has been very assertive and committed, to reduce and eliminate all forms of GBV while promoting gender equality (ZNGBVS 2012–2015:iii). The country's commitment is evident in that, Zimbabwe is signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1991; the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa in 2007; and the SADC protocol on Gender Development in 2009 (ZNGBVS 2012–2015:iii). By ratifying and being signatory in these instruments, Zimbabwe acknowledges that GBV is a scourge within the country and at the same time showing commitment to addressing the situation.

Apart from the above regional and international conventions that Zimbabwe is signatory to as a nation, there are national policies developed to eliminate GBV. In 2007, the country implemented the *Domestic Violence Act* and the *Anti-Domestic Violence Council* (ZNGBVS 2012–2015:iii). There are also complementary efforts by non-government organisations in the country seeking to raise awareness and address GBV (ZIMSTAT 2016:58; ZNGBVS 2012–2015:iii). The Zimbabwe National Gender Based Violence Strategy (2012–2015:iii) states that, 'the needs of many survivors remain unmet and prevention efforts are diminished due to limited resources and coordination among the various sectors'. This means GBV remains a matter of great concern in Zimbabwe. While efforts to meet the needs of survivors are inevitable, dealing with the root causes and major drivers of GBV should take precedence. Such root causes include (among many) patriarchal practices, religious practices that oppress women, social norms, cultural norms and values that promote gender inequality (Gerhardt 2014; Kambarami 2006; Maisiri 2015; Ozaki & Otis 2017). Furthermore, implementation of government policies remains hampered by, 'a lack of multi sectorial intervention that work together to deal with gender based violence' (GCI 2012:5). Those involved in the multi-sectorial interventions should not be guilty of harbouring the root causes because this would impinge on their effectiveness. The church is a subsystem of society (Magezi 2007) and has often been blamed for its ambivalent response to GBV both within and beyond the church's sphere of influence.

In her 2015 public lecture, Muwaningwa alluded to the robust and preventative laws and policies that have been put in place to address GBV in Zimbabwe. Among the laws and policies are: the *Domestic Violence Act 2006* (Chapter 5:16); *Criminal Codification and Reform Act* (Chapter 9:28); the National Gender Based Violence Strategy 2010–2015; the Zimbabwe Agenda for Accelerated Country Action for Women and Girls and Gender Equity and HIV. Above all, the ZIMSTAT states that; ‘The Constitution of Zimbabwe protects the right to life, human dignity and personal security in Section 52, that right is protected against both private and public sources of violence’ (ZIMSTAT 2016:58). Government has implemented commendable policies to deal with and eradicate GBV. Implementation partners of the policies are Ministry of Health and Child Welfare, Ministry of Justice and Parliamentary Affairs, Ministry of Women Affairs, Ministry of Education, National Aids Council, Police, Traditional Leaders and Civic society, including religious organisations.

The foregoing discussion highlights the GBV situation in the country as well as efforts to address the situation. The various policies and actors involved suggests that GBV is complex and has to be looked at as both a social and community issue. The existence of policies alone would not effectively address the situation. Gender-based violence as a social structural issue is sustained and perpetuated by cultural norms, values and beliefs that are fed by patriarchy. To ensure effective responses, interventions should target the multiple social levels. These levels include policy development (which in this case may not be the major issue), government officials’ attitudes, individual men and women, families, community leaders and structures and social institutions such as churches. In many African countries, churches are critical community social institutions.

Magezi (2017, 2018a) argued that over the years, churches have played a significant role in the social development and transformation of people’s lives. Sadly, as Mati (2013) noted, churches as social institutions have not been scientifically studied meaningfully. Therefore, noting that churches could play an important role in GBV as part of a social system (Magezi 2007), the questions that emerge are: How are churches involved in addressing GBV? And conversely, how are churches also involved as facilitators or enablers of GBV in Zimbabwe?

The church and gender-based violence in Zimbabwe

Churches complicity in gender-based violence

Albeit ambivalent, the role of churches in GBV is widely acknowledged in Zimbabwe. According to Gender Challenge Initiative (GCI), a lack of multi-sectorial interventions that work together creates gaps in policy implementation (GCI 2012:5). Churches are expected to play a role as part of multi-sectorial interventions. The church as an institution has a strategic role to play to address GBV. The government

cannot effectively address GBV alone. Chitando and Chirongoma (2013:9) lament that most churches and theological institutions have not responded to GBV in a dynamic and liberating manner. This is despite the potential that the churches possess.

According to the 2010–2011 nationwide Demographic and Health Survey (DHS) conducted by ZIMSTAT, 84.5% of the population in Zimbabwe is Christian (ZIMSTAT 2016:29). In the same survey, about 41% of men admitted to having committed intimate partner violence at least once in their lifetime.

Considering the high percentage of Christians, it suggests that Christians are to a considerable extent involved and complicit in perpetrating GBV. Sadly, it could be that Christians are unaware that they are part of the problem of fuelling GBV (Clark 2016:37; Musodza, Mapuranga & Dumba 2015:124; Oliver 2011:2).

Gender-based violence within the church in Zimbabwe is appalling. The News Day (2013) paper stated, ‘Recent media reports were awash with stories of pastors who sexually assaulted their female congregates’ (Samukange 2013, in News Day). The nature of GBV that is perpetrated in the church include rape, child marriage, sexual assault and intimate partner violence among others (ZNGBVS 2012–2015:8). The status of women in the church could be described as mixed. Their status is characterised by forms of marginalisation, domination and subordination to men as reflected in the government and surrounding communities. Because of its silence and its participation (covertly or overtly), the churches and church leaders seem to be a major obstacle in Zimbabwe towards the emancipation of women (Maposa & Sibanda 2013:97). Only male voices and their dreams and desires continue to be dominant in the church. Women are largely insulated and safe during public church functions even though they are not given leadership roles. However, women remain subjugated and suppressed by their male counterparts who are their spouses in private spaces such as homes (Museka 2013:111).

In view of the women’s suppression and subjugation, it is timely, therefore, as researchers have advised that the church should begin within its walls to tackle GBV (Manyonganise 2013:147; Maposa & Sibanda 2013:133). Religious organisations and communities have proven to be exceptional in addressing the HIV pandemic. However, the same vigour and energy has not been witnessed in addressing GBV (Brade 2009:17; Herstad 2009:3; Owens 2008:15). The situation that is evident in churches indicates that churches could be complicit in GBV matters. In linking what is happening in the church to the rest of the community, it should be noted that the Christian community is not only in the society where GBV is rampant but it is also a participant in some cases. Churches in many cases mirror society (Magezi 2007). There are despicable cases of GBV within the church that have come to be expected or treated as normal (Oliver 2011:12; Ushe 2015:102).

Among a myriad of GBV causes, the following stand out. Firstly, religious practices emanating from inappropriate interpretation of certain biblical passages lead to the oppression of women. Secondly, Zimbabwean men are brought up in a patriarchal society and the patriarchal practices find their way into the church. Thirdly, cultural practices that perceive and treat women as weak and unable to stand on their own, fuel GBV in the church. Fourthly, the inability of some clergy and laity to identify and address GBV within the church results in the church being vicariously complicit in perpetuating GBV (Brade 2009:17; Clark 2016:15–16; Maisiri 2015:12; Maposa & Sibanda 2013:133; ZNGBVS 2012–2015:11).

Churches' involvement in addressing gender-based violence

What are the interventions or initiatives that have been employed by churches or church leaders in Zimbabwe so far to address GBV? There are efforts by the church and society to enforce government prevention laws to address GBV. Some churches are beginning to speak out against GBV.

The Anglican Diocese of Manicaland launched a 'Tamar Campaign' as a way to address GBV. The Tamar Campaign aimed at re-interpreting some scripture texts that seem to promote GBV and opening dialogue between women and men on GBV issues. Biblical passages that risk being misunderstood owing to weak hermeneutical skills like Ephesians 5:22–33; 1 Timothy 2:11–14; 1 Peter 3:1–7 are being analysed and pastors assisted to interpret the texts in a life-giving and mutually respectful way. Biblical passages are being applied in marriages in appropriate life-giving and mutual respectful ways. Pastors are receiving pastoral counselling training to effectively counsel sexual and GBV victims. The aim of the training sessions is to develop capacity of ill-equipped pastors to better handle sensitive GBV cases. The Ecumenical HIV and AIDS Initiative in Africa (EHAIA 2013), a programme by World Council of Churches (WCC 2016), is involving men to equip them to positively respond to sexual and GBV through contextual bible study (Chindomu & Matizanhuka 2013:172; Hilukiluhah 2013:197; Togarasei 2013:191).

While the above efforts are not exhaustive, they indicate efforts and progress towards integrating activities that address GBV in churches. Despite these efforts, there are many other churches that are not meaningfully involved in GBV responses. The majority of churches are still being blamed for being ambivalent in their approach to GBV. Thus, while churches are identified as critical community players (Mati 2013), their role in the communities remains somewhat negligible. The questions that emerges are: How can churches optimise their social positioning as community institutions to address GBV? What is the practical theological framework that could be employed to connect the church as a spiritual institution to engage social public issues? To leverage churches for effective GBV response, the role of churches should shift from only focussing on private spiritual matters

to focus on public social issues. To that end, a church public pastoral role is proposed as a church-driven community development initiative to transform communities on GBV issues.

Towards church public pastoral care intervention in gender-based violence

Public practical theology and public pastoral care conceptualisation

The term public theology is used in this article to refer to the role of the Christian church in Zimbabwe on how it could, 'redefine and contextualise the calling and role of Christian faith and churches in public life' (Koopman 2012:1). Public theology is not institutionalised theology, but it is theology that seeks discourse with social situations and human contexts (Dreyer & Pieterse 2010:6; Garner 2015:23; Juma 2015:1; Koppel 2016:151). It is not a replacement or rebranding of practical theology but rather practical theology that finds its expression in public theology (Juma 2015:2). Jesus began his ministry by interacting with peoples' situations, stories and communities. He focussed his public ministry on the poor and the oppressed (Lk 4:18) (Masango 2010:2). In relation to GBV, we pose the question, how is God interfacing with GBV? A theology that is unable to address human challenges maybe useless in the pursuit of addressing human transformation (Juma 2015:3). We may pose a second question: What is God saying about the gender imbalances and disparities existing in the church and communities where the church exists? In response, theology should effectively interrogate social issues in order to imagine and implement effective community interventions. Thus, public pastoral care focusses on whole persons (Koppel 2016) and public issues like GBV too. Pastoral care as a practical theology discipline should 'imagine practical ways' of 'addressing practical problems' in society (Cahalan & Mikoski 2014; Louw 2014).

Osmer (2008:4–6) rightly stated that the fourth task of practical theology is a pragmatic task where the theologian has to answer the question, 'how might we respond?'

Bridging the gap between the church and social issues is indeed the task of public pastoral care as a form of public practical theology. Practical theology is interconnected with public issues. Osmer and Schweitzer (2003:215) maintain that practical theology includes a public dimension in its work. Dreyer (2004:919–920) added that the days are long gone when the practices of the church and clergy were the main or the only focus of practical theology. The vision has broadened to include the context of everyday life on a local, national and global level. Osmer and Schweitzer (2003:218) usefully explained that the task of public practical theology is discerned in three ways: Firstly, it is about ensuring that the public is one of the audiences of practical theology. Secondly, it is to ensure that practical theology includes everyday

concerns and issues in its reflection. Thirdly, practical theology should facilitate a dialogue between theology and contemporary culture.

Public practical theology is therefore a practical theology approach where the focus is explicitly on public issues. Tracy (1981:5) described the three 'publics' that should be engaged by theology as society, the academy and the church. However, in our discussion, our focus is on how practical theology engages everyday concerns and issues of GBV, which entails intentional focus on making the church interface with non-ecclesial communities. The church and community engagement on GBV implies an intervention driven by the congregation. McLemore (2018:312) highlighted three trends behind the shift of practical theology and pastoral care to public issues. These are, namely, the focus on congregational studies, public theology and the rise of liberation movements. Therefore, McLemore (2018:313) advised that pastoral care should shift to social ethic that is relevant to public problems. She stated that pastoral care should socialise believers to particular understandings of church and social ethic of public care because religion has public consequence. For instance, from the perspective of liberation pastoral care approach, pastoral care is for the society itself (Moseley 1990).

As already alluded to above, the church's public theological role in addressing GBV within itself and communities remains less visible. Its beliefs, practices and interpretation of scriptures are not publicly practiced in a manner that sees the emancipation of women both in church and in society.

Vanhoozer and Strachan (2015:21) described the pastor as a public theologian who is called to point or direct people, to nurture and facilitate church people to live their true identity both within and beyond the church. Thus pastors are public theologians. Ashby (2004:11) advised that public theologians need to set the tone for human dialogue that promote human flourishing. When an environment that encourages or promotes human flourishing is established, our theology ceases to run 'the risk of remaining privatised' on issues that relate to GBV (Magezi 2018:5). As it stands, our theological teachings and convictions in church are, 'private, unassuming and circumspect' (Leslie 2008:83). McLemore (2018:312) concedes that practical theology is not what theological people do in private, rather it encompasses what religion should do in public and have a 'theological engagement with public issues of pastoral consequence', including GBV. Williams (2014) stated that:

[P]ublic theology is concerned with how the Christian faith addresses matters in society at large. It is concerned with the public relevance of Christian beliefs and doctrines. Theology is a perennial contextual enterprise. (p. 159)

In light of this, the church's teachings and practices on gender issues must constantly dialogue with communities with the aim of seeking better gender relations between men and women.

According to Koppel (2016):

Practising public theology asks that pastoral care practitioners and theologians take seriously and engage mindfully with issues that concern groups of people and whole populations, rather than individual persons in isolation. (p. 151)

This can only happen if the church acknowledges that a problem exists and allow internal transformation to take place. The focus of the internal changes should be on oppressive religious traditions before the church can get into dialogue with communities. The major problem faced by the church is its failure to explain and properly name the phenomenon as evidenced by its ambivalent attitude. Thus, Spencer (2008:79) asserts that the 'churches' biggest obstacle to effective public witness is probably itself'. The churches expression of faith should be matched by its actions (Ashby 2000:19). Witness in this case is understood as the churches' role in explaining its faith and religious beliefs based on sound hermeneutics seeking to engage the public, leading to transformation and development of communities.

The other obstacle faced by the church is that pastoral theologians are not convinced that they are equipped or welcome to think or give care in the public arena (Leslie 2008:83). Leslie (2008:84) quoting DeLauro succinctly explains that the voices of pastoral theologians remain barely audible because they are not taught 'how to engage the arguments about the role of religion and faith in the public square'. The church and its pastors may 'not feel equipped to translate our discipline into communal, public, and political arena, we do not write or speak up' (Leslie 2008:84). Inadequate equipping of the church and its pastors will make public pastoral theology 'stand either out in front or on the edge of their communities of faith' (Leslie 2008:84).

Thus, the church in Zimbabwe should work towards focussing on private situations when dealing with GBV and begin to be more intentionally public to address the phenomenon. In view of this, the churches' voice, faith, biblical hermeneutics and practices on GBV issues should be felt and result in community transformation and development. But how does a pastor or church shift to effectively operate in the public?

Propositions on how the church could be public with regard to gender-based violence

Church and community enrichment seminars

This entails church leaders and community leaders such as politicians holding joint enrichment seminars. This includes holding conversations on GBV and exploring joint ways in which churches and communities can partner to address the problem.

Developing pastoral enhancement networks

This entails linking pastors to institutions and bodies where they can refer affected members as well as develop the capacity of pastors to address societal GBV issues.

Encouraging proper understanding of church as universal but local within a particular context to drive change

The word 'church' must be appropriately understood in relation to how it functions in society. The church is understood as a local body of believers (1 Cor 16:19) belonging to a particular denomination not independent from a global body of believers (Eph 5:25) that confess Jesus as Lord and Saviour.

Whether reference is made to believers in small groups, large groups or universally, the community of God's people remains a church (Grudem 1994:853–857). We employ an understanding of the church without particular reference to a denomination but as a body of believers in Zimbabwe that confess Jesus as Lord and Saviour. The church has been understood to be an architectural structure, which manifests as various denominations such as Methodist, Lutheran Church, Baptist and Presbyterian. Even among Christians, a limited understanding of the meaning of church lingers. The media and legislative documents refer to the church without clearly defining what it is or what it means (Erickson 2000:103). The definition of church should go beyond denominational identities to an understanding that encompass its mission on earth. This is important because an inappropriate definition of church consequently leads to a misconception of its true public mission. Importantly, however, the various churches (not denominations) should be understood as grassroots institutions that are a catalyst for change (Magezi 2012, 2019).

Practically, the church forms a context in which the gospel (Louw 1998:70):

...[C]an be mediated and realized. As an embodiment of koinonia and of the fellowship of believers, the congregation forms the context in which pastoral encounter can take place. Encounter means the communication process that takes place between God and humanity within a real situation where they discover meaning through faith and guided by scripture. Pastoral encounter is humane and contextual. (p. 70)

Therefore, the church exists in a context where believers have real situations like GBV.

This means if the worship of God is to be lived and transform communities, the church must confront and discourage GBV among its members and surrounding communities. The church can contribute towards public transformation of its communities if it takes its holistic mission on earth seriously.

The church's mission is that of the Kingdom of God, which scripture describes as a situation where peace and righteousness will reign supremely (Hendriks 2007:1004). God mediates peace and righteousness through human agency.

Respect and upholding humanity as the image of God through teaching and exemplary living

For the church to effectively become publicly pastoral when addressing GBV, it should comprehend God's value of

humankind regardless of gender. If the theology of the church treats women in an oppressive manner, it misrepresents God and cannot change this social injustice against women. Juma (quoting Williams) posits the following key question in doing public pastoral care, 'How is God interfacing with the human condition of the moment?' (Juma 2015:3). As a corollary to the above question, we may pose the question: What is God saying about the gender imbalances and disparities existing in the church and communities where the church exists? Theology of the church should effectively and publicly interrogate the social issues so that it assists in promoting positive community gender relations in addition to spiritual issues. Jesus' model is useful in this regard. Jesus restored human dignity by publicly confronting social injustices that included oppression and abuse of women. God's role and that of the prophets was restoration of human dignity (Masango 2010:1).

Introspection and transformation within

Public pastoral care on GBV calls for transformation of churches in terms of their traditional and theological views that entrench the practices. Women are generally viewed as inferior to men in churches. Such understanding often emanates from sociocultural worldviews on the position of women in society.

Consequently, the understanding influences the hermeneutics of the scripture and produces negative views of women. Rather, the authority of scripture should influence and evaluate how God himself treats women. The premise of the church must be that God created male and female in his image (Gn 1:26–27) and both deserve full dignity and respect (Hendriks 2007:1004; Magezi 2018:7). God did not create women as inferior beings or less human. A closer examination of Genesis 1 and 2 indicates that the ideal gender relations that God intended for humanity is equality. It is an environment in which the first man and woman complement (Gn 2:18) each other before the fall of man in Genesis 3. The churches should employ the Genesis 1 and 2 model in its public pastoral ministry. This model would address the ambivalent nature of the church by enforcing equality.

Promotion and encouraging spaces for women to interact and share experiences

Women should be provided space to speak in the church. By speaking, we are referring to intentionally providing women a space where they meet as women to share their experiences related to GBV. Such meetings may include pastors and leadership of the denomination(s), with women taking the lead in coordinating the discussions. These spaces would encourage women to speak and share their experiences openly. The whole idea is aimed at engaging the marginalised, oppressed, voiceless and rejected people of God (Masango 2010:3). Women in the church together with leadership of the church should both work towards creating an environment that is enabling to women.

Capacity development in proper interpretation of the Bible

Church leaders should be encouraged to undergo continuous training through seminars and workshops to strengthen their biblical interpretation skills. Some of the negative interpretation approaches include referring to women as gullible and first sinners emanating from inappropriate interpretation of Genesis 3.

Certainly, an analysis of Genesis 3 reveals that Adam equally sinned just like Eve because he failed to honour the instructions God had given him. The following passages (Jdg 19; Gn 38; 2 Sam 13:1–22; 1 Cor11:12–16; 1 Tim 2:8–15) have been understood to endorse practices that fan GBV. Hence, these texts should be interpreted with caution.

Conclusion

While GBV remains a huge challenge despite efforts by different sectors, churches as grassroots institutions should partner with other players to implement interventions that contribute towards addressing the problem.

Churches should employ an intentional public pastoral role when ministering to people by providing hope and an alternative way of life in word and deed. Churches should be light and salt and not be complicit in GBV issues. To overcome the inactiveness of churches in GBV, churches should adopt an intentional public role to serve both its members and the rest of the community.

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Authors' contributions

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