Trauma, Faith, and Resilience: Developing a Christian Counselling for Survivors of Gender-Based Violence in Ghana

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Abstract

Gender-based violence (GBV) inflicts psychological, relational, bodily, social, and spiritual wounds that may continue long after immediate physical danger has passed. For Christian survivors, trauma may also disrupt previously sustaining understandings of God, prayer, marriage, community, identity, and faith. This qualitative study explores the intersection of trauma, Christian spirituality, and resilience among survivors of GBV in Ghana and develops a contextual framework for faith-integrated trauma care. Using a phenomenologically informed qualitative design, semi-structured interviews were conducted with 10 adult Christian women who had experienced domestic or sexual violence and five Christian counsellors experienced in trauma-related care in Accra, Kumasi, and Cape Coast. Thematic analysis identified three interrelated movements in participants' accounts of recovery: **safety, lament, and redemption**. Safety involved physical and psychological protection, non-judgmental listening, restoration of choice, and freedom from religious condemnation. Lament provided a theological language through which survivors could express grief, anger, confusion, and spiritual struggle without construing such emotions as failures of faith. Redemption involved the gradual reconstruction of dignity, identity, agency, relationships, meaning, and hope; it did not require reconciliation with an unsafe perpetrator or denial of continuing trauma. These findings informed the proposed **Lament–Redemption Model of Christian Trauma Care (LRM)**. The model integrates trauma-informed principles with Christian pastoral theology while emphasising survivor autonomy, safeguarding, interdisciplinary referral, and culturally responsive spiritual care. The article argues that Christian counselling becomes healing not when faith silences trauma, but when faith creates room for truth, safety, lament, justice, dignity, and renewed hope.

Keywords: gender-based violence; trauma-informed counselling; Christian counselling; lament; resilience; Ghana

Introduction

Violence wounds more than the body.

It can change the way a person sleeps, trusts, remembers, relates, worships, and understands herself. For survivors whose Christian faith has long provided meaning and belonging, gender-based violence may create an additional wound: the painful question of how violence can coexist with beliefs about a loving God, the sanctity of marriage, forgiveness, obedience, and the safety of the faith community.

Violence against women remains a major public-health and human-rights concern internationally, with consequences extending into physical health, psychological well-being, family life, and wider

communities. The World Health Organization's updated prevalence work continues to identify intimate-partner and sexual violence as a substantial burden across the African region.

Within Ghana, Christian theology can occupy an especially complex position in survivors' lives. Stiles-Ocran's (2023) qualitative study of Christian women experiencing intimate-partner violence in southern Ghana demonstrates that theology, informal support networks, and religious meaning can simultaneously constrain survivors and contribute to the development of personal agency. More recent Ghanaian research likewise describes intimate-partner violence as embedded within intersecting relational, cultural, religious, and social conditions rather than arising from a single cause.

This complexity deserves careful pastoral attention.

Faith may help a survivor endure a terrible night.

Faith may give language to hope.

A congregation may provide shelter, money, childcare, prayer, friendship, and protection.

Yet faith can also be misused.

A woman experiencing violence may be told to submit more faithfully, pray more intensely, forgive before she has reached safety, remain silent to protect the family's reputation, or interpret repeated abuse as a spiritual trial she must endure.

When theology functions in this way, the survivor experiences two wounds: **the violence itself and the religious interpretation that makes resistance appear unfaithful**.

The source study captures this tension in the testimony of survivors who described learning to conceal suffering beneath Christian practice and discovering healing only when they were permitted to name their pain honestly.

This article argues that Christian trauma counselling must therefore begin neither with forgiveness nor with explanations of suffering.

It must begin with **safety**.

From safety, the survivor may find language for **lament**.

From truth-telling, agency, community, and meaning may gradually emerge what this article calls **redemption**.

Together, these movements constitute the proposed **Lament–Redemption Model of Christian Trauma Care (LRM)**.

Trauma and the Loss of Safety

Trauma is not simply an unpleasant memory.

Traumatic experiences can alter patterns of arousal, attention, trust, emotional regulation, interpersonal functioning, bodily experience, and meaning. Trauma-informed practice consequently emphasises not only what happened to the survivor but how services respond to the survivor after it happened.

Contemporary trauma-informed frameworks give particular emphasis to physical and psychological safety, trustworthiness, peer support, collaboration, empowerment, voice and choice, and sensitivity to cultural and gendered contexts. They also emphasise avoiding practices that reproduce powerlessness or retraumatization.

These principles are particularly important in GBV counselling because violence itself is an abuse of power.

A counselling process that subsequently takes control away from the survivor—even for apparently benevolent religious reasons—may inadvertently repeat an important feature of the original trauma.

Christian counselling should therefore not ask first:

"Why haven't you forgiven him?"

It should ask:

"Are you safe?"

Not:

"What did you do to provoke this?"

But:

"What happened to you?"

Not:

"How can we save this marriage?"

But:

"What do you need in order to live without violence?"

This movement from prescription to presence is foundational to trauma-informed pastoral care.

Faith After Violence

Trauma can disturb spiritual assumptions as profoundly as psychological ones.

Survivors may ask:

Where was God?

Did God allow this because I failed?

Is leaving an abusive marriage disobedience?

Can I be angry with God?

Why did prayer not stop the violence?

Can I trust a church that told me to remain silent?

These are not peripheral questions for a Christian survivor.

They may lie near the centre of the trauma itself.

Research on spirituality after sexual violence suggests that spiritual life may become an important source of connection, interpretation, coping, and transformation. At the same time, religious coping is not uniformly beneficial. Positive spiritual coping has been associated with better psychological outcomes in some survivors, whereas negative religious coping and spiritual struggle can be associated with greater distress.

Recent work has also drawn attention to the possibility of **spiritual harm** and the need to recognise religious and spiritual struggles as clinically relevant dimensions of trauma.

The implication is significant.

Christian counsellors cannot assume that religion is automatically medicine simply because the survivor is Christian.

Sometimes the client's image of God has itself become entangled with fear.

Sometimes a biblical text has been weaponised.

Sometimes church teaching has contributed to shame.

Sometimes the first spiritual intervention required is permission to question.

Lament: When Faith Tells the Truth

The Christian Scriptures contain a language frequently missing from triumphal forms of contemporary spirituality: lament.

The psalmists cry, question, protest, grieve, remember, wait, and sometimes accuse God of being painfully distant.

Psalm 13 begins not with certainty but with the anguished question, "How long?"

Psalm 22 begins in perceived abandonment.

Psalm 42 speaks to a distressed soul.

Job refuses easy theological explanations of suffering.

Jeremiah gives grief language.

Jesus weeps.

In Gethsemane, anguish is not presented as evidence of deficient spirituality.

Biblical lament therefore offers an important pastoral corrective to any theology that equates strong faith with emotional silence.

Lament says:

You may love God and grieve.

You may trust God and ask questions.

You may worship and weep.

You may pray without pretending that what happened was acceptable.

This is particularly important for trauma survivors who have learned to interpret emotional suppression as Christian maturity.

Lament transforms faith from performance into relationship.

It gives the survivor permission to bring the actual self—not the expected religious self—into the presence of God.

The Cross Without Romanticising Suffering

Christian trauma counselling naturally encounters the cross.

But it must handle the cross carefully.

The crucifixion should never be used to teach an abused woman that because Christ suffered, she is spiritually obligated to remain in a violent relationship.

The cross does not sanctify the perpetrator's violence.

Nor does resurrection require denying the seriousness of trauma.

A responsible theology of the cross makes a different claim: **God is not indifferent to violated humanity**.

Christian faith places divine presence in the midst of suffering without declaring suffering itself good.

This distinction is essential.

Redemption does not make the violence necessary.

It does not suggest that God caused abuse so that a survivor could eventually develop a testimony.

It means that violence does not possess sovereign authority over the survivor's future.

The perpetrator may have injured the survivor.

The perpetrator does not acquire the right to define who the survivor will forever be.

Christian Identity and the Imago Dei

One of violence's deepest psychological injuries is its assault upon dignity.

Repeated degradation can gradually become internalised:

I am worthless.

I caused this.

Nobody will believe me.

I deserve this.

I cannot survive without him.

God must be disappointed in me.

Christian anthropology offers a profound counterstatement.

The survivor remains *imago Dei*—a bearer of God's image.

Her dignity did not originate in marriage.

It therefore cannot be cancelled by marital violence.

Her value did not originate in sexual purity.

Sexual violation therefore cannot remove it.

Her worth does not depend upon whether a congregation understands her story.

The pastoral counsellor's work is consequently not simply symptom reduction.

It includes what may be called **theological re-humanisation**: helping a person recover the language of dignity after violence has repeatedly communicated worthlessness.

Method

Research Design

The study employed a qualitative, phenomenologically informed approach to explore how Christian survivors understood trauma, faith, and healing following experiences of gender-based violence.

Phenomenological inquiry was appropriate because the concern of the research was not simply the frequency of symptoms but the meanings survivors attributed to violence, God, church, identity, emotional recovery, and resilience.

Rather than treating survivor narratives merely as illustrations of predetermined theology, the study approached them as lived accounts requiring careful psychological and theological interpretation.

Participants

The source study comprised **15 participants**: 10 adult Christian women who had experienced domestic or sexual violence and five Christian counsellors with experience in trauma-related counselling.

Participants were drawn from Accra, Kumasi, and Cape Coast.

Survivor inclusion criteria specified adulthood, Christian identification, an experience of domestic or sexual violence within the preceding 10 years, and participation in at least one form of pastoral or professional counselling. The dual sample enabled survivor experiences to be considered alongside practitioner perspectives.

Data Collection

Semi-structured interviews lasting approximately 60–90 minutes explored the effects of violence upon faith, factors participants experienced as supportive or obstructive to healing, and changes in their understanding of God and themselves.

Interviews were conducted in English or Akan according to participant preference and were audio-recorded with consent, as reported in the source manuscript.

Data Analysis

The source manuscript reports thematic analysis informed by Braun and Clarke's approach, with NVivo used for data organisation.

For conceptual clarity, the analysis is best understood as **hybrid thematic analysis**: open attention was given to participants' accounts, while the developing concepts of safety, lament, and redemption also provided interpretive sensitising categories.

This distinction is important because the model should arise from dialogue between data and theory rather than forcing every participant experience into an existing theological scheme.

Reflexivity

Because the researcher approached the topic as a Christian counsellor and pastoral educator, reflexivity was essential.

Theological conviction can illuminate interpretation, but it can also create assumptions.

The researcher's responsibility was therefore not to decide what participants *ought* to believe about God after violence but to listen carefully to what they actually experienced.

Ethics

The source manuscript reports institutional ethical approval, informed consent, confidentiality protections, pseudonymisation, secure handling of information, attention to participant distress, and availability of additional counselling support.

Because GBV research involves heightened safeguarding concerns, survivor welfare takes precedence over completion of an interview.

Findings

Three interconnected themes structured participants' accounts of healing: **safety, lament, and redemption**.

They should not be understood as rigid sequential stages.

Survivors may move backwards and forwards between them.

Safety may need rebuilding after a setback.

Lament may return years later.

Redemptive meaning may coexist with grief.

Healing is not linear.

Theme One: Safety—Being Heard Without Condemnation

Safety was the foundation upon which other dimensions of recovery became possible.

Participants' accounts suggested that safety involved far more than the cessation of physical violence.

It involved being believed.

Being listened to.

Having choices.

Being protected from judgment.

Not being blamed.

Not having Scripture immediately used to prescribe behaviour.

Not being pressured toward reconciliation.

One survivor described disclosing that her husband had hit her, only to be advised to pray harder. She subsequently stopped speaking because she interpreted the response as evidence that neither the church nor God had room for her pain.

That testimony illustrates an important distinction:

religious response is not necessarily pastoral care.

Theologically orthodox words can still be pastorally harmful when spoken without listening, safeguarding, timing, and compassion.

Trauma-informed principles support the centrality of safety, trust, choice, collaboration, and empowerment.

For Christian counselling, therefore, safety becomes more than a clinical preliminary.

It becomes a pastoral ethic.

Theme Two: Lament—Recovering the Right to Speak

The second theme concerned the recovery of emotional and spiritual speech.

Several accounts suggested that survivors had learned to translate grief immediately into praise, suppress anger toward God, or avoid questioning theological explanations offered by others.

Counselling created permission to speak more honestly.

The source manuscript includes the striking account of a survivor who said she had previously thanked God in prayer while inwardly bleeding but eventually learned from counselling that she could tell God the truth about her anger.

This is the pastoral importance of lament.

Lament does not remove trauma.

It removes the requirement to lie about trauma in God's presence.

Psychologically, speaking painful experience in a safe relationship may support emotional processing and meaning-making. Spiritually, lament enables suffering to become relational communication rather than silent alienation.

The LRM therefore reframes lament not as failure to overcome but as **courageous spiritual truth-telling**.

Theme Three: Redemption—Identity Beyond Violence

Redemption was described less as forgetting than as recovering authorship over one's life.

This requires considerable theological care.

A survivor's worth should never depend upon transforming pain into ministry.

She does not owe the church an inspirational testimony.

She is not required to discover something "good" that violence accomplished.

Redemption in the LRM means that the experience of abuse no longer has exclusive authority to define identity.

The source accounts describe survivors rediscovering dignity, relationships, community participation, agency, and in some instances a desire to support other women.

But post-traumatic growth should never be romanticised. Contemporary trauma research shows that growth can coexist with substantial psychological and spiritual suffering rather than replacing it.

A survivor can be resilient and still grieve.

She can develop meaning and still experience flashbacks.

She can forgive and still maintain permanent boundaries.

She can love God and remain disappointed with the church.

She can heal without returning to the person who harmed her.

The Lament–Redemption Model of Christian Trauma Care

The findings suggest a three-movement framework.

1. Safety: Protect Dignity, Voice, and Choice

The first movement asks:

Is the survivor currently safe?

What immediate safeguarding is required?

Are children also at risk?

Does she require medical attention?

Does she have somewhere secure to stay?

What legal, social-work, financial, or psychological resources are needed?

What does she want to happen next?

The pastor or counsellor does not assume control.

The survivor's voice matters because violence has already taken too much control away.

Spiritual practices should likewise require consent.

The Christian counsellor can ask:

"Would prayer be helpful to you now?"

rather than assuming that prayer must occur.

2. Lament: Give Pain Language

Once adequate safety exists, the survivor may gradually tell her story.

The counsellor does not force disclosure.

Trauma-informed care explicitly seeks to prevent retraumatization and preserve choice.

Lament may involve:

grief;

anger;

silence;

journaling;

prayer;

Scripture;

questions;

tears;

bodily awareness;

or simply being witnessed.

The goal is not catharsis for its own sake.

The goal is integration—helping what has been unspeakable become bearable enough to be known.

3. Redemption: Reclaim Identity, Agency, and Future

The third movement asks:

Who are you beyond what happened?

What relationships are safe?

What has violence taught you falsely about yourself?

What choices are now possible?

What boundaries need strengthening?

What kind of future can gradually be imagined?

For Christian survivors, theological resources concerning divine love, justice, dignity, resurrection, community, and hope may support this work.

But redemption must remain survivor-centred.

It cannot be prescribed according to the counsellor's timetable.

Forgiveness Requires Theological Care

Few issues require greater sensitivity than forgiveness.

Premature calls to forgive may pressure a survivor to bypass anger, minimise injustice, resume contact, or relinquish legitimate boundaries.

Contemporary research from African contexts illustrates this danger. Morgan et al. (2026), studying sexual-trauma recovery in marginalised South African contexts, found that religion could provide supportive meaning while also contributing to trauma suppression through spiritual bypassing and premature forgiveness.

Christian counselling should consequently distinguish among:

forgiveness;

reconciliation;

trust;

legal accountability;

and restoration of relationship.

They are not synonymous.

Reconciliation requires conditions forgiveness alone cannot produce.

Trust requires evidence.

Safety may require permanent separation.

Justice may remain necessary.

The abused person is not responsible for protecting the perpetrator from consequences.

The Church as Sanctuary—or Secondary Wound

The church occupies an unusually powerful position in this discussion.

For many survivors, it may be the first place they disclose abuse.

That moment matters.

A survivor who hears:

"What did you do?"

receives a different gospel from the woman who hears:

"I believe you. You did not deserve to be abused. We need to make sure you are safe."

Ghanaian research demonstrates the complexity of church theology and women's agency in contexts of intimate-partner violence. Religious networks and theological meanings may constrain women, but survivors can also draw upon personal faith and theology to construct agency and resistance.

Churches therefore require more than compassion.

They require competence.

Pastoral Responses to GBV

Every congregation should develop clear safeguarding and referral procedures.

Pastors need training to recognise domestic and sexual violence, assess immediate safety, understand mandatory reporting requirements where applicable, document responsibly, maintain confidentiality within legal limits, and refer appropriately.

Pastoral responses should reject interpretations that:

blame survivors;

justify violence through submission;

equate endurance with holiness;

require reconciliation before safety;

treat abuse exclusively as spiritual warfare;

or discourage professional treatment.

Faith may remain integral.

But **prayer is not a safety plan**.

A sermon is not trauma therapy.

A deliverance session is not a substitute for specialised assessment.

Pastoral ministry is strongest when it knows both its calling and its limits.

Scripture as Shelter Rather Than Weapon

Scripture can become an extraordinary resource for survivors.

The Psalms give suffering language.

The prophets name injustice.

Jesus restores dignity to people pushed to the margins.

The cross communicates God's solidarity with suffering.

Resurrection proclaims that violence and death do not receive the final word.

Yet Scripture can also be weaponised.

Texts concerning submission, forgiveness, suffering, or marriage may be extracted from their wider theological contexts and applied in ways that preserve abusive relationships.

The counsellor must therefore ask not only:

"What does this text say?"

but:

"What happens to this survivor when I use this text in this way?"

Biblical interpretation is a pastoral responsibility.

A correct verse used cruelly can become an incorrect intervention.

Prayer and Spiritual Integration

Research indicates that spirituality can be a significant resource in sexual-trauma recovery, but its effects depend partly on how spirituality is experienced and interpreted.

Prayer in the LRM should therefore be invitational.

It may include lament rather than immediate victory.

Silence rather than explanation.

Requests for protection.

Permission to express anger.

Thanksgiving when gratitude genuinely emerges.

Intercession for courage.

Prayer should never become evidence-testing:

"If you really believed God, you would..."

That is spiritual coercion.

Community and African Relationality

Recovery rarely occurs in isolation.

The Ghanaian setting brings relational and communal dimensions of healing into sharp relief. Families, congregations, women's groups, trusted friends, professionals, and community networks may all support survival and recovery.

However, "community" must never be romanticised.

A community can protect.

It can also shame.

Families may urge women to remain in violent marriages.

Church members may gossip.

Leaders may protect perpetrators.

Economic dependence may make separation difficult.

A trauma-informed African Christian approach must therefore ask not merely whether community exists, but whether **this particular community is safe for this particular survivor**.

Where safe community exists, it can become one of recovery's strongest resources.

Discussion

The findings support a central proposition: for Christian survivors of GBV, trauma recovery may involve intertwined psychological and spiritual processes.

This does not mean theology explains trauma symptoms.

Nor does it mean spiritual practices replace evidence-based treatment.

It means the survivor's religious world may form part of the landscape in which trauma is interpreted, suffered, and healed.

The LRM contributes to this discussion by bringing trauma-informed practice into dialogue with lament and redemption.

Safety protects dignity.

Lament restores voice.

Redemption restores possibility.

This formulation also responds to emerging scholarship demonstrating that spirituality after interpersonal violence can function both constructively and destructively.

The church therefore cannot merely ask whether survivors have faith.

It must ask:

What kind of theology is their faith being asked to carry?

A theology that says, "God requires your silence," increases the burden.

A theology that says, "God hears your cry, your dignity matters, violence is wrong, and you deserve safety," may support recovery.

Implications for Christian Counsellors

Christian trauma counsellors require dual competence.

They must understand faith.

And they must understand trauma.

Theologically sophisticated but trauma-illiterate counselling can harm.

Psychologically competent but spiritually dismissive counselling may fail to understand an important dimension of the religious client's identity.

Professional formation should therefore include trauma assessment, GBV dynamics, safeguarding, risk assessment, crisis intervention, cultural humility, spiritual assessment, theological reflection, boundaries, referral, and supervision.

Christian counsellors should particularly learn the difference between **using faith as a therapeutic resource and using religious authority to control the client**.

Implications for Theological Education

Seminaries should prepare ministers for the realities they will encounter outside the pulpit.

Pastors will meet rape survivors.

Abused spouses.

Traumatised children.

People considering suicide.

Families dealing with addiction.

Congregants experiencing severe mental illness.

Teaching preaching without teaching safeguarding leaves an avoidable gap in ministerial formation.

Pastoral curricula should therefore include:

trauma and crisis counselling;

gender-based violence;

pastoral ethics;

psychopathology;

suicide and self-harm;

family violence;

child safeguarding;

spiritual abuse;

referral;

and supervised pastoral practice.

Theological competence should produce safer ministry.

Implications for Congregations

A trauma-informed church asks not simply whether it has a counselling department.

It asks whether its **culture** is safe.

Can women disclose abuse without being blamed?

Are leaders accountable?

Can members lament publicly?

Are perpetrators protected because they are influential?

Are survivors pressured to reconcile?

Does confidentiality actually exist?

Do sermons confront gender-based violence?

Do clergy know how to refer?

Does the church collaborate with appropriate professionals and agencies?

Trauma-informed care is organisational, not merely interpersonal; contemporary guidance stresses that safety, transparency, collaboration, empowerment, and avoidance of retraumatization must become embedded in systems and practices.

The same principle should apply to churches.

Limitations

Several limitations should inform interpretation.

First, the study involved a small purposive sample and does not claim statistical generalisability.

Second, participants were Christian women who had already engaged with some form of counselling; their experiences may differ from survivors without access to counselling or those belonging to other religious traditions.

Third, participants came from three Ghanaian urban or semi-urban contexts, and findings should not be assumed to represent all cultural or denominational settings.

Fourth, the theological orientation of the researcher requires continuing reflexivity concerning interpretive assumptions.

Finally, the LRM is an **emergent framework**, not yet an empirically validated treatment protocol. Its clinical efficacy should not be assumed from this qualitative study alone.

Future Research

Future studies should evaluate the LRM prospectively with larger and more diverse samples.

Research should examine:

psychological safety;

post-traumatic stress symptoms;

depression and anxiety;

spiritual well-being;

religious struggle;

agency;

quality of relationships;

help-seeking;

and survivor-defined recovery.

Longitudinal work is especially important because healing from interpersonal violence cannot adequately be judged immediately after counselling.

Research should also include survivors who do not identify as Christian, men experiencing GBV, adolescents, people with disabilities, rural populations, clergy spouses, and survivors from differing denominational traditions.

Most importantly, survivor-defined outcomes should remain central.

Researchers must not assume that becoming more religious, reconciling with a partner, or publicly narrating one's story constitutes recovery.

Conclusion

There is a particular kind of suffering that occurs when the place to which a wounded person runs for refuge does not know how to receive the wound.

For Christian survivors of gender-based violence, that place is sometimes the church.

And yet the church can also become something profoundly different.

It can become the place where a woman hears, perhaps for the first time:

"I believe you."

"What happened to you was wrong."

"You do not deserve violence."

"Your questions do not frighten God."

"You may grieve."

"You are not required to return to danger."

"Your dignity remains intact."

That is where the Lament–Redemption Model begins.

Not with triumph.

With safety.

Not with testimony.

With truth.

Not with forced forgiveness.

With lament.

And not with pretending the wound never happened, but with the gradual discovery that the wound does not possess the final authority to name the survivor.

Christian counselling is at its best when it does not hurry the wounded toward resurrection before sitting with them at the cross.

It listens before explaining.

Protects before preaching.

Laments before celebrating.

Refers when necessary.

Prays without coercing.

Reads Scripture without weaponising it.

And holds hope gently enough that the survivor may approach it when she is ready.

Such counselling understands redemption not as the spiritualisation of trauma but as the restoration of what violence attempted to steal: **voice, dignity, agency, relationship, safety, meaning, and hope**.

When psychology listens carefully to faith, theology listens humbly to trauma, and the Church listens compassionately to survivors, Christian counselling becomes more than religious advice.

It becomes a ministry of sanctuary.

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