



**RESEARCH AND PROFESSIONAL WORK IN GENDER BASED
VIOLENCE: LESSONS LEARNED AND PERCEIVED RISKS.**

Inaugural lecture By

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Abstract

South Africa has made some strides in recognizing women's rights in this country. However, women in the rural areas have not benefitted from most of the developments. They are still exposed to cultural practices that are dehumanising. I explore how these practices are linked to gender based violence.

There are also well-articulated policy frameworks and laws aimed at the protection of women. However, gender-based violence (GBV) remains very high in the country and can lead to death. GBV has been understood from a western perspective with limited attention to the traditional perspective. Perhaps the controversies in the legal and policy framework are a reflection of an application of a Western perspective on cultural African beliefs. In this lecture, I present these contrasting views in the legal framework.

The lecture aims to advance an understanding of African customs linked to GBV. It is a timely lecture in view of the drive towards Afrocentric psychology. The available literature has focused extensively on cultural aspects related to mental illness and therapy with a limited focus on cultural aspects linked to GBV. Finally, interventions that take cognisance of the dynamic nature of cultural beliefs and practices are highlighted. In conclusion, it is indicated that we must choose to adhere to cultural practices that are not discriminating against women.

Keywords: Gender-based violence, African beliefs, equality

Welcoming:

Madam Vice Chancellor, Executive Deans, members of senior leadership, members of senate, distinguished guests, colleagues, fellow students, friends and family, it is an honour to give this inaugural lecture today.

I have been given 45 minutes to address you this evening therefore I will use it profitably. When I was young, I did not necessarily have visions of myself moving out of my village and reaching this far in my academic and professional development. It is true that:

“Education is the passport to the future, for tomorrow belongs to those who prepare for it today”

(Malcolm X)

I want to say a special welcome to my family all the way from KwaZulu Natal, who managed to travel to Port Elizabeth and be with us this evening. I also welcome my cousins from the Eastern Cape and from Cape Town.

Acknowledgements:

I want to begin by thanking God Almighty for looking after me and helping me to be who I am and for placing me where I am today. There is no professor in my community and it is indeed by his grace that the community of Ozwatini now has a professor. I consider it a great privilege to be the first woman professor in my community.

I thus honour all the amazing women in my life because “Behind every successful woman is a tribe of other successful women who have her back” (unknown). Thank you mom for getting me out of that community for my high school education. Thank you for being brave enough to defy the prevailing norms of no education for girls. Thank you for carrying me a

lot longer than nine months. Especially when I resigned from my first job and decided to pursue my studies just when you thought you have done your job as a mother. I know I did that twice in my working life, but you were there for me and supported my decisions, even though what I did had financial implications for you.

I would like to say a special thank you to my sister (Nontobeko) for standing by mom when I was not there. Thank you to my girls (Ayanda, Akhona and Thando) for being the most amazing people in my life. *Nginithanda nonke zimbokodo zami*. While I have given presentations in conferences and in lectures, both locally and internationally, I must say that this is the first time that I present in front of my family.

When I told my family and friends about my inaugural lecture, some of them asked what that involves and what do you have to study to be a professor? I pondered on all the possible responses that I could have given and realised how complicated they were so I simply said it is my graduation. Therefore, dear academics please do not confuse my family when you interact with them after the lecture.

I would like to thank all the lecturers, professors and colleagues who planted the seed for education and continue to teach me. Thank you for your constant support and mentorship.

I would like to thank the following people in absentia: My father, the late Mr Christopher Ngcobo, whose spirit will always be with us. I owe much of my academic and professional development to Professor Basil Pillay, the Head of the Department of Behaviour Medicine at the University of KwaZulu Natal. I worked under his supervision while completing my PhD and as a young psychologist. He inducted me into the world of research and presentations in conferences both nationally and internationally. I made my first National presentation at the PSYSSA conference in Johannesburg, which resulted in my first publication on depression in African women. I also thank him for encouraging me to take my first

international trip to present in Sydney, Australia which was followed by a contribution in a book.

I express my gratitude towards Melany Hendricks, my previous boss, who appreciated my professional contribution when I was working with her and made it possible for me to be on the professional board for psychology.

I honour the women and children who shared their stories with me throughout my professional and research journey.

I want to thank each and everyone in this room for taking the time out of your busy schedules to be here with me this evening. Finally, I would like to thank the organisers who have been working very hard to make sure that this prestigious event is a success.

1. Introduction:

Throughout the years of working as a psychologist, I have been helping African people understand the basis of their psychological distress from a Western perspective. Not only have I overlooked the importance of their cultural heritage in the treatment but I also ignored its importance as a precipitating factor behind psychological distress. Consequently, most of them defaulted prematurely from therapy. In this lecture, I draw your attention to the complexity of the African traditional belief system as a driver for gender-based violence (GBV) which is at the forefront of most countries in the world. GBV is also one of the problematic areas within the South African context.

Our understanding of Gender-Based Violence (GBV) is one sided. We always tend to look at it from a western perspective. One thing that must be clear is that GBV is a very broad subject. Therefore, all perspectives need to be considered. The World Health Organization observed that GBV refers to any harm (physical, psychological and sexual violence) that is perpetrated against any person based on gender (socially ascribed) differences between men and women without their will (WHO 2009). In the South African context, we seem to have assimilated the same view.

We see GBV as a type of violence that is perpetrated against the one who is less powerful. The power differential between men and women is largely determined by the different gender roles that are prescribed by society. We socialize boys and girls differently. When a male child is born, African families rejoice because he is expected to carry the family name forward but when a girl is born, there is a sense of disappointment because she will get married leave the family and this cuts off the genealogy. We teach boys to be strong and independent yet girls are taught to be weak and dependent. This is why when we speak about GBV we automatically assume that we are referring to women as victims and men as perpetrators.

GBV has an impact on the individuals, the family and the community. The physical impact includes (to name just a few) bruising, broken bones, chronic pain and death. Femicide rates

are on the increase. The psychological impact includes depression, anxiety, post-traumatic stress disorder, substance abuse and severe psychopathology.

Understanding GBV from an African perspective has not been eloquently explored yet the complexity pushes us to understand it from all perspectives. My address this evening will point out some of the controversies that exist in policies.



Figure 1: Available from: <https://en.wikipedia.org/wiki/Ozwathini>



Figure 2: Ozwathini

2. The drivers of GBV from a traditional African perspective

2.1 Background

I am originally from rural KwaZulu Natal, an area known as Ozwathini. Consequently, some of the topics that I will highlight this evening are drawn from my observations growing up in this area and some of them are from professional encounters. Figure 1 above reflects the geographical location of the area and Figure 2 is a photographic representation of my community. Ozwathini is a small area in red that is 100% black and has a 99% Zulu speaking community. I am sure that 1% of the population is conversant in other languages. The literature generally presents rural life from a deficit perspective emphasising the limited resources, limited schools and limited social life. There is one hospital the area and schools are very much under resourced. We do not have access to basic resources like clean running water. The only source of water that we have is from the rainwater that is collected through the tanks, drums and plastic containers. When its laundry day sometimes we collect the water from the nearby coastal college or the hospital. The area is quite isolated from the rest of South Africa. Even people in Durban do not know where it is. Thanks to google, it is now available on google maps.

What is pertinent to today's topic, ladies and gentlemen, is that the community is deeply traditional and highly gendered. It has been my observation growing up that in this area customary law takes precedence over the constitution of South Africa even though Chapter 1, Section 1 and section 2 of the constitution declares its supremacy over any law in the country (The constitution of the Republic of South Africa 1996).

I have witnessed that customary practices that undermine gender equality are still preserved. Boys and girls are socialised that a woman's role is to serve the man and a man's role is to be the head of the family. Girls are groomed into marriage and child bearing from a young age. No one questions the power and privilege assigned to men in this community. It is as if these issues do not exist nor do they bother anyone. Most of the girls that I attended primary school with were married at a young age and never made it to Matric. Early marriage exacerbates gender inequality besides there is a link between lack of education and low socioeconomic status. Which means that these women's socioeconomic status remains low.

2.2 *Ukuthwala intombi* (Maiden abduction)

The first GBV driver that I have seen in my community is the abduction (*Ukuthwala intombi*) of young girls with an intention to marry. For those not familiar with the custom, it involves the kidnapping of a girl by a potential husband with his friends and family. The following day a messenger is sent to the girl's parents with a request from the boy's family for marriage negotiations. Yes, it happens right where we live yet no one protests about it. When I was young, our helper who was my Nanny at the time was abducted and she stayed married in that family that abducted her till today. This happened one day when we left for school and when we got back, she had vanished. There were no cell phones those days so we heard from someone who witnessed the whole thing that she was taken by a group of men. While all this is happening in our local community, the constitution identifies the right to equality including the right to gender equality as one of its essential pillars. The question on my mind is how things can change for women in traditional communities when traditional leaders make decisions that have an impact on the community. They also argue that the decisions

that they make are supported by the constitution. What they say is true. When you look at the constitution it advocates for and supports the right to culture very clearly in Chapter 2, Section 15 (3), 30 and 31 (The constitution of the Republic of South Africa 1996). Furthermore, the constitution recognises the functions of traditional leadership and assigns them more power on local community matters.

2.3 *Ukuhlola intombi* (Virginity testing)

Ladies and gentlemen, the second GBV driver that I will draw to your attention this evening is virginity testing (*Ukuhlola intombi*). Virginity testing is a custom conducted by elderly women on girls. They check a girl's vagina for signs of sexual activity (Ngcobo-Sithole, 2018). Virginity testing takes place in a variety of settings e.g. in the privacy of the family home, the kraal of the village, at the chief's place, the school halls, community centres and public stadiums. Most of the virginity testing events are only known by the community. One publicised virginity-testing event is the annual reed dance that takes place in Northern Natal *kwaNongoma* known as *umkhosi womhlanga*. In some instances, girls who are still virgins receive a certificate after testing while others receive a grade and others receive a paint mark. In a study conducted by Mbulu, most girls are in support of the practice. One girl is quoted saying, "I now have 10 certificates and for me that's not enough, I want to have at least 15 certificates. I look at them on the wall at home with much pride and joy." (Mbulu, 2016 p49).

Considering that girls take pride in their certificates, when I was working at Prince Mshiyeni Memorial Hospital, we noticed that there was an increased number of suicide attempts among girls towards the period of virginity testing. The reason being that they were anxious about their virginity status. They feared it would be discovered that they are sexually active and would not get any certificate.

Two schools of thought have originated from the debates on virginity testing within the legal fraternity. The first school argues for virginity testing, suggesting that it is a custom

that protects girls from premarital sex, keeps them pure, and prevents the spread of sexually transmitted diseases like HIV.

In chapter 2 of the Children's Act (Act No. 38 of 2005), under Social, Cultural and Religious practices, virginity testing is covered and is supported by the Act. Furthermore, the Act stipulates conditions that must be observed when the practice is done. Section 12 states that:

(1) Virginity testing of children under the age of 16 is prohibited.

(2) Virginity testing of children older than 16 may only be performed:

- (a) If the child has given consent to the testing in the prescribed manner
- (b) After proper counselling
- (c) In the manner prescribed

(3) The results of a virginity test may not be disclosed without the consent of the child.

(4) The body of a child who has undergone virginity testing may not be marked. (Children's Act 2006, p.33).

The second school of thought argues that virginity testing is dehumanising and an infringement of individual human rights (Maluleke 2012). Similarly, this school draws its support from the law and specifically The Constitution of the Republic of South Africa, Act 108 of 1996:

In Section 10, the constitution refers to the right to dignity and says, "Everyone has inherent dignity and the right to have their dignity respected and protected"

Section 12 (2) which says "Everyone has the right to bodily and psychological integrity which includes the right – not to be subjected to medical or scientific experiments without their informed consent" (The constitution 1996, p.6)

Over the years, many contrasting policies and legal frameworks have been passed and these touch on the lives of individuals in the rural areas significantly. It seems that it is up to each person which school of thought to select when it comes to virginity testing. It is unfortunate that while our Constitution proclaims everybody equal, women are still subjected to a position of a second-class citizen and in very many cases, to being an object, which can be placed on the floor and subjected to a gynaecological exam under the umbrella of “culture”.

To a child growing up in my community, what we identify as GBV seems like a perfectly normal way of life. The downplaying and misnaming of violence against women as culturally appropriate is concerning. Sibanda-Moyo, Khonje and Brobbey (2017) in their recent study found that women tend to see their abuse as normal and this unfortunately perpetuates a culture of violence. Whatever school of thought you select, my take on the matter is that you should keep in mind that there are developments going on in the country to be considered. For example, there are better ways of protecting girls from sexually transmitted diseases and pregnancy in this century than virginity testing.

2.4 Isithembu (Polygamy)

I argue that Polygamy is another GBV driving force against women and children in African communities. The eradication of patriarchy does not seem to have happened in most traditional communities. They continue to be patriarchal. While the Recognition of Customary marriages Act acknowledges the equality of women when it comes to property, it still supports multiple customary marriages in section 2 (3) (4) and Section 7 (6). Not all is bad though, For example, studies found polygamy beneficial to black African women, because the practice provides them with emotional support, friendship, sisterhood, motherhood, as well as solidarity (Thobejane & Flora 2014). Furthermore, marriage is identified as a fundamental rite of passage and every woman wants to be married to fit into society. Finally, it is a method of taking care of widows. E.g., when an older brother dies, his wife is passed on to the remaining brother. A custom known as *Ukungena* Even if that brother already has a wife.

Nonetheless, policies are in contradiction. For instance, The Promotion of Equality and Prevention of unfair discrimination Act 4 of 2000 in Chapter 2 section 8 prohibits “Any practice, including traditional, customary or religious practice, which impairs the dignity of women and undermines equality between women and men, including the undermining of the dignity and well-being of the girl child” (Promotion Act 2000, p.8).

2.5 *Ilobolo* (Bridal wealth)

Another practice that is viewed by women with great ambivalence is the *lobolo*. For any customary marriage to be considered valid, *lobolo* must be paid. According to Manthwa (2017), Section 3(1) (b) of the Recognition of Customary Marriages Act 120 of 1998 provides that a customary marriage must be discussed and celebrated in terms of customary law, and within customary law, *lobolo* is a requirement in the marriage. *Lobolo* is described in the Recognition of Customary Marriage Act as “property in cash or kind ... which a prospective husband or head of his family undertakes to give to the head of a prospective wife’s family in consideration of a customary marriage (Recognition Act 120 of 1998, p.1).”

Previously *Lobolo* could involve the exchange of cattle, other animals or any other property as agreed to by the parties. Currently cash is the preferred format of *lobolo* even though different ethnic groups have different practices pertaining to the amount and nature of *lobolo*. While some academics have argued that it is a demeaning practice and a tool to promote women subordination it is still very much in force (Horn & Janse Van Rensburg 2002).

In many occasions, the payment of *ilobolo* has been linked to GBV. For instance, Mesatywa (2014) found that half of the participants in her study attributed their experiences of abuse to the *lobolo* custom. Similarly, Sathiparsad (2005) found that among young men in rural Kwa-Zulu Natal, ‘Payment for the woman in terms of the *ilobolo* custom serves as a guarantee for sex, which, if not readily forthcoming, could be taken by force. Many black women in South Africa believe that the payment of *lobolo* means that her husband owns her and, as such, she has to have sex with him. It is indeed unfortunate that women in

traditional societies are not only beaten, or kicked around, or killed but also must be available for sex, cooking food and rearing children (De Klerk 2013).

2.6 Umendo (Marriage)

Marriage is seen as an important institution in many African societies. While marriage is often a union between two individuals, in many African societies, it is primarily a union between two families. Traditionally, marriage is initiated by the groom's family, sometimes with the knowledge of both the parties to be married and other times without the knowledge of the woman (as in the case of ukuthwala). According to traditional Zulu culture, a woman should leave her father's house, marry and remain in that marriage irrespective of the problems she encounters in the marriage. A wife may 'only leave in a coffin' if she leaves a marriage, and, in the end, her grave is expected to be next to her husband's. If the husband dies, the widow is expected to remain with his family until her death. Despite worldwide campaigns for the promotion of basic human rights, African beliefs and traditional practices remain inflexible (kaNdlondlo 2011).

In a study on youth relationships in the Eastern Cape, violence was seen as an indication of the depth of feelings, and intense male jealousy (characterised by violence) seen as an explicit sign of love. In this context, girls also distinguished between forced sex and rape. Where rape, was perceived as an act that is violently enacted by a stranger. On the other hand, forced sex was seen as stemming from overwhelming affection or marking the commencement of a relationship. Opposing findings are reported in studies conducted in America where Puente and Cohen (2003) found that jealousy had a potential to lead to emotional and sexual abuse.

So what does this mean for us South Africans? As parents, how do we socialize our kids? Have we become so indoctrinated by our culture that we choose not to question the practice of certain customs even though they expose women and children to gender-based violence? Like all mothers, I still want my daughter to get married on day, hopefully, that can happen without exposing her to humiliation.

2.8 The link between GBV and witchcraft

One last driver for GBV that I will talk about today is witchcraft. A study in Limpopo revealed that most of the women report GBV experiences that are linked to witchcraft. Men accuse women of witchcraft as a way of controlling them. Chingamuka (2012) draws from a woman's experience who reported how she was forced to cook naked by her husband on suspicion of witchcraft. She says, "He would call the children to come and watch a naked witch cooking in the kitchen. At times, he would refuse to eat the food saying that he cannot eat food that has been cooked by a witch. I was hurt. I became isolated and felt humiliated. I knew I had to leave my husband, as I did not know what else was going to happen to me. My own kids started treating me badly", available from <http://genderlinks.org.za/programme-web-menu/witchcraft-a-frightening-face-of-gbv-2012-11-26/>

I have seen a child whose genitals (clitoris and labia) were cut-off from her. I can still vividly see the jagged laceration on her pubic area. Which, as I learned later, was a cut that she sustained when her genitals were removed to make some concoction - *muthi*. The explanation from the traditional healer was that when there is a need for body parts to make *Muthi*, The witch doctors generally give an instruction that the body part that they need must be cut off from a live warm body. If the body part is taken from a corpse then the *muthi* will not be as effective or strong enough to do what it was intended to do. Fontaine (1992) argues that some acts are evil and as such are inexplicable in normal human terms. These acts described above certainly are evil. "The sexual or physical abuse of children, particularly very young children, serves..... to exemplify a major form of evil and to characterise those who commit these acts as inhuman monsters" (Fontaine 1992, p.7).

2.9 Ignorance

Witchcraft and traditional customs are not the only GBV drivers that women and children are exposed to. You will remember the time when misperceptions and ignorance about HIV contributed to the sexual abuse of children. A case of baby Tsepang is one example. I am sure that some individuals in the audience will recall Tsepang's case in 2001 that caught South Africa by the storm and caused distress in many people's lives. For those who are not familiar with the story, Tsepang was a 9-month-old baby from Upington who was raped by

5men. This incidence happened at the time when there was a misperception that sex with an innocent virgin miraculously cures HIV and AIDS. The humiliation and suffering that the women and children are exposed to in this country is unthinkable. Earlier this year president Ramaphosa in his SONA address said: “we must hang our heads in shame” at the state of gender-based violence and the patriarchal practices that give rise to it in the country (Tilley 2019). <https://www.dailymaverick.co.za/opinionista/2019-02-07-ramaphosas-sona-and-the-issue-of-gender-based-violence/>).

2.10 Perseverance

While GBV incites more public upheaval on a social level, (e.g. 16 days of activism campaign against the violence of women and children) on a personal level its tolerance remains surprisingly high amongst black women. Bunch and Carrillo (1992) noted that women’s socioeconomic and psychological dependency makes it difficult for them to leave situations of domestic violence. All participants (20 or 100%) in their study viewed the Xhosa culture as a key to male domination, which was rooted in socialisation, since young girls are told to respect, and obey their husbands. In other African countries such as in Kenya, women are expected to be submissive, follow the rules set by their husbands, show obedience, and respect (Moloko-Phiri, Mulaudzi & Heyns 2016). Thus, women ‘cope’ by enduring their suffering. In a study conducted by Khwathsa (2009) a married woman’s respect for and obedience towards her husband was explored. One woman indicated that she accepted her husband as the head of the family and insisted his word had to be made law in his home. Another woman in the same study reported it was taboo for a woman to challenge her husband’s power and therefore a woman had to be submissive and obedient to her husband.

The concept of *inhlonipho* (respect) has a lot to do with perseverance. *Inhlonipho* is identified in Ngcobo-Sithole (2018) as consisting of both positive and negative aspects. Positive aspects consist of shyness and avoidance of behaviours that might reflect badly on the family. On the opposite end are aspects that include being docile, self-sacrificing and unquestioning towards male dominance. Meaning that women stay in abusive relationships

in order to protect the family name and the family's reputation while sacrificing themselves. So even when the legal system acknowledges the importance of gender equality, women faithfully observe the custom of *inhlonipho* and remain compliant and obedient towards male dominance. It seems that the idea that women should live lives of sacrifice has come to be seen as the norm.

Due to a lack of African theoretical orientations that adequately account for the enduring inclination for perseverance, I maintain that *inhlonipho* provides a much more plausible explanation for why African women stay in abusive relationships than the literature on learned helplessness. While there are similarities in that the theory of learned helplessness assumes that women exposed to uncontrollable emotional abuse become significantly debilitated to the point of not knowing what to do except to persevere (Seligman 1972). African women on the other hand do not stay in abusive relationships because they are not motivated enough to get out. Nor do they persevere because they want to but it is because they believe that it would be disrespectful to escape and that would humiliate the family.

In summary, we are all affected by GBV either directly as recipients or indirectly. Violence against women comes from a variety of angles. It threatens their dignity, health, security and the wellbeing of the children. For a long time violence against women and children has remained a problematic issue.

In my line of work clients have reported being subjected to what ranges from minor violent acts (throwing something at a person, pushing, grabbing, shoving, slapping, or spanking) to severe acts of violence. Severe act of violence include kicking, biting, or hitting with a fist, hitting or trying to hit with an object, threatening someone with a knife, gun, or another deadly weapon; or actually using a knife, gun, or another deadly weapon on another person.

Throughout the years, I have witnessed the pain and anguish suffered by women and children because of psychological, physical, sexual and economic abuse. I have sat helplessly and watched clients in tears. I have consoled, supported, empathised and tried to help them as much as I could. There were instances when I had to put on my therapist's mask and

pretended as if I am unmoved by their stories. Sometimes maintaining a distance from a client's emotional narrative is expected from a professional point of view.

What I have struggled with over the years of clinical practice goes beyond noticing the GBV drivers and the contradictory policies to the presentation of symptoms and therapeutic approaches that are suitable for the African population.

3. Expressions of psychological distress

What I have learned is that while GBV is linked to depression, post-traumatic stress disorder and cognitive deficits, but the manifestation of symptoms differ from person to person and from culture to culture. This was verified when Gordon (2016) discovered recently that: "patients experiencing intimate partner violence commonly present with seemingly unrelated problems, or with multiple 'soft' nonspecific somatic or emotional complaints" (p963). In any culture, there are certain ways in which psychological distress is understood and expressed. These are "socially and culturally resonant means of experiencing and expressing distress" (Nichter 2010, p.405). What you need to take away from this evening is that these presentations are often not psychopathological states that can lead to a classifiable psychiatric diagnosis. Nevertheless, are representations of physical, emotional, psychological and social distress that are understood by local African communities.

3.1 Somatic complaints

Scholars have consistently suggested that somatization is a central form of expressing psychic distress among black African women. Because body and soul are interlinked in African explanatory models of illness somatic complaints are often reported by depressed African women. These include Headaches, backache, pelvic pain, vague non-specific somatic complaints and poorly controlled chronic conditions (Gordon 2016; Gass et al 2010; Ngcobo & Pillay 2005; Mesatywa 2014).

3.2 Increased health risk behaviour

It has become common in African women exposed to GBV to use alcohol excessively, drugs, smoking and other health risk behaviour (Gass et al 2010). Matseke and colleagues (2012) examined the relationship between GBV, alcohol use and sexual risk behaviour among women and reported that women who consumed more alcohol were more likely to report being recently abused by a partner. Women victimized emotionally also present with an increased rate of self-inflicted injuries, poor childcare (evidenced by a high rate of mortality in children under the age of 5years) and poor help-seeking behaviour (Gordon 2016).

3.4 Secrecy and silence

Secrecy and silence are cherished among African families. That is why studies of GBV have found generally low rates of help-seeking behaviours. Mesatywa (2014) found that 85% of participants in her study admitted to being socialized into secrecy about their experiences of abuse. Evidence from Livingstone (2012) also suggests that battery forms parts of family secrets and was not to be reported unless it is critical (Mesatywa 2014). These deep-seated cultural beliefs and social sanctions play a powerful role in discouraging women from seeking help. Furthermore, abusers often intimidate women into not reporting the abuse threatening to take away their financial support because many black women remain profoundly economically disempowered. In addition, Gordon (2016) argues that GBV creates a complex psychological cycle where recipients are made to believe that they deserve the abuse.

3.5 Religion

Hyper-religiosity is also a very common in women exposed to GBV even though in marriage, the Bible is used to control women and justify the practices that promote dominance over them. Nonetheless, no God-fearing woman of the Christian faith would want to go against the will of God; therefore, church elders often fall back on Bible verses to justify patriarchal ideologies that oppress women. Rakoczy (2004) argues that the continued use of Biblical texts has an impact on women's dignity. Mistreatment and oppression of women can indeed be ascribed to a certain degree of misinterpretation of Biblical verses.

A history of racism, misdiagnosis, and a lack of culturally sensitive services has caused this population to seek comfort from the Black churches rather than consider professional mental health services. If you have attend a service in one of the black churches, you will understand why women love them when they are under a lot of stress. Women choose to go to black churches because not only the services are free, or that they have eyes on gorgeous service provider, but also because it is a cultural comfort zone (Allen et al. 2010; Whaley 2011). Therapeutic rapport develops quicker and results in opportunities for immediate assistance. Furthermore, the church service consists of confession of sin, fellowship, and the outward expression of prayer, praising, and singing. This external manifestation of emotion is often experienced as a therapeutic release that restores faith and hope.

4. Research in GBV

As a researcher, I conducted investigations involving black women and children as participants. Why I chose the black population is that while I acknowledge that GBV occurs to all racial groups as well all genders, I believe that there are significant differences between the groups. These differences might be influenced by socio-cultural aspects (identified above) and political issues. I find what Kopano Ratele calls the “singularity of the post-apartheid condition” (Ratele 2015, p.46) very relevant in my selection of research participants.

Along the same line of thought as Ratele, I argue that the singularity of our situation (as black South African women) cannot be confused with any other woman in the world. Our experiences with apartheid and cultural endowment cannot be comparable to anyone else. Black South African women struggle with an intersection of multiple oppressive issues such as race, class and gender inequality. The Demographic and Health Survey conducted in 2016 revealed that one in five women older than 18 years has experienced GBV (Stats SA 2016). Even though statistics are not reliable, possibly due to non-reporting, methodological factors and even due to how GBV is understood, high rates in the country are still a great concern.

Within the umbrella of GBV, I conducted research on sexual abuse and its impact for my PhD studies. As part of that study, I was particularly interested in the literature on sexual offending in men in rural areas. Considering that, I spent the early parts of the evening talking about cultural determinants of GBV I found it crucial to bring in a section on sexual offending, which is also a role player in the high rates of the abuse of women and children.

Jewkes and colleagues (2006) conducted a study in seventy rural villages and had a sample of 1370 participants who admitted to sexual offending. Offending behaviour has been a subject of interest for years with researchers attempting to find explanations for dysfunctional sexual behaviour. Some of the explanations include factors related to adverse developmental experiences such as exposure to abuse, rejection, and attachment problems. Other explanations include psychological predispositions such as cognitive deficits, empathy deficits, deviant sexual preferences, interpersonal problems. Genetic predispositions and contextual factors are also identified (Ward & Beech 2006).

The problem with these explanations is that they provide explanations for antisocial behaviour in general and are not necessarily associated with sexual offending specifically. However, in 2010 Harris and Bezuidenhout identified groups of youth sexual offenders as falling into seven categories. This grouping seems more relevant to sexual offending. There is a:

- a) Group influenced offender - peer pressure pushes them to sexual offending,
- b) Naïve experimenter - sexual curiosity and the need to explore,
- c) Pseudo socialized offender - appear confident and boastful and use bribes,
- d) Under-socialised offender - lack interpersonal skills and use sexual offending to gain power,
- e) Sexually aggressive - have poor impulse control,
- f) Sexually compulsive - use offending to alleviate fear and anxiety thus the behaviour is repetitive,
- g) Disturbed impulsive - have conduct disorders and other aggressive tendencies.

What is portrayed here is that sexual offenders consist of a diverse population ranging from naïve experimenters on the one end to sadistic rapists on the other and they all contribute to the high rates of sexual abuse in the country.

5. Conclusions

Gender-based violence linked to traditional customs is concerning and there is no doubt that South Africa is in crisis. While more women experience GBV, some scholars have found that men are just as fearful of abuse. Studies show that a significant number of men are abused by their partners however; these men do not report these incidences (Whitaker et al. 2007). The whole stereotype of "Boys don't cry" prevents men from speaking out about their experiences of domestic violence and this results in trauma and marginalization.

6. Lessons learned from research

Research and therapeutic work with populations exposed to gender-based violence has never been dispassionate. Moreover, a focus on sexual abuse continues to be challenging and controversial. The research participants are identified as 'vulnerable groups' and obtaining ethics approval is a mission. Thus, there must be consensus on how research protocols are screened. Secondly, each story moves you from a state of normalcy to heightened arousal and then to a gradual return to a state of equilibrium. Most psychologically well-adjusted individuals move through the normal-arousal-normal continuum effortlessly. However, repeated exposure to traumatic stories has a cumulative effect. This is an area of enquiry that has a potential for secondary traumatization. Therefore, we need to know ourselves enough to detect the symptoms, effects and seek early interventions. There is not much research examining GBV and African customs. This is where future research can focus.

7. Where to from here?

My take here is "if you are not prepared to be wrong, you will never come up with anything original" (Ken Robinson).

It is clear that GBV has drivers originating from traditional African beliefs and practices. It is also evident that there are ways of expressing symptoms of distress that are culturally informed. I plan to continue sensitizing academics about cultural practices that perpetuate a culture of violence against women and children discussed above.

Despite legal and policy frameworks having been put into place from 1996 there exists opposing views that continue to complicate matters. Steadily black South African women are moving away from their cultural practices and beliefs as a frantic search for dignity and equality. This move on its own is likely to be challenging and can be associated with numerous identity issues considering that many are caught between cultures. Let us bring together the right to own a cultural identity that is informed by traditional practices and the right to dignity, equality and mental health.

Let us teach students about interventions that take cognisance of the dynamic nature of cultural beliefs and practices. To be critical of Western psychology is imperative. Nyasani was right in saying we seem to "have adopted and assimilated wholesale whatever the West has to offer. The end result is not just a cultural betrayal but a serious case of self-dehumanization and outright self-subversion both in terms of dignity and self-esteem" (Lassiter 2000, p.9).

We must select adherence to cultural practices that are not discriminating against women. In any country that recognises the importance of traditional customs, men and women must have reciprocal rights and responsibilities. No custom must allow women to be submissive to men.

One example of therapeutic interventions that I will continue to advocate for is the use of expressive therapies. Through singing and dancing, Africans have expressed their emotions. Expressive therapies acknowledge this difference in therapy. Practitioners of expressive therapies use tactile, music, visual and other forms of medium in therapy. When these are included in therapy sessions, there is a great potential to increase the client's participation,

motivation and therapeutic effectiveness. Activities permit individuals of all ages to express their feelings and thoughts in a manner that is different from the traditional talk therapies. Through expressive therapies, clients get to express their feelings in a way that talk therapy cannot achieve. I have used drumming in a group with clients and found it extremely beneficial for catharsis. It is also a medium of expression that African communities relate to better.

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