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**TRADITIONAL HEALERS' VIEWS**  
**ON**  
**CHILD SEXUAL ABUSE**

by

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I hereby declare that this is my own work and all the sources and quotations I have used, have been indicated and acknowledged by means of complete references.

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**S E SCHOUBBEN - HESK.**

## DEDICATION

*“ ..... Let that which shows itself, be seen from itself in the very way in which it shows itself .....” (Heidegger, 1962)*

This dissertation is dedicated to breaking the silence around sexual abuse. And for my parents SHEILA and DEREK HESK for being the special people they are.

It is also dedicated to all those who care about the future of our children.

## ABSTRACT

Talking about child sexual abuse, hereafter referred to as CSA, makes a lot of people very uncomfortable. It has been defined as "the best kept secret", contributing to the maintenance of silence. For both men and women the prevalence of CSA is high among those seeking help for psychological problems. Theories relating to CSA include investigations into the causes, psychological effects on victims, treatment approaches and preventative strategies.

Research in this area in a South African context is limited and in view of the fact that child abuse has reached staggering proportions in rural areas, it is important to investigate this phenomenon. Furthermore, it is understood that in KwaZulu Natal traditional healers have multi-dimensional functions in traditional Zulu culture, with eighty percent of Zulu people consulting them before coming to modern healers. Conversely, there are instances where traditional and modern healers co-operate in areas of illness and health.

The aim of this research therefore is exploratory in nature, seeking to understand and advance knowledge of CSA. The level of co-operation between the two systems where CSA is concerned is also investigated, with special contextual reference to South Africa in general and traditional KwaZulu Natal in particular.

This research is a phenomenological explication of traditional healers views per se. In addition it indicates that to a limited degree, modern and traditional systems co-operate in the treatment of CSA in rural KwaZulu Natal.

## TABLE OF CONTENTS

NO	CONTENT	PAGE
	Acknowledgements	i
	Dedication	iii
	Abstract	iv
<b>Chapter One</b>		
1	Introduction	1
1.1	Motivations	5
1.2	General aims	5
1.3	Specific objectives	6
1.4	Significance of the study	6
1.5	Limitations	7
1.6	Statement of the problem	8
1.7	Definition of child sexual abuse	8
1.8	Synthesis of definitions	9
1.9	An overview of chapters in the dissertation	10
<b>Chapter Two : Literature review concerning theoretical perspectives on child sexual abuse</b>		12
2	Introduction	12
2.1	The psychoanalytic approach and limitations	13
2.2	The family dysfunction approach and limitations	17
2.3	Psychological approaches and limitations	21
2.4	The feminist approach and limitations	25
2.5	Finkelhor's four preconditions model of CSA and limitations	31
2.5 a	Preconditions for sexual abuse	37
2.5 b	Four preconditions of sexual abuse	38
2.6	Statement on synthesis	38
2.7	<i>The incest taboo : historical considerations</i>	39
2.7.1	<i>The incest taboo : ethical considerations</i>	41
2.8	Child sexual abuse contextualised	43
2.8.1	Description of traditional Zulu family structure, beliefs and culture	43
2.8.2	Family structure	45
2.8.3	Parenting and children	47
2.8.4	<i>Re-definition of Zulu family</i>	50
2.8.5	Traditional healers	51
2.8.6	Types of traditional healers	53
2.9.	Conclusion	55
<b>Chapter Three : Research method and design</b>		
3	Introduction	56
3.1	Identification of phenomenon	56
3.2	The phenomenological approach	56
3.3	Selection procedures	58
3.3.1	Selection of traditional healers	58
3.3.2	Selection criteria	59
3.4	Description of respondents	59

NO	CONTENT	PAGE
3.4.1	Table of biographical information	60a
3.4.2	Pilot study	61
3.5	Method of data collection	61
3.5.1	Interview	61
3.5.2	Phenomenological question and interview schedule (English)	62
3.5.3	Phenomenological question and interview schedule (Zulu)	63
3.6	Method of analysis	64
3.6.1	Phenomenological - qualitative Content Analysis - quantitative	64
3.6.2	Description of phenomenological methods of analysis	65
3.7	Analysis of protocols	66
3.7.1	Flowchart representing seven steps in phenomenological method of analysis	68
3.7.2	Quantitative analysis : Content analysis of interview schedules	68
Chapter Four : Results and discussion		
4	Introduction	70
4.1	Phenomenological analysis of the question "what does CSA mean to you?"	71
4.1.1	Presentation of personal aspects concerning CSA : second order profiles and essential descriptions of each respondent	71
4.1.2	Respondent one (faith healer, female) : personal aspects concerning what CSA means	71
4.1.3	Second order profile	72
4.1.4	Essential description	72
4.1.5	Respondent two (isangoma, female) : personal aspects concerning what CSA means	73
4.1.6	Second order profile	73
4.1.7	Essential description	74
4.1.8	Respondent three (isangoma, female) : personal aspects concerning what CSA means	74
4.1.9	Second order profile	75
4.1.10	Essential description	75
4.1.11	Respondent four (isangoma, female) : personal aspects concerning what CSA means	76
4.1.12	Second order profile	76
4.1.13	Essential description	77
4.1.14	Respondent five (Inyanga, male) : personal aspects concerning what CSA means	77
4.1.15	Second order profile	77
4.1.16	Essential description	78
4.2	Aggregate analysis of second order profiles	78
4.2.1	Aggregate analysis of second order profiles : common aspects	79
4.2.2	Prominent aspects (themes) revealed by aggregate analysis of second order aspects	79
4.2.3	Essential aggregated description of what CSA means to traditional healers	80
4.3	Quantitative analysis of interview schedules : content analysis	81
4.3.1	Formulation of categories from response content	81
4.3.2	Content unit (themes) and definition of system of enumeration	82
4.3.3	Traditional healers views on CSA	83

NO	CONTENT	PAGE
4.4	Discussion	83
4.4	Introduction	83
4.4.1	Traditional healers' views	84
4.4.2	Traditional healers' views and the psychoanalytic approach to CSA	87
4.4.3	Traditional healers' views and the family dysfunction approach	88
4.4.4	Traditional healers' views and the psychological approach	88
4.4.5	Traditional healers' views and the feminist approach	88
4.4.6	Traditional healers' views and Finkelhor's four preconditions model	89
4.4.7	Traditional healers' views and the mother's role in CSA	90
4.4.8	Traditional healers' views on the psychological sequele of CSA	90
4.4.9	Traditional healers' views on the incest taboo and ethical considerations	91
4.4.10	Traditional healers' views on CSA from a socio-cultural perspective	91
4.4.11	Traditional healers' views on CSA and Aids	93
4.4.12	Internal and external validity of the study	93
4.4.13	Limitations of the study	94
Chapter Five : Summary : Conclusions : Recommendations		
5	Introduction	95
5.1	Summary	95
5.2	Diagrammatic representation of the various stages in this research	95a
5.3	Conclusions	96
5.4	Recommendations for further study	97
References		
		100
Appendix - interview schedules		
		113

## CHAPTER ONE.

### 1. INTRODUCTION.

At least a quarter of children who have been sexually abused carry a legacy of serious long - term psychological harm. For both men and women, the prevalence of CSA is high among those seeking help for psychological problems (Davenport, Brown and Palmer, 1994). The short term effects of CSA may include feelings of guilt, depression, anxiety and somatoform complaints (Lusk and Waterman, 1993). There is also evidence to support the connection between CSA and personality disorders, substance abuse, psychosis and eating disorders (Kinzi and Biebl, 1994).

Accurate statistics concerning CSA are difficult to obtain as under reporting and family collusion contribute to the maintenance of silence (Cook and Bowles, 1980). Furthermore, under reporting may also be attributed to the victims sense of fear in terms of blame, punishment or disbelief by authority figures and parents (Cohen, 1985).

According to Cook and Bowles (1980) there are a number of social, environmental, cultural and individual predisposing factors which are associated with CSA. For example, they suggest that predisposing personality characteristics of abusers, familial and socio-cultural factors, predisposing personality characteristics of children, and the way in which cultural, social and legal institutions approach this phenomena may all culminate in the prevalence of CSA.

CSA is becoming better recognised as an increasingly serious and complex problem in most countries. General practitioners (G.P.'s), paediatricians and casualty officers are often the family's first line of contact when abuse occurs (Cohen, 1985). Through awareness, concern and a commitment to become involved, the potential exists for these health workers to help prevent and manage this increasing phenomenon. The same can be hypothesised about traditional healers.

In a South African context, traditional healers are often the first line of contact in matters of health and illness, especially in less developed rural areas. In KwaZulu Natal for example, eighty percent of people consult traditional healers before seeking help from modern professionals (Gumede, 1990). In addition to medical therapies, traditional healers serve to both preserve individual, family and community homoeostasis and to transform individuals and societies towards health (Edwards, 1989).

Given that such a high percentage of South Africans consult traditional healers and that for many rural communities, traditional healers may be the only source of help, they are in a unique and important position to help prevent and treat CSA. Conversely, where there are established health care clinics, studies indicate that traditional healers and modern practitioners sometimes work together in the delivery of health care (Nzima, 1989). It may be hypothesised therefore that a strong potential exists for both types of care givers to work together on issues pertaining to CSA.

That there are numerous debates concerning the co-operation between modern and traditional healing systems and approaches is well documented. For example, it has been suggested that modern healing systems have a great deal to learn from their traditional counterparts, while on the other hand there are those who argue against co-operation, indicating that traditional methods are primitive, even dangerous, and should have no place alongside modern systems of healing (Korber, 1990 : 47).

A further problem which may inhibit amicable co-operation between the two and which relates specifically to CSA is that issues relating to CSA, appear to make a great deal of people uncomfortable (Kemp, 1977). This in turn prevents open and spontaneous dialogue relating to treatment and prevention within each system. By extension, it can be assumed that full co-operation between the two systems may therefore also be compromised. In addition, there is the apparent reluctance by some modern healing systems to accept traditional approaches, creating, in some instances, a climate of suspicion and mistrust of traditional methods and techniques.

In order to clarify the status of co-operation between the two systems therefore, the following points need to be reiterated :

- (a) there are instances where the two systems co-operate.
- (b) an apparent climate of suspicion / mistrust exacerbates distance between the two systems.

(c) issues relating to CSA make both systems uncomfortable, preventing open dialogue between them which has negative implications for treatment and prevention.

In view of these apparent difficulties, hypothesising that both systems may co-operate in an amicable, reciprocal relationship in matters relating to CSA is problematic.

Conversely, these are important issues to consider as they may impact on traditional healers views of CSA, which have not yet been heard. CSA is rapidly increasing in rural areas where modern health care is limited and while it may be assumed that traditional healers have the potential to become fully involved in preventing and treating CSA, this cannot be verified until their views regarding CSA per se have been expounded and analysed.

Child rape has reached staggering proportions. In 1996, twenty one thousand cases of child abuse were reported nationally to child protection units. Although there has been a considerable increase in reported cases, most cases, particularly in rural areas and shack settlements, remain unreported (Child Protection statistics, Richards Bay, 1996). The National Committee on Child Abuse and Neglect (1996) indicates that existing services in the area of child abuse are fragmented and under-resourced. In rural areas especially, there is a lack of basic resources to ensure protection of children (Chetty, 1997).

Hence this research focusses on traditional healers' views of CSA in an attempt to take cognisance of them, as their views, for whatever reason, seem to have been marginalised and as yet do not seem to have been examined in the area

of CSA. Their views may help to stimulate further study in areas where resources are limited.

## 1.1 MOTIVATIONS

The motivations for this research are stimulated by a number of ongoing concerns. There appears to be an alarming increase in the number of reported cases of CSA in rural and informal settlement areas in Kwa-Zulu Natal (Child Protection Unit, Richards Bay, 1996). Further, past therapeutic work with families where CSA has occurred, indicated that traditional healers were consulted by the family.

Also no substantial research appears to exist on the phenomenon and treatment of CSA amongst South African families in rural and informal settlement areas in Kwa-Zulu Natal and it is unclear what role, if any, traditional healers play in the management and prevention of CSA. In view of the fact that there may be a cross over between traditional healers and modern care givers in some rural areas, it is unclear how if at all the two approaches co-operate when CSA is encountered.

## 1.2 GENERAL AIMS

The general aim of this research is exploratory in nature, seeking to advance knowledge and understanding of CSA with special contextual reference to South Africa in general and traditional Zulu culture in particular. This requires an

overview of CSA which includes, theoretical views and perspectives concerning CSA, and historical and ethical views on incest.

### 1.3 SPECIFIC OBJECTIVES

The specific objectives of this research entail interviewing traditional healers to understand what the term CSA means to them and to find out if they help families where CSA has occurred. Of those that have experience of coming into contact with families where CSA has occurred, an additional objective is to examine their co-operation with other modern health care systems.

### 1.4 SIGNIFICANCE OF THE STUDY

This research is important for a number of reasons which needs to be seen in the context of South Africa in transition. In view of the fact that South Africa has moved from a country defined and organised according to the apartheid system to one of democracy and that the former system enforced separate development and reserved superior resources for a white minority, (Bulhan, 1985) the transition sees the majority of South Africans lagging far behind in areas such as education and health. Although every attempt is being made to rectify the imbalances of the past, the reality is that in available modern health care delivery, rural communities appear to fall at the sparse end of the resource spectrum (Zuma, 1996).

It can be reasonably assumed, therefore, that in areas where this is the case, traditional healers perform an important role and are frequently consulted in

matters pertaining to health and ill health. Further more, considering the fact that there is an alarming increase of CSA in rural communities and that there is a limited modern health care system in some areas, it is reasonable to assume that traditional healers may prevent and treat CSA. Given a climate of understanding and respect for each other's perspectives, modern and traditional systems, through awareness and networking, may be able to work together to help prevent and treat CSA.

In summation then, this research is important in a South African context as it may assist in a limited way, towards the planning of future relevant health care systems through a climate of co-operation and therefore, most importantly generate data which may assist in understanding, the high incidence of CSA in rural KwaZulu Natal.

## 1.5 LIMITATIONS

The researcher has conceptualised the limitations of this area of study and wishes to attempt to make them explicit from the outset and to indicate to the readers that further limitations will be discussed in the conclusion, after the whole study has been worked through. This study does not attempt to empirically or qualitatively justify, or nullify the views of traditional healers, and / or compare them with modern health systems, in the area of CSA. The results of this study are limited to the views of five traditional healers in rural KwaZulu Natal and therefore, they are not generally applicable.

This study is an attempt to open up new ground, to a limited degree, in the area of CSA from the perspective of traditional healers and in so doing makes every

attempt to be honest and transparent in the implementation of approach, method and analysis of data. It may be seen as the initial step, on the bottom rung of the ladder, towards stimulating further study in this area.

## 1.6 STATEMENT OF THE PROBLEM

Child sexual abuse is a perennial problem in all countries. Besides local therapeutic case material, there do not appear to be relevant studies pertaining to the management and prevention of this phenomenon amongst South African families in rural Kwa-Zulu Natal.

In view of the fact that traditional healers are the initial consultation resource, owing to various factors, such as custom, economics and the relative lack of modern health care systems in rural areas, for eighty percent of rural Zulu people, it seems reasonable to assume that traditional healers will be consulted with regards to the incidence of CSA (Gumede, 1990). This research constitutes an exploration of their views.

## 1.7 DEFINITION OF CHILD SEXUAL ABUSE

It is important to define CSA in order to better understand this phenomenon, but defining just what constitutes CSA is not easily resolved (Pagelow, 1984). Rosenfeld (1977) suggests that there is a continuum of sexuality in the family ranging from at the one end, love, affection, tenderness and hygienic genital contact, to sexual abuse and incest at the other. The terms "child sexual abuse" and "incest" will be used interchangeably throughout this research unless otherwise indicated.

Cook and Bowles' (1980) definition seems to go some of the way to resolving the problems associated with defining CSA. They define CSA as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, and which violate social taboos and family roles (Cook and Bowles, 1980).

Conversely, the American National Center for Child Abuse and Neglect defines sexual abuse of children as an act which is sexual in nature, committed on a person under the age of eighteen years, or when the person is significantly older than the victim, or is in a position of power and control over the child (Vander-May and Neef, 1982).

## 1.8 SYNTHESIS OF DEFINITIONS

CSA is a phenomenon transversing all demographic lines and social strata. It may occur at any age in a child's life and both males and females may be abused. It would appear that elements of control, coercion and power over children are characteristic of abusers and that a child is not able to give informed consent. More males than females are abusers, just as more females than males are abused (Pagelow, 1984). The nature of sexual abuse includes, paedophilia, molestation, rape, incest and pornographic exploitation.

CSA should be viewed from a developmental point of view, as it is the point of each child's development which determines the ultimate impact that sexual abuse has on the child (Kemp, 1978). These are important facts to consider in

order to synthesize the seriousness and complexity of CSA and also to understand that it is a common occurrence and is not confined to any specific culture, economic standing and / or social strata.

## 1.9 AN OVERVIEW OF CHAPTERS IN THE DISSERTATION

**CHAPTER TWO :** This chapter comprises two parts. The first part includes a presentation of five theoretical views concerning CSA, followed by discussions on the incest taboo and ethical considerations. Part two contextualises child sexual abuse and includes a description of traditional Zulu culture, beliefs, family structure and children. Finally, traditional healers will be described.

**CHAPTER THREE :** Comprises the existential - phenomenological approach and the relevance of this approach to the study. A pilot study pertinent to the research will also be presented and investigative procedures are introduced and sustained.

**CHAPTER FOUR :** Includes a presentation, analysis and discussion of the results. The limitations of the study will be further expounded.

**CHAPTER FIVE :** Presents conclusions, a summary of the research stages, and recommendations for further study.

## CHAPTER TWO

### LITERATURE REVIEW CONCERNING THEORETICAL PERSPECTIVES

#### ON CHILD SEXUAL ABUSE

#### 2 INTRODUCTION

Increasing awareness of the prevalence of child sexual abuse has given rise to a number of theoretical approaches which aim to explain this occurrence (Sanderson, 1990). While these approaches have valuable contributions to make in this area, as independent theories they seem to have limitations, as they tend to focus on part of the problem, rather than taking cognisance of the many factors which contribute to the occurrence of CSA.

There also appears to be a conspicuous gap in the theoretical body of knowledge, relating to the causes of CSA in a South African context, as it seems to be implied that Eurocentric theoretical approaches in this regard are universally relevant. While it is understood that they go some of the way to explain the prevalence of CSA in this country, they do not account for factors which may be peculiar to the diverse cultures which exist in a South African context. Factors which may be considered in this regard include : the incest taboo and ethical considerations, the structure of a traditional Zulu family, the re-definition of Zulu family composition, the role of children in the family and the influence of traditional healers on family function and health.

Hence, the first part of this chapter outlines and indicates the limitations of five of the main theoretical perspectives, which include the psychoanalytic, family dysfunction, psychological, and feminist approaches and Finkelhor's four preconditions model of child sexual abuse. The second part of the

chapter will be devoted to presenting contextual issues relevant to South African families such as the incest taboo and ethical considerations, family composition, children in Zulu families and the influence of traditional healers on community life.

## 2.1 THE PSYCHOANALYTIC APPROACH AND LIMITATIONS

Freud's early work on hysteria involved treating predominantly female clients. Freud attributed the cause of their hysteria to early childhood sexual abuse, often at the hands of their fathers, and not, as had been previously assumed, to biological and / or hereditary factors. From this, Freud developed his "seduction theory" (1896) which asserted that the stimulation of the genitals during CSA was the root cause of later psychic damage, in particular hysteria and neurosis (Sanderson, 1990).

Freud presented his findings in a paper titled "The Aetiology of Hysteria" in 1896 but it was not well received, due in part to Freud's own misgivings and reluctance to accept his findings (Fairclough, 1983). It has been asserted that Freud himself may have been sexually abused by his nursemaid which may have created strong elements of denial, prompting him to challenge the validity of his patients disclosures (Rush, 1980, Fairclough, 1983).

The seduction theory was later renounced by Freud and replaced in 1897 by his Oedipal theory, which proposed that his patient's hysterical symptoms were founded in fantasies, not from actual incidents of sexual abuse and that the fantasy of being abused by their father is the expression of the typical Oedipal Complex in women (Freud, 1933). Conversely, it is also asserted that Freud's seduction theory was later changed to the Oedipal

theory, as the number of patients reporting sexual abuse became so high that Freud felt it important to re-evaluate his stance, thus developing the Oedipal theory (Rist, 1979).

In this theory, Freud shifts the focus from fathers to daughters as temptresses and appears to blame mothers for the occurrence and perpetuation of incest, as the Oedipal Complex proposes that women envy the male's penis and as she comes to realise that she does not possess this "superior organ", she projects her penis envy in the form of love for her father and thus creates the fantasy of sexual activity between them. The mother's role in the development of this fantasy, is seen as aiding and encouraging incestuous activity between father and daughter, as the mother's own Oedipal Complex is unresolved. Thus according to Gordon (1955), mothers use their daughters as surrogates to act out their own unresolved incestuous desires.

Thus the classical psychoanalytic approach, does not take cognisance of the reality of incest. Instead it attributes incest as arising out of fantasy on the part of the daughter who has incestuous desires for her father. Responsibility for these wishes is placed firmly on the shoulders of the child who is seen as a powerful seductress and initiator in a sexual liaison with her father, while the father is depicted as being powerless and ineffectual in the face of his daughter's sexual wishes. Mothers are seen as collaborators in the sexual games between father and daughter and are labelled as responsible for the initiation and continuation of sexual abuse as they are, according to Freud, acting out their own unresolved incestuous wishes while abandoning both daughter and father (Kaufman et al, 1954).

While acknowledging that CSA is reality based and is a common occurrence, some therapists, who have been influenced by this approach, still deny the reality of the experience of incest by attributing it to fantasy and sexual desire on the part of the victim. This has serious implications for the victim of abuse as treatment methods from this point of departure, seek to ameliorate some "disturbance" in the victim without considering underlying problems in the abuser, thus subtly implying that the victim is at fault for the occurrence of abuse. This is one of the main limitations of this approach.

Further limitations surround how the psychoanalytic approach defines incest as it implies that sexual abuse primarily occurs between fathers and daughters, where Finkelhor (1984) indicates that intra and extra familial CSA such as father/son, mother/son, siblings, uncle, or grand parent incest, or sexual assault committed by neighbours, teachers, or family friends is more common than father/daughter incest. Father/daughter incest accounts for less than a third of CSA (Finkelhor, 1984).

Another limitation of this approach is that it focuses on the unconscious aspects of individuals and does not consider extraneous influences, such as the environment, or socio-cultural factors which may contribute towards the incident of CSA. It also fails to recognise that CSA is predominantly committed by men who account for ninety five percent of sexual abuse of girls and eighty five percent committed against boys (Finkelhor, 1984).

Perhaps one of its greatest limitations is that it places the blame for the occurrence of CSA on girls, who are viewed as seductive and powerful in actualising their unconscious sexual desire for their fathers. Fathers are

viewed as powerless in their attempts to rebuke the sexual attention of their daughters, which conflicts with their position of power in society per se.

Mothers on the other hand are seen as collaborative and thus collectively, mother and daughter are seen as having sexual power over weak and passive men. This explanation does not account for the sexual desire a father may have for his daughter or other children, instead it appears to protect him and free him of all responsibilities for succumbing to the "powerful seductions" of a child and a collaborative mother.

One important contribution psychoanalytic theory makes towards an understanding of CSA is related to the acknowledgement of feeling of love and hate a victim may experience toward her / his abuser, especially if he is her father or close family relation. This positive factor has important implications for the treatment of victims as it allows victims to express these conflicting feelings without being judged in any way (McLeod and Saraga, 1987).

In summation, the classical psychoanalytic approach, has many serious flaws and a few positive factors to offer in the area of CSA as it is understood today. Unfortunately, although this theory has been revised and the reality of CSA has since been taken into account, therapists who use this approach remain strongly influenced by Freud's initial point of departure. This has serious implications for the management of victims of abuse in terms of reporting and feeling understood (Miller, 1984).

## 2.2 THE FAMILY DYSFUNCTION APPROACH AND LIMITATIONS

This approach differs from the psychoanalytic approach, in that it looks beyond the individual psyche of the victim, to the family unit which interacts in a dysfunctional way. Hence it is a move away from focusing on the individual, to looking at the family as a dysfunctional unit and it is reported to be the most widely used approach in the treatment of CSA (Alexander, 1985).

The central thrust of the family dysfunctional approach is that incest and other forms of family violence are not attributed to individual pathology, but rather, it is the family system itself, in its interactional relationships, which is seen as abnormal. According to Maisch (1973) incest is seen as only one of the symptoms of an already malfunctioning family which does not conform to the given social norms relating to the regulation of family interaction, according to boundaries of age, function and sex.

According to Furniss (1985) incestuous behaviour in such families may be seen as either regulating the conflict in the family, that is stabilising it, or avoiding conflict. He describes a family which functions according to conflict - avoidance, as one which is well respected by the community, is successful in activities outside the home and supposedly performs well outside the home, in areas such as work and community involvement.

Conflict - avoidant behaviour, such as incest, arises in response to emotional-sexual tension between mother and father which cannot be overtly expressed and thereby serves to maintain certain patterns of relating in the family. According to this assumption, father is seen as emotionally

dependent on his partner, but is denied sexual interaction by her, thus he is forced to engage in sexual activities with his daughter. The daughter thus becomes unsure of how to relate to her parents, as she maintains her status as child in the family, but at the same time has entered a pseudo-sexual alliance with her father (Furniss, 1985). The emotional-sexual tension between mother and father, without being openly expressed, is avoided and reduced in this way.

In the conflict-regulating family system, there is open and regular, often aggressive conflict in the family and the incestuous behaviour is no secret as in conflict-avoidant families. In this type of family, the father is seen as sometimes violent and aggressive with undefined boundaries between family members, where the child often takes on the role of mother in household duties and becomes the care giver in the family, in response to emotional deprivation from both parents. In both conflict-avoidant and conflict-regulating families there appears to be a blurring of boundaries between family members, an impoverished mother-daughter relationship and emotional-sexual tension between the parents.

Family dysfunction theory appears to focus a great deal on the mother's role in the incestuous relationship as she is seen in this respect as someone who has failed in her role as care giver, sexual partner for her husband and nurturer to her children and she seems to be blamed for often being absent from the home due to work demands or illness. Mothers are also seen to engineer an incestuous father/daughter alliance by maintaining emotional and sexual distance from her partner, and through this, encourages role reversal, where the daughter takes on the expected role of mother. To

release her of her sexual "duties", she may also deny or ignore that incestuous behaviour occurs (Dietz and Craft, 1980).

Although family dysfunction theory is widely accepted and applied today, it has some important shortcomings which need to be discussed. Like the psychoanalytic approach, this approach seems to focus on explaining the occurrence of CSA. Dynamics between family members are explained, that is father/daughter incest, but abuse outside the home is overlooked. It also offers no explanation in terms of how the victim should be treated, as treatment appears to focus on restoring and encouraging more appropriate interactive behaviour.

While restoring more acceptable interpersonal relationships in the family is important, Jeffries (1982) suggests that the therapeutic goal of family dysfunction treatment is not to treat the incest, but to re-align the family's behaviour into more appropriate ways of interacting. One could argue, that this approach places more responsibility on the mother to become more sexually interested in her partner, become more complete with her expected domestication and to become more open and free with expressing her love and nurturance to all family members. This further implies, if it is viewed from a social contextual position, that she would then have to slot into the role of "wonder woman" in order to satisfy all of these expectations placed on her, and that this re-alignment, as it unfolds and becomes entrenched within the family, would satisfy society's expectations of her and reinstate the father to a position of power, control and authority in the home.

This is one of the major shortcomings of this approach. It also proposes that all family members have equal weight in the culmination of dysfunction, but it appears to focus mainly on the mother's supposed shortcomings rather than focussing on the father's possible inherent or generational persuasion and predisposition towards sexual abuse. It does not address the issue of fathers taking responsibility for choosing to abuse a child. In some respects therefore, it exonerates the father and redirects the blame onto mother and daughter.

That mothers collude, deny or choose to ignore abuse, is not well supported in literature. Beezley-Mrazek (1982) indicates that seventy three percent of mothers report abuse and sixty percent take immediate action. This does not reflect a hundred percent reporting rate but other factors need to be considered in this regard. Very often, wife abuse and CSA occur in the same family. Often women are economically dependent on their partner. In these respects, she, like her daughter, may be coerced into silence by her partner through threats of violence or abandonment and may therefore be too frightened to report her partner as the safety of herself and her family may be at risk.

A further consideration is that she may well collude with her partner in sexually abusive behaviour, but this occurs rarely and according to Richtern (1995), accounts for less than two percent of mothers not reporting abuse.

In summation, the family dysfunction approach differs from the psychoanalytic approach, in that it attempts to explain why sexual abuse occurs by focusing on the family as a dysfunctional unit, as opposed to

focusing on the individual psyche. It proposes to explain abuse by examining all of the family members in their interaction with one another, but appears to focus mainly on the mother and her role in the initiation and continuation of abuse, placing less emphasis on the father's role in the abusive relationship.

Also, the primary area of consideration is the family, which does not account for sexual abuse that happens outside the home. A major oversight which it shares with the psychoanalytic approach is that it seems to devote almost no consideration to the victim's experience of abuse. This has implications for treating victims of abuse, as less emphasis is given to them and more is placed on re-aligning the family dynamics and thereby hopefully, stopping the abuse, which implies that the victim's trauma takes second place.

### 2.3 PSYCHOLOGICAL APPROACHES AND LIMITATIONS

Psychological theories of incest take a three pronged approach, which include research on abusive personality styles, assessment of victims where abuse has occurred and individual, group and / or family therapeutic interventions. This more inclusive approach has developed from an initial point of departure where the main area of focus was in the area of individual personality traits of abusive males.

Initially, this approach attempted to find, through structured assessment procedures, an incestuous personality type. The second aim of the approach was to understand what motivated fathers to abuse daughters. Considering the two aspects, it can be said that before this approach was

re-defined, it primarily focused on the father in an abusive family and on males who had already been convicted of sexual abuse (Nelson, 1987).

One of the most prominent personality characteristics found in incestuous fathers is their desire for power, dominance and control in the family, while they are also found to be dependent, unsure of their masculinity with elevated levels of social inadequacies and social phobia (Revekin, 1995). This is interesting as it seems that an abusive father according to this approach, has overwhelming feelings of social inadequacies and detaches himself from social interaction outside of the home, and appears to feel inadequate in equal power situations which may occur outside the home. Feeling powerless in extra-familial situations, seems to trigger feelings of powerfulness within the family, where he feels more secure in the knowledge that his dominance will not be challenged.

A further common finding when analysing different sexual abusers, is the use of alcohol and / or alcoholism. Virkkunen (1974) proposes that alcohol reduces the inhibition to commit incest, indicating that incest occurs as a result of lowered inhibitions, rather than from expressed sexual feelings for a child. There are problems with this interpretation, as it could be assumed that alcohol is directly responsible for causing an incestuous act, thus displacing the possibility that sexual desire for a child / daughter remains latent until stimulated by alcohol.

This approach has also addressed the differences between what is termed as fixated or regressive abusers. The former refers to an abuser who has been conditioned through parenting and socialisation, to focus his sexual

attention on children much younger than himself, for whatever reasons, while the regressive abuser has heterosexual relationships, but under acute stress, regresses and has incestuous sexual relations. Regression under stress is interesting, as it sheds light on a father who may have a predisposing abusive personality and unresolved sexual issues, who over-invests in his family to try to compensate for these alleged shortcomings, faces an overwhelming stressful situation and then sexually abuses his daughter in an attempt to regain some control and reconfirm his power and experience of manhood.

However the dilemma here is that there are other ways of regressing under stress, such as by becoming enuretic or encopretic and that should this occur in response to stress, it may be interpreted that control had been lost, rather than as attempts to regain control.

The point is that this approach appears to support that of the feminists, as here male behaviour is also defined in terms of power and control. Perhaps through sexual - differentiation, roles have become so entrenched that they form part of the male : female psyche. That there is a link between regressive male behaviour and CSA is debatable, as it would appear that this explanation is attempting to re-direct the issue of responsibility away from males to society, without assessing the role that each has to play.

Although the validity of the fixated versus regressive sexual abuser is debatable, this approach has, through compiling clinical, empirical and demographic data, broadened the knowledge base towards a fuller understanding of CSA, and it has helped to displace the myth that CSA only

occurs in poor, socially-isolated, lower-class families. It also suggests that abusers are not hardened criminals but could be the next door neighbour.

The psychological approach in recent years has moved away from looking at personality profiles of the abuser to a more systemic approach in seeking to find the causes of incest and it has also moved well into the realm of systemic treatment approaches for victims and families where abuse has occurred. The goals of intervention at present include assessment of parents in relation to the abuse of their own child and others, family function, level of commitment and willingness to change. A high level of therapeutic intervention is allocated to the victim of abuse in terms of dealing with his / her fears, anxieties and self esteem. The psycho-therapeutic community, where possible, is included in the treatment plan. This includes the utilisation of social workers, teachers and concerned community members (Kaplun, 1994).

Although much progress has been made in this approach, the limitations can be located in its initial point of departure, where it primarily focuses on personality traits of abusers and excludes an assessment of familial dynamics for the part they may play in predisposing CSA. The victim's experience of CSA is also omitted which may have implications in terms of understanding the impact of sexual abuse on victims. However, these early weakness can now be seen as strengths, as systemic issues and personality profiles are now included in psychological approaches, and treatment modalities from this approach consider and include intra- and extra- familial issues and places a high degree of emphasis on the therapeutic management of victims of abuse.

## 2.4 THE FEMINIST APPROACH AND LIMITATIONS

This approach developed as an alternative to the psychoanalytic, family dysfunction and psychological approaches, in an attempt to address certain shortcomings in these approaches. According to this approach, issues relating to unequal power relationships in an abusive situation and the abuser's responsibility in initiating and sustaining sexual abuse, has been ignored or played down in other theoretical approaches. This approach aims to *re-dress these omissions*.

According to McIntyre (1981) many of the current therapeutic approaches and theories pertaining to CSA fail in their applicability, as they do not recognise the impact that patriarchal culture and society have in condoning sexual abuse. He further proposes that feminist theory examines the sexist assumptions about the roles of each family member, in particular the mother and victims in abusive relationships, where the mother is blamed for the abuse instead of the abuser (McIntyre, 1981). He indicates that there are four primary areas where a mother is blamed for "allowing" or ignoring the abuse, where such factors as her personality type, the nature of her involvement in a sexually abusive situation, her inability to fulfill her expected roles as mother and wife and her reactions on discovering the abuse, are areas of focus (McIntyre, 1981). This legacy of blame, and by extension a mother being somehow judged by society for these "shortcomings", appears to be a further contributing factor to under reporting.

Analysis of male dominance within the family indicates that males are often aggressive, controlling and autocratic, and view their children and partners

as rightfully belonging to them to treat in any way they see fit, be it in a physical and / or abusive sense (Dietz and Craft, 1980). Viewed from this perspective, CSA is seen as the "normal" expression of violence in a patriarchal society.

Although this may be an extreme example of the expression of patriarchal power and that with the flow of information from the surrounding community and interaction with members of the community, such extremes of expression may be "tamed", a correlation of literature in this area suggests that one of the characteristics of sexually abusive families is that they choose to be socially isolated. Through this, the father can exert his tyrannical power over his family and reconstruct traditional patriarchy by threatening them with violence or sexual coercion and expect a minimal amount of external interference which may challenge his absolute authority (O'Donnell and Craney, 1982). This further introduces the notion that through such a rigidly controlled family, the father enforces expected gender roles and thus he, and not as the family dysfunction approach suggests, the mother, forces his daughter into the maternal role (Nelson, 1987).

Feminist theory also contends that the sexual assault of children and mothers occurs in family relationships where males have been socialised into believing that they hold all powerful positions and females are socialised into believing that their function is to yield to male domination and to be subservient, passive and compliant to the needs of men. This is what feminist theory calls power hierarchies and is one of the primary areas of focus in this approach. It assumes that males have all of the power in their families and within society adding to, it is presumed, stereotypical notions of

the power imbalances between males and females. Conversely, this theory goes some of the way to explain this inequality in power organisation and distribution within the family.

It suggests that power hierarchies define who is dominant and who is passive, indicating that men are always dominant and wield absolute power over females who have minimal power and are committed to a life of subservience. This explanation is over simplistic as firstly, it perpetuates stereotypical myths inferring that all males hold power and that all females are submissive and hold minimal power. Secondly, it does not consider democratically organised families, where men and women have equal earning power, collectively rear children and are on an equal footing intellectually and economically (Bell and Bell, 1992).

It also proposes that CSA occurs as a result of differential sexualisation in which males and females are socialisers in different ways. Finkelhor (1984) contends that "normal" male sexual socialisation includes four important factors which predispose men towards CSA, which are as follows :

- (1) Males are socialised into believing that the nurturing of children is the role of women and are not therefore encouraged to practice nurturing behaviour. They thus are unable to appreciate the needs children have in this respect and are then not in a position to satisfy them. Also, he proposes that this is related to problems of differentiating between affectionate and sexual touching, triggering sexual arousal when hugging a child and if left unchecked, may lead to CSA;

- (2) Males are taught that their ego's are inextricably linked with all areas of their functioning, especially in the groin area and that if a male is criticised or rejected in any way, he will feel it in his penis and in order to re-affirm his masculinity and reconstruct his damaged ego, he will seek sex. This need for re-affirmation outweighs the availability of sexual partners and if the only available partner is a child, he will use her to re-affirm his damaged ego;
- (3) The availability of sexual partners is also another factor which through socialisation, predisposes a man towards CSA, as he may become sexually aroused outside the context of his regular relationship, his desired partner may not be available and he may therefore choose to abuse a child. The availability and not the age of the partner becomes the important factor in this instance;
- (4) The final factor which Finkelhor proposes, relates to the notion of male sexual inadequacy and the age and size of partners. He assumes that men are socialised into being sexually successful. If he is unsuccessful and has feelings of inadequacy in his "normal" adult sexual relationships, he may turn to a child to regain his feeling of success and adequacy. Also, males are socialised into selecting younger, smaller partners, which he suggests may also account for CSA.

Finkelhor's assumptions concerning sexual socialisation factors which may trigger males towards CSA appear to be quite generalistic, as if all men are socialised in this way then it can be assumed that all men are child abusers,

which they are not. Thus a major criticism of his assumptions is that his primary area of focus in this regard, is from a social premise which does not account for, or explain important predisposing personality traits or individual factors which may also cause males to sexually abuse children. It seems that the responsibility for CSA in his explanation, is shifted from individuals and / or families to society.

There are however, strong indicators that this type of socialisation contributes towards the way in which hierarchies of power are defined in society and within the family, as the feminist approach defines CSA as a sexual power relationship. It therefore looks beyond the family to the broader society for answers as to why and how CSA occurs. In so doing, it analyses the role of pornography and its impact on CSA.

Densen-Gerber (1980) suggests that pornographic video material which depicts adults and children are often used to normalise sexual relationships between men and children and are displayed to children prior to abuse taking place. He further indicates that, due to the rapid increase of child pornography and child sex rings, men find children erotic, as without this feeling, it is unlikely that there would be such an avid interest in pornography involving children. Again, while it can be said that indeed there are men and perhaps some women who do find this sexually stimulating, there are many who do not. It would perhaps be more objective to examine why some men are stimulated by child pornography while others do not appear to be. This may offer a more balanced explanation in this area.

Following on from a broader investigation of CSA, which includes incidents of CSA that occur outside the family and analysing it from a more global perspective, this approach suggests that CSA is not a problem of parenting but a function of male socialisation. This differs significantly from two of the previous approaches but has similarities with the family dysfunction approach.

In summation, the feminist approach has considered CSA from a broader base, examining inter-familial as well as extra-familial factors which contribute towards the occurrence of CSA. It defines CSA as a sexual power relationship to be seen from a social premise which it assumes, is responsible for differences in sexual socialisation. This, it contends, is the main cause of CSA. It also sees women and children as victims of a wider patriarchal society and indicates that males hold full responsibility for CSA while women and girls are, in the main, due to role and sexual socialisation, cannot be blamed for CSA.

While this approach proposes to acknowledge the existence of external agents of control, that is, society's influence on CSA, it focuses mainly in the area of socialisation. It does not consider cultural and / or economic factors for the possible part they play in the occurrence of CSA. Nor does it consider other factors such as individual personality predisposition or family dynamics, which it denounces as having influence on the occurrence of CSA and it makes no mention of the occurrence of sexual abuse in boys. Thus, it appears to be largely a sociological explanation. This is perhaps one of its main short falls. That boys are sexually abused is a given fact as there is literature to suggest that this happens on a frequent basis (Hooper, 1987).

The feminist approach makes no mention of this. One of the most illuminating factors which it re-addresses is that it does not, as with the other three theories, appear to protect the male and blame the female. It lays the responsibility for CSA squarely at the door of males, but the power and impact of their choice to abuse is not mentioned.

Some men choose to sexually abuse children, others do not. Perhaps it is the choices made and the repercussions thereof that need to be linked to issues of responsibility over blame. If CSA is to be examined from a "who-is-to-blame" premise, it may run the risk of fleeing underground in terms of reporting and rehabilitation. Blaming in any way may through its punitive connotation, contribute to sealing CSA in silence. Claiming responsibility for CSA on the other hand, has a less punitive connotation, which may contribute towards a higher reporting rate, and also has positive implications in the area of treatment.

## 2.5 FINKELHOR'S FOUR PRECONDITIONS MODEL OF CHILD SEXUAL ABUSE AND LIMITATIONS

Finkelhor (1984) constructed his flexible, four preconditions model in an attempt to fill in the spaces omitted by other approaches. The flexibility of his framework allows space for the inclusion of new developments in the area of CSA. Considering the available literature and clinical studies in the area of CSA, he constructed a model which is multi-factorial and relates to four sets of preconditions or factors, which can be grouped into four levels and proposes to include all known factors relating to the cause of CSA.

Also, it includes both inter and extra familial CSA and does not distinguish between the two, as it is felt that such a distinction may bias treatment in terms of one type of abuse having a more traumatic impact on the victim. In his model, he redresses the issue of blame and rather sees it in terms of "who-is-responsible" and indicates that men are responsible for CSA. The underlying factor, which he sees as superceding other issues, is that sexual abuse only takes place if a man already has sexual feelings for a child (Sanderson, 1990).

In contrast to this perception, the model also looks at mother's and children's roles in CSA, in terms of predisposing factors, which may pertain to them in the occurrence of CSA. From a sociological point of view, his model presents assumptions related to differentiation in male / female social - sexualisation, power relationships in a patriarchal society and in this light, child pornography and the eroticisation of children. His model can thus be seen as a presentation of psychological and socio-cultural factors that he sees as important in the cause of CSA. Accordingly, his model also has implications for therapeutic intervention as assessment and evaluation can occur globally, on all four levels, seeking out the main areas of concern by examining all levels.

This approach is organised according to hierarchical principles and is a correlation of information on four levels, or four sets of preconditions, which include;

- (1) Motivation : Predisposing developmental, psychodynamic and socio-cultural factors, concerning males who may be motivated to

sexually abuse children, such as regression, the need to dominate females, narcissistic identification with self as a young child, etc;

- (2) Internal inhibitions : Factors which may contribute to triggering CSA by decreasing internal and societal inhibitions, such as alcohol, retardation, psychosis and societies apparent sanctioning of child pornography and lenient sentencing of child sex offenders;
- (3) External inhibitions : These include overcoming external factors which are presumed to inhibit CSA, such as, disruption in the family and issues related to the mother's expected role within the family, in terms of her nurturing abilities, availability and the organisation of the family, in terms of sleeping arrangements and the level of communication with each other and the community;
- (4) Resistance : This includes breaking down the child's resistance and is related to the child's level of trust, degree of coercion by the abuser, innocence in relation to sexual matters, perceived powerlessness and lack of education relating to sexuality (Sanderson, 1990).

Finkelhor presents socio-cultural factors together with psychological factors which may also impact on the cause of CSA. Each set of precondition factors corresponds to this information and, as with systems theory, which seems to have influenced his model, these factors interplay in a flexible way and do not necessarily follow a hierarchical pattern. For example, factors in the first group of criteria, may be influenced by factors in the third set and / or the fourth set of criteria. Thus it can be said that this model is a fluid one,

which has been structured in an hierarchical way. This allows for a multi-factoral analysis of psychological, cultural and sociological factors which may predispose CSA.

On one level Finkelhor's model may be seen as a systems approach, as systems theory enhances an understanding of individuals in relation to their family dynamics and to the broader community by examining existing systems. According to this theory, individuals, the family and the broader socio-cultural milieu, form systems and within these systems, sub-systems are formed, which collectively form part of the greater economic and political system (Barker, 1981).

Each system and subsystems, according to von Bertalanffy (1975), impacts on the other. The "wholeness" of functioning within the system is considered to be greater than the sum of its parts (Papp, 1986). By comparison, therefore, Finkelhor's four preconditioned approach may be seen as a systemic analysis of the causes of CSA. Where it differs from the systems approach, is in its application. Although it has already been stated that this model is a fluid one which does not necessarily operate according to a logical set of hierarchical principles, Finkelhor assumes that the four preconditions need to form a logical sequence in order for CSA to occur (see figure 2.5a - Four preconditions of sexual abuse). For example, it is proposed that the abuser must initially have strong motivations to abuse a child, overcome both external and internal inhibitions and those of the child, for abuse to occur and it therefore implies that without this logical sequence, CSA may not occur. This is perhaps one of this approaches limitations, as it

is argued that in some instances, motivation alone may trigger a male to abuse a child (Alexander, 1985).

Analysing psychodynamic and environmental factors which may predispose or motivate males to abuse, needs to be viewed from a sociological premise and although Finkelhor's model goes a long way to correlate these factors, problems arise when applying his model, as its application does not appear to be as flexible and fluid as assumed.

While he proposed the CSA occurs as a result of a sequenced set of preconditions, this does not always appear to be the case. For this reason the four preconditions need to be analysed from a more flexible orientation. Conversely, one of this approach's positive contributions is that it presents a comprehensive collection of the available information on predisposing factors which contribute to CSA. However, it does not appear to include cultural and / or ethical factors which may predispose CSA, such as the way different cultures define the incest taboo and / or the ethical considerations related to CSA. While it is understood that it is difficult for one approach to satisfy all of these criteria, it is felt that acknowledgement of this important area may enhance a deeper understanding of CSA.

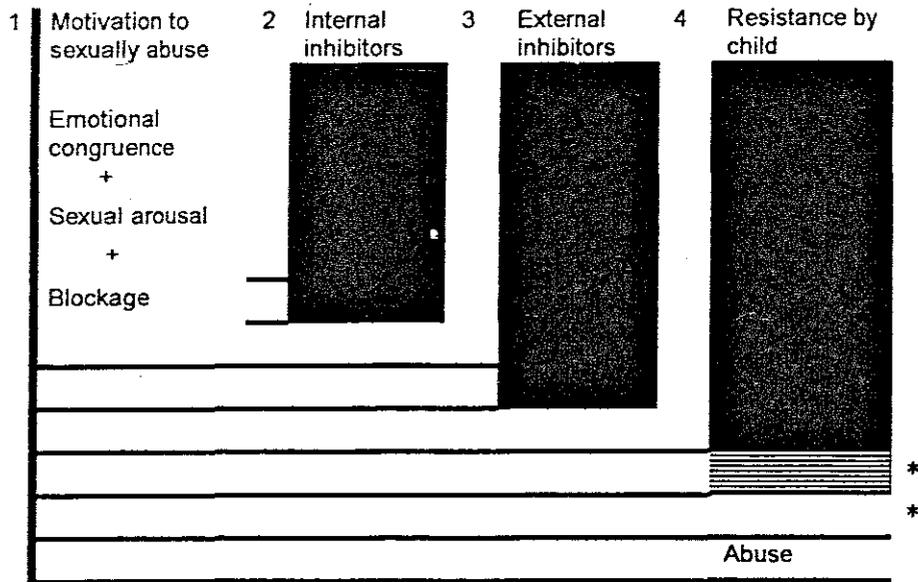
In summation, Finkelhor's four preconditioned approach, appears to be influenced by systems theory and is a synthesis of psychodynamic, family dysfunction, psychological and feminist approaches, organised in an hierarchical sequence according to four main preconditions which need to be overcome for CSA to occur. These include individual motivations, overcoming internal and external inhibitors and overcoming the resistance of

the child. While this approach proposed to include all known factors which may predispose towards the occurrence of CSA, it omits to consider ethical and cultural factors. Further, this model redefines "who-is-to-blame" for CSA and looks at the issue of responsibility which is a welcome contribution, as it has important implications for reporting and treatment.

Fig 2.5a : Preconditions for sexual abuse

<b>Preconditions I: Factors related to motivation to sexually abuse</b>		
<i>Emotional congruence</i>	Arrested emotional development. Need to feel powerful and controlling. Re-enactment of childhood trauma to undo the hurt. Narcissistic identification with self as a young child.	Masculine requirement to be dominant and powerful in sexual relationship.
<i>Sexual arousal</i>	Childhood sexual experience that was traumatic or strongly conditioning. Modelling of sexual interest in children by someone else. Misattribution of arousal cues. Biologic abnormality.	Child pornography. Erotic portrayal of children in advertising. Male tendency to sexualise all emotional needs.
<i>Blockage</i>	Oedipal conflict. Castration anxiety. Fear of adult females. Traumatic sexual experience with adult. Inadequate social skills. Marital problems.	Repressive norms about masturbation and extra-marital sex.
<b>Precondition II : Factors predisposing to overcoming internal inhibitors</b>	Alcohol. Psychosis. Impulse disorder. Senility. Failure of incest inhibition mechanism in family dynamics.	Social toleration of sexual interest in children. Weak criminal sanctions against offenders. Ideology of patriarchal prerogatives for fathers. Social toleration for deviance committed while intoxicated. Child pornography. Male inability to identify with needs of children.
<b>Precondition III : Factors predisposing to overcoming external inhibitors</b>	Mother who is absent or ill. Mother who is not close to or protective of child. Mother who is dominated or abused by father. Social isolation of family. Unusual opportunities to be alone with child. Lack of supervision of child. Unusual sleeping or rooming conditions.	Lack of social supports for Barriers to women's equality. Erosion of social networks. Ideology of family sanctity.
<b>Precondition IV : Factors predisposing to overcoming child's resistance</b>	Child who is emotionally insecure or deprived. Child who lacks knowledge about sexual abuse. Situation of unusual trust between child and offender. Coercion.	Unavailability of sex education for children. Social powerlessness of children.

Fig 2.5b : Four preconditions of sex abuse



## 2.6 STATEMENT ON SYNTHESIS :

As indicated in section 1.7 "CSA" and "incest" are terms which are used interchangeable throughout this study unless otherwise indicated. It is not the intention here to see the one form of abuse as being more serious, or as occurring more frequently than the other, but to view both in the same light. However, it is acknowledged that in some instances one may be seen by victims as being more serious than the other. The statement on synthesis now follows.

A synthesis of the five theoretical approaches which have been presented here indicate that CSA is a complex problem, involving an inter-relationship of systemic factors, such as individual, socio-economic and cultural aspects and cannot be seen as a simple cause-effect phenomenon. The over-riding factor, which is mentioned in only one of the theories, that is, Finkelhor's four preconditions approach, indicates that unless a male has sexual feelings for a child, CSA does not occur. Also, if a male takes responsibility for his

actions and “no harm is done” to the victim, questions about why CSA is seen to be unacceptable need clarification.

Thus, issues of responsibility and consent seem to be important considerations when developing an understanding of incest, and which seems to have been either marginalised or ignored in the five theories presented here. In order to clarify why incest is taboo, a brief historical discussion follows. Thereafter, a re-evaluation of why incest is considered to be morally and ethically unacceptable will be presented. This has important implications to better understand CSA in general, to help re-affirm why CSA is wrong and finally it may also help to dispel any cultural myths which may exist in this respect, in a South African context. Part two of this discussion is related to contextualising issues concerning CSA in South Africa and include a brief description of traditional culture, beliefs, family structure, parenting, children, a re-definition of the Zulu family and the function of traditional healers.

## 2.7 THE INCEST TABOO: HISTORICAL CONSIDERATIONS

That incest is a universal taboo seems to be understood by most societies. It has been assumed by Levi-Strauss (1971), who takes an anthropological approach, that the incest taboo is seen as having primary structural significance in most societies, that is, its traditional roots stem from what he calls the need to “exchange” goods of all description in order to develop as a community. Women, he proposes, also form part of this exchange or bartering practice. Therefore, incest according to him, was instituted in order to ensure the exchange of women through marriage and the future development of the broader community.

He assumes that the incest taboo, although generally prohibiting marriage between members of the same family, is not aimed at the family, but rather at the wider community, as exchange stimulates differentiation. He also indicates that the rise of exogamy, that is, marriage outside the family, ensures a shift of dependence from the family to the community, which is necessary for the development of a society (Levi-Strauss, 1971).

His explanation seems to be largely anthropological in nature and fails to consider other factors which may have contributed to the incest taboo, such as issues related to differentiation of the gene pool. By comparison, Neel (1990) proposes that there are societies who practised and approved of incestuous relationships such as the Egyptian Pharaohs. He suggests that this was sanctioned to ensure that the royal blood remained pure and was passed down from generation to generation. Conversely, Schwartzman (1974), proposed that the incest taboo ensured the "survival of the fittest". By exogamy, the incest taboo biologically guarantees a prohibition on inbreeding, greater variability among offspring and increases the flexibility and long term adaptability of the population (Lindzey, 1967).

Such anthropological views regarding incest do not regard it in a moral and / or ethical light but explain it in terms of the propagation of a healthy human race. In order to clarify why incest is today regarded as taboo, ethical and moral issues need to be included. This will help therapists and clients and especially perpetrators of CSA to understand why it is unacceptable.

### 2.7.1 THE INCEST TABOO : ETHICAL CONSIDERATIONS

There are primarily, three important arguments related to why incest is wrong and all three appear to be based on traditional morality and have, it would appear, come to be accepted without question. If we are basing our reasoning on such taken-for-granted assumptions, we may run the risk of becoming complacent and accepting, without question, that incest is wrong. From the outset of the discussion which follows, incest and CSA are to be used interchangeably and taken to mean sex between children and their father and sex between children and adults, as even though in some instances the former may be seen as being more serious than the latter, it is assumed that sex with children per se is unacceptable (David, 1992).

The first argument to be presented states that CSA is intrinsically wrong. Finkelhor (1979) contends that this statement is too categorical, as the same has been said about other taboos, such as homosexuality, which are being re-evaluated in recent times. The second argument indicates that sex between adults and children forces the child to become prematurely sexual. This, he also proposes, is not a sufficient argument against CSA, as children are intrinsically sexual beings and do not become sexual through a sexual encounter with an adult. The third and final argument proposes that CSA is wrong as it irretrievably damages the child both physically and psychologically. While it is becoming better understood that the majority of empirically evaluated cases of CSA indicate that many children are psychologically affected by abusive experiences, some are not. Also the notion that an experience may be damaging, is not in itself, enough to condemn incest altogether.

Historically, it would appear that in some societies there is a move towards a sexual ethic which permits sex of a differing nature, between two consenting adults. There are instances, for example rape, where consent is not given, and is thus seen as a criminal act. It can be argued that many children give their "consent" to become involved in a sexual relationship with an adult. If a child gives his / her consent, what needs to be understood is the ethical considerations embedded in such consent, which sheds light on the legality and acceptability of it. That a child is able to give consent is known, but what is important here is whether or not children understand what they are consenting to, and whether or not they are free to permit or object to a sexual encounter. These two conditions, making it an informed consent, do not occur in CSA and as children are not able to satisfy either condition, sex between an adult and a child cannot be sanctioned under a moral standard that requires consent to be present (Finkelhor, 1979).

Thus, it can be inferred that a strong ethical argument surrounds why CSA can never be acceptable. A combination of a lack of power and a lack of knowledge makes children incapable of giving true consent to sex with an adult. This explanation clarifies the issues surrounding CSA in terms of why it is wrong. It is also a move away from the traditional morality which tried to explain why incest is taboo.

Further more, ethical clarity on this issue is important for the benefit of society, as sexual ethics are increasingly confused (Finkelhor, 1979). This explanation helps clear up that confusion. Ethical clarity concerning the incest taboo is also important, in terms of treatment, in that, it explains clearly to abusers and victims, that CSA under any circumstances is not

acceptable. This helps to dispel misgivings on the part of the victim in terms of blame, while it also prevents the abuser from justifying his actions. Ethical clarity also stipulates that the issue of consent be the only factor which needs to be considered when looking at the legitimacy of incest and this needs to be seen as one of the most important universal factors which makes CSA taboo and is therefore also highly relevant to the South African context.

## 2.8 CHILD SEXUAL ABUSE CONTEXTUALISED

In order to understand the influence of traditional healers and to contextualise CSA from an indigenous cultural perspective, the second part of this chapter involves a presentation of some important cultural considerations.

In particular, this section focuses on a brief description of traditional Zulu culture, beliefs, family structure and parenting. Socio-political factors have had a major impact on traditional Zulu families in South Africa, rapidly re-defining them in terms of structure and function. This will also be discussed, followed by a description of traditional healers and their function in indigenous culture.

### 2.8.1 DESCRIPTION OF TRADITIONAL ZULU FAMILY STRUCTURE, BELIEFS AND CULTURE

The following description of traditional Zulu family structure, beliefs and culture is by no means complete, but it is anticipated that it may create a broader understanding of CSA in this context.

There are two important facets, which are inextricably linked in traditional Zulu culture and which need to be presented from the outset, as they have a deep and meaningful systemic impact on traditional life.

Firstly, there is the purely physical world, that which is tangible to the five senses and comprises of "the clan", and secondly there is the spiritual / supernatural world of the "amadlozi" (ancestors) and other spirits. Traditionally, these are so tightly interwoven that their collective functioning make up the world view of traditional Zulus in that physical activities, rituals and structures, are ultimately determined by them (Elliot, 1978).

The spiritual / religious world can be loosely divided into four categories :

- (1) the Creator (uNkulunkulu),
- (2) different natural - spirits which are on the periphery of the society and are of limited importance,
- (3) the "amadlozi" / ancestral spirits or shades of a clan who are the conservative custodians of traditional morals and customs, and
- (4) the witches / sorcerers who are the embodiment of evil and who use magical medicine to achieve evil ends (Tyrrell and Jurgens, 1983).

A more indepth presentation concerning the role of traditional healers within this system follows at a later stage, but it needs to be mentioned at this point, that healers in traditional Zulu society, help maintain the social, physical and psychological integrity of the community and as such were well respected, trusted and continuously consulted in matters of health and ill health (Vilikazi, 1962).

It is important to illustrate this intricate link between the undivided physical and spiritual world, as within this highly structured organisation, developed

the experience of what it means to be Zulu. Thus, family structure and parenting needs to be contextualised within this complex system.

### 2.8.2 FAMILY STRUCTURE

According to traditional Zulu custom, family structure is determined by the number of wives and children. The purpose of marriage and child bearing is to expand the clan and to ensure its continuation. Traditional Zulu marriages go beyond matrimony between two individuals, and may be defined as a socio-economic transfer of a woman from one family to another and thereby her integration into a new group (Tyrrell and Jurgens, 1983). Individuals in traditional society experience themselves as being part of a group or large family which provides them with their identity and thus their identity in turn, is largely determined by their position and function within their group.

Members of the same group are not kept distinct, but rather are all seen as relatives, even though there may not be a blood relationship. A definite distinction, however, is made between the husband and wife's family. thus the term "father" is extended from one's own biological father and refers also to his brothers, half brothers, and sons of his father's brothers.

Similarly, the term "mother" extends to a male's own mother, her sisters, her co-wives and wives of his father's brothers. The children of these "fathers" and "mothers" are his brothers and sisters and their children are grouped in the same category as his own grand-children. In order to differentiate between blood relationships, certain terminology is used to clarify the degree of closeness. For example, the term "my little father" (father's younger brother) is distinguished from "the father who bore me" (biological father) and

so on (Kuper, 1986). It is important to understand this terminological differentiation of the group, as children in such groups belong to the group as a whole and contribute to the perpetuation of the group. This may have important implications when re-defining the Zulu family, in terms of how children are perceived. Also, within this context, CSA may be seen from an inter and extra familial context. However, this distinction may become blurred if "the family" is defined according to Western principles.

Thus the family structure is influenced and shaped by the group as a whole and traditionally, on marriage, the wife leaves her parents home to live with her husband's family. Zulu custom and practice is patriarchal, thus defines women as minors. They are not permitted to own property and have minimal power in familial negotiations, and are expected to conduct themselves in a "respectful" and restricted manner, so as not to displease their husbands, whom they are expected to obey (Bekker, 1989).

Before marriage occurs, clearly defined courting practices, which involve a high level of familial and ancestral consultation are entered into. According to Zulu custom, marriage may be defined as a contract between one man and as many wives as he chooses and / or can afford. Polygynous marriage is the norm in traditional Zulu society, but does not extend both ways, as it is considered to be the male's prerogative (Kabini, 1993).

Among the Swazi people, marriage with a person of one's own clan was prohibited, while incest, through marriage, between a king and his sister was common practice, to ensure the continuation of the royal line. This would support Neel's (1990) theory, which has been previously mentioned in relation to the incest taboo. There is also evidence that this practice

occurred amongst the royalty in Zulu society (Kuper, 1986). All traditional marriages are sealed by the payment of a "bride price" or LOBOLA which is a fixed amount, usually in the form of cattle and more recently in the form of a cash payment. This issue of buying a wife needs to be seen from a patriarchal premise, as it is a contentious issue. In order to justify the buying of a bride, traditional theorists suggest that LOBOLA was paid to compensate the bride's father for the loss of his daughter and also to ensure that, should the marriage fail, the LOBOLA would be compensated. Thus it was designed to give the woman some measure of security if the marriage should dissolve (Elliot, 1978). That this was in the minds of Zulu men is debatable, as if problems do arise in such a marriage resulting in separation, the LOBOLA is returned to the father of the bride and the wife accrues no such guarantee. Suffice to say that women in Zulu society are dominated by men, have no property rights and have minimal power in terms of determining their own destiny and as such are thus vulnerable to exploitation and abuse.

After marriage, there is a strict division of labour, where the women is expected to perform all of the domestic chores and manual labour, such as hoeing, planting and gathering wood. She is also responsible for nurturing and rearing the children. Men are responsible for tending the cattle and have a "protective" function in the family, in that should an altercation arise, he is physically or verbally responsible for settling the dispute.

### 2.8.3 PARENTING AND CHILDREN

Children are of fundamental importance to the traditionalist, as they are an economic asset and will carry the memory of and give meaning to their

parents as ancestors (Schapera, 1940). This is one of the reasons why exogamy was institutionalised, as according to traditional beliefs, if two people, who have ancestors of the same family, have sexual intercourse, the ancestors would work through them to oppose the conception of a child (Laubscher, 1980). This is interesting, as it suggests that the incest taboo may have been perpetuated through a strong belief in the influence of the ancestors.

Women are responsible for nurturing children and from an early age sex-differentiation is institutionalised. Young girls are socialised into fulfilling their expected role as mother and work horse, while young boys are socialised into tending cattle and becoming protectors of their clan. Sex preferences are seen as having some importance, as girls bring wealth to the father, but boys continue his family line. Traditional families are large due to the polygynous arrangement and as children are used to work in the community. Child rearing is a collective affair, as biological mothers and female relatives are responsible for rearing them.

There is evidence to suggest that certain child rearing practices, when examined from a psychological perspective may be seen as abusive. For example, a child was expected to walk at the age of 9 months and to stimulate this, especially if the child was a late developer in this area, some mothers used to force their baby to sit on an ant heap. It was assumed that when the ants bit the baby, he / she would then be forced to walk (Pauw, 1974).

Another practice which seems to have stopped, was introduced to control isiGWEMBU, "an itch" which is believed to be responsible for causing

promiscuous and indiscriminate sexual behaviour. Here, a castor-oil soaked plant stem was inserted and rotated into the child's anus, until it bled profusely. This often had fatal results. It was believed that the spirit which caused isiGWEMBU lived in the child's anus (Pauw, 1974).

In order to ensure that a baby was not a witch's child, at times and especially if the family was experiencing emotional problems through bewitchment, the baby would be thrown up against the wall as a test. If it hit the wall and fell to the ground, it was not a witch's baby. But if it clung to the wall like a bat it was believed to be a witch's baby (Tyrrell and Jurgens, 1983).

Weaning was also another area where dubious practices occurred as babies were weaned traditionally at about 6 months old and then force fed their first meal of porridge, by the mother who, by forming her hand into a funnel, pushed porridge into the baby's mouth. Inevitably, some babies died as a result of being force fed, but this was attributed to the work of witch craft or bewitchment (Kiev, 1972).

Although these practices, by modern western standards seem to be extremely abusive, they need to be seen in context. What is interesting is the acknowledgement of "the itch" or isiGWEMBU, and one wonders how often if at all this was thought to be responsible for CSA, which further implies that CSA may have occurred. This is purely speculative, but is an important consideration. Suffice to say that the role of children in traditional Zulu society has a social, economic and spiritual function.

#### 2.8.4 RE-DEFINITION OF THE ZULU FAMILY

Many changes have been metered out to the traditional Zulu family, especially in the period leading up to the industrial revolution, where thousands of subsistence farmers were forced to leave their families to work in the mines, in what becomes known as the migrant labour system. This drastically changed the structure of the traditional family and triggered urbanisation. It is acknowledged that many factors culminated towards a change or re-definition of the traditional family, and that this is a brief discussion on how this occurred (Nel and van Rooyen, 1985).

Land was unequally divided and black communities were relocated to reserves, which served as reservoirs for cheap labour for the mining magnates. Also the Land Act of 1913 re-distributed land, reserving the bulk for white farmers. The Pass Laws of 1897 further restricted movement of black people and forced them to remain in the area of employment. With increasing poverty in the reserves and the subsequent breakdown of the family system, more and more people became displaced (Callinicos, 1982).

Migrancy, may be seen as one of the primary motivating factors in influencing the re-definition of the family and also in the breakdown of traditional Zulu culture (Miles, 1982).

Families were split up and the women were left to take care of the children and elderly. Recently, in response to the struggle for democracy, there has been an upsurge in political violence (Michelson, 1994) and according to Kentridge (1990), more people died in politically related violence in KwaZulu, in 18 months preceding March 1990 than in 20 years of civil war in Northern Ireland. Furthermore, the sequelae of oppression and violence in terms of

discrimination, migration, re-location and repatriation of families, has impacted severely on traditional family structure and culture (Reynolds, 1989). Biko (1978), proposes that black culture and family structure was bastardised by colonialism and urbanisation contributed to the destruction of traditional beliefs.

Although the structure and function of the traditional Zulu family has, through social, economic and political oppression, been forced into a different mould and many beliefs and customs have been re-defined with these changes, it would appear that in both rural and urban areas, Zulu tradition and culture are still very much alive (Ngubane, 1977; Gumede, 1990). Considering these multifactorial influences on traditional Zulu society, traditional healers will now be discussed.

#### 2.8.5 TRADITIONAL HEALERS

Healing is universal and has been practised throughout the ages. All societies, from the most "primitive" to the most "advanced", have healers who assist people towards systemic wholeness. The integrity of a society depends on healers, as the desired human state is one of health as opposed to one of illness, yet illness needs to be seen from a broad perspective. To imply that a state of health is achieved by merely removing the cause of illness, is reducing illness to a cause-effect dimension, at the expense of seeing it in more holistic terms. The Ayurvedic approach to healing explains this concept well and proposes that, the mind and PRAKRITI (natural spirit) exert the deepest influence on the body, and freedom from sickness depends on contacting one's own awareness and belief system, bringing

these elements into balance and extending them to the body (Chopra, 1990).

In Zulu culture, where natural and spiritual / supernatural boundaries are diffuse, healing takes on a deeply entrenched significance and as traditional methods have been transmitted over generations through oral histories, beliefs and culture, the practise of traditional methods and the faith inspired by them serve to preserve individual, family and community homoeostasis (Edwards, 1989).

Traditional healers are, according to Zulu culture, directed by the spirit world of the ancestors (Cheetham and Griffiths, 1982), and according to Schweitzer traditional healing "has a dynamic connotation and is present orientated" (1980 : 280). They derive the power to heal from the ancestors and the spiritual world, and in so doing, perform an important social function in that they are familiar with their community and are leaders in arbitrating and decision making. Group dynamics and social order are important to traditional healers and in problem solving and / or illness, the family and the individual are involved in the consultation.

Zulu people see illness and health from a holistic premise in that, their belief system is a neatly bound comprehensive inter-relationship between the natural and spiritual world, organised in an hierarchial way, from the Creative force or uNKULUNKULU at the top, to the ancestral spirits of the dead and elderly, who are thought to be "almost ancestors" because of their advancing years, to other natural spirits, which have already been discussed (see pg 44 [2]).

It can be seen, therefore, that traditionalists do not experience their world exclusively according to the Creative force (uNKULUNKULU) but rather in relation to their physical, environmental, social and spiritual being (Vilikazi, 1962). Traditional healers deliver their care within this multi-dimensional context and in order to clarify how they differ in their practice, the different kinds will now be discussed.

#### 2.8.6 TYPES OF TRADITIONAL HEALERS

Chavunduka (1986) indicates that in Zimbabwe there are eight different kinds of healers, while Ngubane (1977) has identified five different types. As many of these overlap, four main types will be discussed as follows :-

- (1) Isangoma or diviner. The large majority of izangoma are women, and their role and functions are extensive. For example, she has powers of divination, she is a philosopher, she has an understanding of medicine, she is a social and psychological interpreter and interventionalist and she is flexible in that her interpretive skills adjust and move with the changing times and social practices of the people with whom she works (Kottler, 1988).

She also differs in her methods. Modern approaches seek to explain how illness occurs, while izangoma try to explain why it occurs (Griffiths and Cheetham, 1982). Also, they are said not to use "death medicines" and are the "custodians of morality" (Kottler, 1988:8);

- (2) The second type of healer is the izinyanga and usually men skilled in medicine around which they have extensive knowledge. They work in

a competitive way and place emphasis on their earning abilities.

Their training does not involve any "rites of passage" as found in that of the izangoma (Ngubane, 1977). They are reluctant to share their knowledge and usually use herbal medicines in their treatment methods (Edwards, 1988).

- (3) A third type of healer is a specialist inyanga such as a person who is skilled in mending broken bones. This specialised function is transferred inter-generationally from one male to another and he operates in a similar manner to the unspecialised inyanga (Ngubane, 1977).
- (4) The final kind of healer is the umthandazi or faith healer, who is influenced by modern religious beliefs and works within the social context of those who seek their help. They may be men or women. They may be seen in some senses as social workers, as they help people deal with the social problems they may be experiencing but from a modern religious premise (Ngubane, 1977).

An individual does not suddenly decide to become a traditional healer, she / he is "called" by the ancestors into this role through what is known to be ukuthwasa or ancestral calling and according to Ngubane, the "ancestors bestow upon her, clairvoyant powers. A neophyte learns about medicine from a qualified diviner to whom she is apprenticed for some time, but in addition some medicines are said to be revealed to her (the neophyte) by her ancestors" (Ngubane, 1977 : 102).

## 2.9 CONCLUSION

One of the main points of critically analysing the five theories, the incest taboo and ethical considerations, is to investigate their applicability in the area of CSA in a South African context. While it is acknowledged that there are many factors, which have already been discussed, that are related to CSA in South Africa, it is felt that theories concerning CSA in this country need to have more emphasis placed on socio-political factors and most importantly cultural factors which may contribute towards CSA.

In order to clarify this proposal, Zulu customs, beliefs, structure of the family, parenting, children and a re-definition of the family have been explicated, in order to contextualise CSA in South Africa. To add to this, the last part of this chapter involved discussing the quintessential meaning traditional healers have in the lives of indigenous people. Through this, it is hoped that it may illuminate the assumption that, given a climate of transparency and co-operation, they could have an important role to play in the treatment and prevention of CSA in South Africa.

Chapter three is concerned with the research method and design of this study.

## CHAPTER THREE

### 3. RESEARCH METHOD AND DESIGN

#### 3 INTRODUCTION

The goal of this research is to investigate traditional healer's views per se concerning CSA, to determine any role they may play in treating and preventing this phenomena. A second goal is to investigate what extent modern and traditional approaches co-exist in the area of CSA. In order to investigate these goals, traditional healers are interviewed. A phenomenological question relating to CSA is qualitatively analysed using the phenomenological method, and the interview schedule is quantitatively analysed using content analysis. Thereafter, the results are discussed in detail to examine their internal and external validity. This chapter therefore, presents the design and research methodology and a discussion of the results of this study. The qualitative analysis will be presented first.

#### 3.1 IDENTIFICATION OF THE PHENOMENON

The nature of the phenomenon under study here, is that of CSA, but what is sought after, is traditional healer's experiential meaning of this. Thus the experience and meaning of CSA to traditional healers, becomes the phenomenon. In this light, it was decided that the phenomenological approach and content analysis of interview schedules, was the most suited methodology to this area of study.

#### 3.2 THE PHENOMENOLOGICAL APPROACH

While it is not the intention here to give a full presentation of the phenomenological approach, a brief presentation of the main assumptions is

important, to enhance one's understanding of traditional healers' views of CSA from a phenomenological premise. For further reading in this area, the reader is referred to : Kruger, T.M.D. (1979). An introduction to Phenomenological Psychology. Cape Town : Juta and Company.

In comparing mainstream, positivistic approach to the study of psychology, with that of the phenomenological approach, a fundamental difference emerges. The difference, which enhances meaning, may be found in the way a phenomenon is approached. On the one hand, the positivistic approach, which views phenomena as functioning in an independent fashion, concentrates on explaining phenomena. It can be said that positivists generally operate from a natural science frame and by extension, approach psychological enquiry with a NATURAL attitude, thus reducing the nature-of-being-in-the-world (Stones, 1986).

The phenomenological approach, on the other hand, seeks to describe phenomena and while it acknowledges the "absolute existence of the natural world" (Stones, 1986 : 117), it adopts a transcendental attitude, as opposed to a natural one. Phenomena are described in terms of being-in-the-world, that is, cognisance is taken of the fact that, a reciprocal relationship exists between individuals and "the world". Husserl, (1965) proposes that a TRANSCENDENTAL ATTITUDE, emerges by moving above, or going beyond, the natural attitude through suspending, or becoming aware of one's own preconceptions about phenomena, in an honest and transparent way. Through the process of phenomenological reduction and bracketing, ongoing personal preconceptions and assumptions are continuously revealed.

The phenomenological approach is viewed as an appropriate one in gaining understanding of indigenous traditional healers views on CSA. It seeks to describe the phenomenon precisely as it presents, neither adding to or subtracting from what is given, or presented (Giorgi, 1983). By approaching this phenomenon with a TRANSCENDENTAL ATTITUDE, traditional healers views on CSA have the space and freedom to unfold realistically within their context of experience.

This study endeavours to seek a deeper, more particular understanding of what child sexual abuse means to traditional healers. One of the most important stages in the phenomenological approach, is discovering the experiential composition of a phenomenon by asking people what that phenomenon means to them.

### 3.3 SELECTION PROCEDURES

#### 3.3.1 SELECTION OF TRADITIONAL HEALERS

Traditional healers who lived and practised in areas close to the University were selected. Thus convenience sampling was used. The research sample was then purposefully selected from a list of traditional healers in the area, in co-operation with a colleague with whom the researcher worked. She was familiar with many prominent traditional healers in the area and was responsible for briefing them on the objectives of the study. She also gained their permission for the researcher to interview them and introduced the researcher to them.

### 3.3.2 SELECTION CRITERIA

Five traditional healers who were considered to be suitable for this research, were selected according to the following criteria :

- (1) They had to be traditional healers, either / or isangoma / inyanga / faith healer.
- (2) They had to live in close proximity to the University.
- (3) They had to be practicing in their field of healing.
- (4) They had to be able to “articulate their experiences confidently, intelligently and spontaneously” (du Toit, 1992 : 9).
- (5) They had to display a willingness to be open to the researcher (Kruger, 1982).

The traditional healers selected for this research satisfied the above criteria.

### 3.4 DESCRIPTION OF RESPONDENTS

Of the five traditional healers who were selected, all were practising in their area of expertise, three were izangoma, one was a faith healer and the fifth, an inyanga. The inyanga was a male and the others all females. Their ages ranged from twenty four to sixty and their years of practice ranged from eighteen months to twenty three years. The number of patients seen per day ranged from four to five for the newly qualified traditional healer to twenty for the more experienced. The faith healer treated fifteen individual

patients per week, but had a congregation of approximately five hundred and fifty and gave five sermons per week.

The four female respondents' level of formal education ranged from standard four to standard eight, while the male had tertiary education. Their area of practice ranged from rural to semi-rural to urban, with only the male practising in an urban area.

Area of practice was defined as : (a) rural, having no direct access to formal educational, health and / or sanitation / electrical facilities within a 100 km radius; (b) semi-rural, as having access to a health clinic, semi-structured educational facilities and limited sanitation / electrical facilities and (c) urban, as having access to all of the above facilities.

Except for the male, who was bi-lingual and spoke English, all respondents were Zulus. (See Table 3.4.1 for a correlation of respondents' data).

3.4.1 TABLE - BIOGRAPHICAL INFORMATION OF TRADITIONAL HEALERS

Respondent No	Type	Sex	Age	Level of formal education	Years of practice	Language	No of patients per day	Area of practice
1	Faith Healer	F	60	Std 5	22	Zulu	3+3 sermons per week	Rural
2	Isangoma	F	24	Std 8	18months	Zulu	4-5	Semi-rural
3	Isangoma	F	55	Std 6	20	Zulu	15-20	Semi-rural
4	Isangoma	F	52	Std 6	23	Zulu	10-20	Rural
5	Inyanga	M	49	Tertiary	15	Zulu/English	30	Urban and Semi-Rural

### 3.4.2 PILOT STUDY

Before explicating the phenomenological question and interview schedule, a pilot study was conducted on a well respected traditional healer. He was considered to be "well respected" by the researcher's assistant as she indicated that many of his patients respected his integrity.

He was interviewed and the session was tape recorded. This led to the construction of the phenomenological question and an interview schedule, which were both pre-tested on twenty Zulu speaking third year psychology students. This led to the construction of the final phenomenological question and a comprehensive interview schedule.

## 3.5 METHOD OF DATA COLLECTION

### 3.5.1 INTERVIEW

Two interviews were conducted in the traditional healers' homes, two izangoma from rural areas were interviewed at Ngwelezane Hospital and one interview was conducted in a car, as this healer's consulting rooms were under renovation. Permission to tape record the session was verbally obtained. Confidentiality was ensured and all of the interviews, except one were conducted in Zulu. The first part of the interview was dedicated to establishing rapport, becoming familiar with being tape recorded and clarifying the main objectives and phenomenological method.

During the second part of the interview the informants were given the following instructions :

- (1) Explain in your own words and in your own time, what child sexual abuse means to you.
  - (a) your feelings about CSA
  - (b) your thoughts about what happens after a child is sexually abused
  - (c) your thoughts about why a child is sexually abused
  - (d) any other feelings / thoughts / comments you have on CSA

In addition to this phenomenological question, an open-ended, non-directive, semi-structured interview schedule was administered, to gain more information in the area of CSA as it was felt that this approach enhanced the development of a spontaneous flow of information and a participatory relationship between the interviewer and interviewee in an area which most people find uncomfortable to talk about (Baily, 1984). Also, this helped to further build rapport. Each interview ranged from forty five minutes to an hour.

### 3.5.2 PHENOMENOLOGICAL QUESTION AND INTERVIEW SCHEDULE

#### (ENGLISH)

#### PHENOMENOLOGICAL QUESTION :

What does child sexual abuse mean to you?

#### INTERVIEW SCHEDULE :

1. In your opinion, what happens when a child is sexually abused?
2. Do you think that child sexual abuse is sometimes right or wrong?
3. In your opinion, do you think that it occurs in all areas?
4. What do you think causes child sexual abuse?
5. Do you think young boys can be sexually abused?

6. Do you think that sexual abuse happened in the past or is it a thing of the present?
7. Do you think that child sexual abuse happens in all cultures?
8. Do you think that mothers can be blamed in any way if their child is sexually abused?
9. Do you think that a child can be blamed for being abused?
10. Do you have an opinion on Aids and child sexual abuse?
11. Have you ever treated anybody, or a child or a family who has been sexually abused?
12. If you had a case of child sexual abuse, how do you think you would treat them?
13. Do you think a child forgets about being abused?
14. Do you think that people who sexually abuse children should be helped or punished or both?
15. Do you think that child sexual abuse can be prevented?
16. Do you think that you could help prevent child sexual abuse?
17. Do you think that you could work with other people who are concerned about child sexual abuse?
18. Is there anything else you would like to say about child sexual abuse?

### 3.5.3 PHENOMENOLOGICAL QUESTION AND INTERVIEW SCHEDULE (ZULU)

#### PHENOMENOLOGICAL QUESTION :

Wena ke ulawazi iwakho iungakanani mayelana nokunukubezwa kwabantwana.

#### INTERVIEW SCHEDULE :

1. Kunjani uzwani uma kuthiua umthwana
2. Uma uzwa nasemisakazweni ukuthi ingane ihlukunyeziue kuye kutuini kuwe

3. Uye ucabangeni wena
4. Wene ke ukuhinkunyezwa kwabantwana uma ukuzwa uthini ngakno
5. Wene ucabanga ukuthin yini edala ukuba izingame zidlwengulwe
6. Akukno okunye
7. Uma ucabanga abantu abaphuzago izingane kunabanyena
8. Uma ucabanga laba abenzinqondo
9. Uma ucabanga lokhu kuhlukunyezwa kwabantwana kwenzika emaknaya noma emadolobheni
10. Abantu besimame bakhona yini lapha ekuhlukumizeni
11. Sigabasola yini abantu besifazane ngalokhu kuhlukunyezwa kwabantwana singababeka icala yini
12. Thina besimame siyangena yini ckuhlukumezeni
13. Ukuhlukumeza kundela ningi
14. Uma silinganisa ngakuthi ingane nhlawumbe inlukunyezwa ekhaya emndenini kusuke kudalua yini besc sithi umama owenze
15. Iyiphi imigomo nalaba abathandaza yo ngokuhlukunyekeza kwangane
16. Una ucabanga nabo bayathanda yini ukuba ingane zihlukunyezwe
17. Ucabanga ukuthi abantu bafanele bafundiswe ngalokhu kuhlukunyezwa kwengane. Ucabanga ukuthi kungemzeka yini
18. Nina ningabantu bamakhambi kungaguemeke kanjani lokhu kuhlukunyezwa kwabantwana. Ayiko ingane oseuake uayibona noma uayuapha ohlukunyeziue

### 3.6 METHOD OF ANALYSIS

#### 3.6.1 PHENOMENOLOGICAL - QUALITATIVE

#### CONTENT ANALYSIS - QUANTITATIVE

### 3.6.2 DESCRIPTION OF PHENOMENOLOGICAL METHODS OF ANALYSIS

Reliability in phenomenological research is determined by "auditability" (Hocoy, 1995), or the way in which another researcher is able to follow on from and understand the direction of previous phenomenological research, and in so doing is able to arrive at a similar interpretation (Kruger, 1982). Thus a detailed presentation of the phenomenological method, used in this research will now be presented.

Firstly, through a personal process of "bracketing" which was used throughout this research process, and entails acknowledging, becoming aware of and thereby "suspending" personal bias, the phenomenon was approached with as "clean" a "slate" as possible, which reduced the possible influence of any prior assumptions concerning traditional healers views on CSA (Kruger, 1982).

Each recording was played and re-played, until an overall impression was gained. Thereafter, each interview was transcribed in the first language which was Zulu and then translated into English by a psychology honours student and a student who was taking an honours degree in Zulu. Both students were fully bilingual in Zulu and English. Prior to translation, the translators were instructed in phenomenology and specifically made aware of the following considerations in an attempt to reduce the loss of meaning which might be expected when translating protocols :

- (a) bracketing, where the translators own subjective biases were suspended. (epoche or subjective reduction)
- (b) eidetic reduction, where the essence of the dialogue in its wholeness is made explicit to the translator (Edwards, 1987).

### 3.7 ANALYSIS OF PROTOCOLS

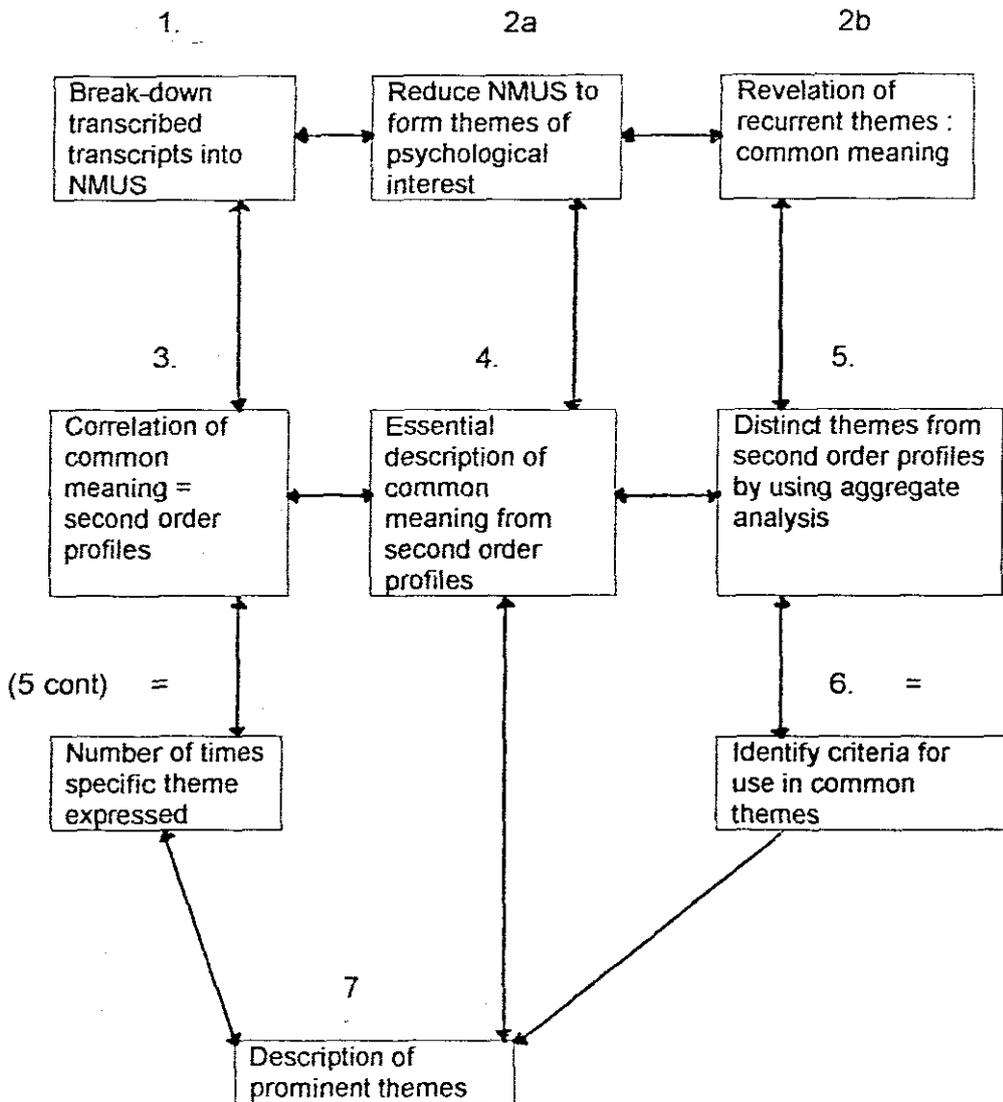
Analysis of protocols followed the procedures advocated by Spinelli (1989) and are as follows :

- (1) The transcribed transcripts were broken down into "natural meaning units" (nmus) which are units / statements "made by the subject which are self-definable and self-delimiting in the expression of a single recognisable aspect of the subject's experience" (Stones, 1986 :119).
- (2) NMUS from individual responses and those of other respondents in the study were then compared and reduced into factors or aspects of psychological interest, which in turn culminated in the revelation of recurrent themes (common meaning) of the phenomenon of CSA from traditional healers' perspectives.
- (3) By correlating these factors / aspects of psychological interest, a "second order profile" (Spinelli, 1989) which is intended to get closer to the phenomenological meaning made explicit by the traditional healers' responses, was constructed for each of the five informants. This profile presents the number of times a specific factor was expressed.
- (4) An essential description of traditional healers' views on CSA was "then revealed and described" (Edwards, 1990) in so doing the tone and views of the particular traditional healer became explicit.

- (5) An aggregate analysis was then used on the second order profiles of all informants, to compare them for the emergence of common factors / aspects. These were then reduced into distinct themes concerning traditional healers' experience of CSA.
- (6) The criteria against which distinct themes were allocated, included that at least three of the five "protocols found descriptions in a particular theme" (Hocoy, 1994).
- (7) A description of these distinct themes, through essential aggregation was then described (see table below - for a diagrammatic representation of these seven steps).

3.7.1 FLOWCHART REPRESENTING 7 STEPS IN PHENOMENOLOGICAL

METHOD OF ANALYSIS (←→ ongoing dialogue)



3.7.2 QUANTITATIVE ANALYSIS - CONTENT ANALYSIS OF INTERVIEW SCHEDULES

"Content analysis is a research technique for the objective, systematic and quantitative description of the manifest content of communication" (Berelson, 1954). Before performing this approach, mutually exclusive, exhaustive and independent categories needed to be extracted from the interview schedules. The frequency in which each of these categories was expressed

was then recorded and analysed (Baily, 1984). This was expected to be the most suited approach to the analysis of interview schedules.

Chapter four is dedicated to presenting, describing and discussing the results of this study. Internal and external validity will also be discussed and the limitations of this research will be further expounded.

## CHAPTER FOUR

### 4. RESULTS AND DISCUSSION

#### 4. INTRODUCTION

The aim of this chapter is to present the findings of this study and to analyse them according to the phenomenological praxis and quantitatively through content analysis. This serves to maintain the continuity of the study as "any study of concrete human phenomena requires that the approach, method and content be seriously considered in relationship to one another" (Giorgi, 1970:34). It is anticipated that this approach is best suited for the phenomenon under investigation.

Firstly, therefore, the phenomenological question will be qualitatively analysed. Secondly, content analysis will be used to analyse responses to the interview schedules. The stages used in this regard comply to Markoff et al's (1974) description of procedures in this approach. This is followed by an indepth discussion of the results, " in order to evaluate their internal and external validity" (Edwards, 1990:62).

In terms of maintaining continuity in both methods of analysis, the stages of this study comply to Kvale's (1989) interviewing methods, the application of the phenomenological method, as suggested by Giorgi (1983), the procedures in phenomenological enquiry as proposed by Kruger (1982) and Spinelli (1989) and procedures in content analysis as suggested by Markoff et al (1974).

#### 4.1 PHENOMENOLOGICAL ANALYSIS OF THE QUESTION "WHAT DOES CSA MEAN TO YOU?"

The tape recorded transcripts of each respondent were reduced into natural meaning units, compared with other NMUS and then further reduced to personal aspects concerning CSA which were then compiled into essential descriptions for each respondent. Aggregate analysis was applied to respondents second order profiles before common themes were revealed. A presentation of these findings follows :

##### 4.1.1 PRESENTATION OF PERSONAL ASPECTS CONCERNING CSA - SECOND ORDER PROFILES AND ESSENTIAL DESCRIPTIONS OF EACH RESPONDENT

##### 4.1.2 RESPONDENT ONE (FAITH HEALER, FEMALE) - PERSONAL ASPECTS CONCERNING WHAT CSA MEANS

She says that hearing about CSA makes her blood shake. She says that she can prophesy many evil things in the world and sees them through the holy spirit. She thinks CSA is happening now in response to general social chaos and sees it as a sign that the world may be coming to an end. She says the prophet Isaiah prophesied that CSA would happen through an overwhelming amount of evil, causing love between people to diminish. Corruption in society, where people have turned away from the bible and traditional ways and when children revolt against their parents, also cause CSA and she sees CSA as being driven by fire. She says that CSA did not happen in her time and that all these evil things makes her wonder what she has been taught from the bible and she questions her own efficacy as a faith healer. She says that only God can stop CSA.

#### 4.1.3 SECOND ORDER PROFILE

- a. Feels she has the power to prophesy many things.
- b. Experiences CSA as something evil.
- c. Experiences feelings of uncertainty about her "world".
- d. Feels powerless about the chaos in this world.
- e. Experiences anger about CSA.
- f. Experiences fear about the disruption of family and social order.
- g. Feels afraid that the end of the world is coming.
- h. Experiences anger about corruption in society.
- i. Experiences CSA as deeply shocking.
- j. Experiences insomnia.
- k. Experiences traditional dislocation and societal change
- l. Experiences dysthymia.
- m. Experiences self doubt.
- n. Feels uncomfortable.

#### 4.1.4 ESSENTIAL DESCRIPTION

Respondent one experiences the phenomenon of CSA as another sign that the end of the world is coming. She is deeply concerned that evil forces are at work in the world and feels insecure about her position as a faith healer, in stopping what has been prophesied. She has somatic sensations when she sees the chaos around her and hears what children are doing to their parents. She feels anger about the breakdown of traditional values and family structure.

The phenomenon of CSA is seen by her in a context where values and morality have been corroded through corruption and lax morals, and she

questions her own experience as a faith healer, in terms of her intrinsic abilities to help curb this downward spiral of degradation. She also introspects about what it means to be in such a world. This leaves her feeling confused and anxious. She feels uncomfortable talking about CSA.

#### 4.1.5 RESPONDENT TWO (ISANGOMA, FEMALE) - PERSONAL ASPECTS CONCERNING WHAT CSA MEANS

Hearing about CSA makes her sad and angry. She sees it as a common occurrence and finds it unacceptable that this can happen to young children. She sees that there is a link between unemployment, alcohol and impulsivity in males who commit CSA. She says that children who have been sexually abused will have troubled lives and it will bring shame to their family and causes a great deal of trouble to them. She says that children are helpless and can do nothing to protect themselves if they are raped.

#### 4.1.6 SECOND ORDER PROFILE

- a. Experiences anger towards males who commit CSA.
- b. Feels dysthymic when she takes cognisance of the effect CSA has on a child.
- c. Feels strongly that CSA is unacceptable.
- d. Experiences powerlessness in terms of stopping CSA.
- e. Feels that CSA causes mixed emotions in families where this has occurred.
- f. Experiences empathy for victims of CSA.
- g. Experiences concern about CSA per se and victim's future in particular.

- h. Experiences empathy with the powerlessness of children who are sexually abused.
- i. Experiences anger towards socio-environmental factors.

#### 4.1.7 ESSENTIAL DESCRIPTION

Respondent two feels depressed and angry when she hears about CSA and displays high levels of empathy for children and families where sexual abuse has occurred. She feels that children are too young to have such experiences, but are powerless and defenceless when sexual abuse occurs. This also makes her angry. She feels that when a child who has been sexually abused matures to womanhood, she will have a difficult and traumatic life. She experienced elevated levels of anger and sadness at this thought.

She feels that unemployment and the use of alcohol are two of the main predisposing factors which cause abuse and feels that these factors may cause a man to regress under stress and sexually abuse a child. This makes her exceptionally angry. She experiences CSA as a common occurrence which may be linked to low impulse control in men.

#### 4.1.8 RESPONDENT THREE (ISANGOMA, FEMALE) - PERSONAL ASPECTS CONCERNING WHAT CSA MEANS

She says that CSA happens when a man cannot find a woman to love him, that it is when a male family member or a man outside the family rapes a child. She says that men must pay for the damage they cause to a child as children who have been sexually abused suffer physically, as the child is no longer a virgin and psychologically, she will be troubled for a long time after

the abuse. She says that good people do not sexually abuse children and that she treats children who have been sexually abused with herbs after they have been treated at the hospital.

#### 4.1.9 SECOND ORDER PROFILE

- a. Experiences high degree of empathy for victims of CSA.
- b. Feels angry that a child is damaged through sexual abuse.
- c. Experiences concern about the negative physical effects of CSA on a child.
- d. Experiences detachment when she relates about treating a child who has been sexually abused.
- e. Experiences empathy for the victim's future.
- f. Experiences empathy for the families.
- g. Feels uncomfortable.
- h. Feels anger towards men.

#### 4.1.10 ESSENTIAL DESCRIPTION

Respondent three experiences a degree of detachment and experiences discomfort when relating about CSA. She acknowledges that it is both inter- and extra-familial and does not distinguish between the two in terms of occurrence / severity. She expresses anger about the powerlessness of children and the powerfulness of men who abuse children. She feels concerned that a child may die as a result of CSA and also feels that a child who has been abused will have long term psychological sequelae. She also feels that the issue of lost virginity through CSA is important and will also have a negative psychological effect. She expresses concern that a child who has experienced sexual abuse will become withdrawn and have

problems establishing relationships with other people. She is clear on the path of treatment for children who have been sexually abused and expressed an inter-relationship with modern medicine in this regard.

#### 4.1.11 RESPONDENT FOUR (ISANGOMA, FEMALE) - PERSONAL ASPECTS

##### CONCERNING WHAT CSA MEANS

She has personal experience of CSA, as her eight year old niece was raped by a stranger. She would like to kill the man who did this to her niece, as she sees him as a murderer and says that her niece's life is now ruined. She says her niece was raped impulsively on her way home from school. She says that even if the child was older, this man had no right to grab her. She says that she cries about her to her ancestors and they hear her. She says that CSA did not happen when the world began, but is a new phenomena.

#### 4.1.12 SECOND ORDER PROFILE

- a. Feels deeply sad about her child's experience of rape.
- b. Experiences a high level of revenge towards the rapist.
- c. Feels that the child was powerless.
- d. Feelings of rage.
- e. Experience of moral indignation.
- f. Experiences insomnia.
- g. Experience of uncontrollable anger.
- h. Feels comforted by her ancestors.
- i. Experiences deep empathy with her child.
- j. Experience of rationalisation.
- k. Experiences guilt as she was not able to protect her child.
- l. Feels anxious for her child.

- m. Feels concerned.

#### 4.1.13 ESSENTIAL DESCRIPTION

Respondent four feels deeply distressed about the rape of her young child and at the same time has feelings of rage and indignation towards the rapist. She feels that she needs to control her desire to kill him and expresses her disgust at the imbalance of power and is morally outraged by the rape of her child. She feels overwhelming anger about the fact that this man has destroyed her child's life. She feels adamant that he needs to be punished harshly and feels that he has no place on earth. She finds support and re-assurance in her turmoil from her ancestors. She rationalises that CSA is a new phenomenon. She feels that the police are careless in their treatment of abusers.

#### 4.1.14 RESPONDENT FIVE (INYANGA, MALE) - PERSONAL ASPECTS

##### CONCERNING WHAT CSA MEANS

He says that CSA occurs for a number of reasons and does not only mean when a child is raped. He says touching a child's body in a sexual way is also CSA. He says there are many causes of CSA and that it is a big problem in the area where he practises.

#### 4.1.15 SECOND ORDER PROFILE

- a. Experiences a feeling of authority.
- b. Experience of anger.
- c. Feels detached.
- d. Experience of dysthymia.

- e. Feels knowledgeable.
- f. Feels concerned.
- g. Feels defensive.

#### 4.1.16 ESSENTIAL DESCRIPTION

Respondent five approached the issues of CSA in a factual and detached way, with a high degree of authority concerning his understanding of what CSA means to him. He feels that the break-up of families, a mother's absence from home, unemployment and breakdown of traditional ways, causes CSA. He feels the mother's absence from home is a crucial issue and this makes him angry. He says that dislocation of families causes CSA and this leaves him feeling powerless. He acknowledges that there is an unequal power relationship between the abused and abuser and this makes him feel sad and he acknowledges the occurrence of inter and extra familial CSA and this makes him feel defensive.

#### 4.2 AGGREGATE ANALYSIS OF SECOND ORDER PROFILES :

All five respondents' second order profiles were compared for common aspects (themes) through aggregate analysis. In order to clarify this process,  $N \geq 5$  = respondents and  $n$  = the number of times an aspect occurred. A presentation of this follows.

4.2.1 AGGREGATE ANALYSIS OF SECOND ORDER PROFILES : COMMON

ASPECTS (a+ n) : ASPECTS = N ≥ 5.

COMMON ASPECTS	AGGREGATE ANALYSIS
1. Feels powerless	a+ n = 4
2. Experiences dysthymia	a+ n = 4
3. Feels angry about abuse	a+ n = 5
4. Experiences anger towards abuser	a+ n = 3
5. Feels empathy for victims	a+ n = 4
6. Experiences empathy for families	a+ n = 3
7. Feels concerned per se	a+ n = 5
8. Feels concerned about the future of victims	a+ n = 4
9. Experiences traditional dislocation	a+ n = 3
10. Experiences social and familial change	a+ n = 4
11. Feels compelled to take action against abusers	a+ n = 3
12. Experiences insomnia	a+ n = 2
13. Experiences anxiety	a+ n = 2
14. Feels detached	a+ n = 2
15. Feels uncertain about the future	a+ n = 2

The common aspects (a+) of the respondents descriptions are then reduced to reveal prominent occurring themes expressed in response to the phenomenological question, by aggregate analysis. The criteria for allocating prominence, is that at least 3 of the 5 respondents gave meaning to a particular theme. For clarity, therefore :  $n \geq 3, a+ = n$ .

4.2.2 PROMINENT ASPECTS (THEMES) REVEALED BY AGGREGATE

ANALYSIS OF COMMON SECOND ORDER ASPECTS : N > 3, a+ =

ASPECTS

1. Feels powerless, experiences dysthymia, feels angry about CSA per se and feels sadness and anger towards abusers (n = 4, n = 4, n = 5, n = 3. a+ = 1 + 2 + 3 + 4) - (common aspects.)
2. Feels empathy for victims and experiences empathy for families (n = 4, n = 3. a+ = 5 + 6).

3. Feels concern about CSA per se and feels concern for the future of victims in particular (n = 5, n = 3. a+ = 7 + 8).
4. Experiences traditional dislocation and social and family change (n = 3, n = 4. a+ = 9 + 10).
5. Feels compelled to take action against CSA (n = 3. a+ = 11).

Common second order profile aspects 12, 13, 14, 15, although important, were not included in prominent aspect analysis as they did not meet the stipulated criteria.

A summary of the aggregated prominent aspects will now be presented in an aggregated essential description of what CSA means to traditional healers.

#### 4.2.3 ESSENTIAL AGGREGATED DESCRIPTION OF WHAT CSA MEANS TO TRADITIONAL HEALERS

Traditional healers experience CSA from a socio-cultural premise and place it in a context of disintegrating traditional cultural norms. They see it happening in response to a dislocation of the family structure and in terms of a society in transition. They are deeply concerned about the increase in CSA, especially in terms of the implications of CSA on the family. Their main concern is for the victims of abuse, in terms of the trauma caused by CSA and for the child's healthy psychological development.

They show a strong sense of community concern and awareness about the incidents of CSA and empathise deeply with the families where abuse has occurred. Victims of abuse, generate a great amount of empathy and they feel deeply emotional about the imbalance of power in abusive situations

and feel sad that powerless children are being abused. They are exceptionally angry about CSA and feel that it is a new phenomenon which did not occur in a more structured traditional environment, which they feel, seems to have fallen apart. This also makes them angry and sad.

Their anger is also extended to the abusers whom they feel need harsh punishment. They feel that not enough is being done to punish abusers. Their anger and concern compels them to want to take action to punish abusers.

#### 4.3 QUANTITATIVE ANALYSIS OF INTERVIEW SCHEDULES : CONTENT ANALYSIS

The tape-recorded transcripts of the interview schedule have been analysed using content analysis. "The goal of content analysis is to take a verbal, non-quantitative document and transform it into quantitative data" (Markoff et al, 1974).

As suggested by Markoff et al (1974) the following steps were used in the implementation of content analysis of the interview schedules :

1. formulation of categories from response content
3. definition of context unit
4. definition of the system of enumeration (how the data will be quantified)

##### 4.3.1 FORMULATION OF CATEGORIES FROM RESPONSE CONTENT

According to Holsti (1969) "categories should reflect the purpose of the research and be exhaustive, mutually exclusive and independent" (1969:95).

Common elements emerging from the collective responses comprise the following categories :

- a. CSA is when a child is raped
- b. CSA is unacceptable
- c. Girls are abused for good luck
- d. CSA was prophesied by Isaiah
- e. CSA occurs more often in urban, than in rural areas
- f. CSA is caused by a man's need for sex
- g. CSA is caused by alcohol / drugs
- h. CSA is caused by socio-economic factors
- i. CSA is a new phenomenon
- j. CSA only happens to girls
- k. CSA is common
- l. Traditional healers treat CSA with herbs
- m. Traditional healers are unsure how else to treat CSA
- n. Traditional healers work with medical doctors
- o. Mothers can sometimes be blamed for CSA
- p. Children can sometimes be blamed for CSA
- q. There is a link between CSA and Aids
- r. Abusers should be punished, not helped
- s. Victims of CSA will have traumatic futures
- t. CSA cannot be prevented

#### 4.3.2 CONTEXT UNIT (THEMES) AND DEFINITION OF SYSTEM OF ENUMERATION

The context unit is the unit of analysis to be used in analysing traditional healers' views. This was derived from the frequency of their responses to

the questions posed in the interview schedule. Data will be quantified according to the frequency of their responses. This will be the system of enumeration.

#### 4.3.3 TRADITIONAL HEALERS' VIEWS OF CSA. CSA CATEGORIES AND FREQUENCY OF RESPONSES

Table 4.3.3

TRADITIONAL HEALERS' VIEWS CONCERNING CSA			
CSA CATEGORIES	FREQUENCY OF RESPONSES	M	F
a. CSA is when a child is raped	4	1*	3+
b. CSA is unacceptable	5	1s	4+
c. Girls are abused for good luck	1	1+	0
d. CSA was prophesied by Isaiah	1	0	1+
e. Happens more in urban areas	5	1+	4+
f. Caused by a man's need for sex	3	1+	2+
g. Caused by alcohol / drugs	4	1-	3+
h. Caused by socio-eco factors	5	1+	4+
i. CSA is a new phenomenon	5	1+	4+
j. CSA is only happens to girls	5	1+	4+
k. CSA is common	4	1+	3+
l. Traditional healers treat CSA with herbs	3	1+	2+
m. Traditional healers unsure how else to treat	3	1+	2+
n. Traditional healers work with med. doctors	4	1+	1+2+
o. Mothers can sometimes be blamed	4	1+	2-1+
p. Children can sometimes be blamed	4	1+	2-1+
q. Link between CSA and Aids	4	1-	3+
r. Abusers should be punished	4	1s	3+
s. Victims will have a traumatic future	4	1+	3+
t. CSA cannot be prevented	4	1-	2+1d
+ agree with the statement      * not always      d depends			
- disagree with the statement      s sometimes			

#### 4.4 DISCUSSION

#### 4.4 INTRODUCTION

The results of this research find relatedness to previous research in the area of CSA, but they also elucidate some interesting socio-cultural factors, peculiar to a South African context. For example, all five respondents indicated that in their view, CSA is a new phenomenon which did not occur in the past where a more traditionally structured way of life existed. In this section, the limitations of the study and the results will be discussed in order to evaluate their internal and external validity (Edwards, 1990).

#### 4.4.1 TRADITIONAL HEALERS' VIEWS

The results of this study are an explication of traditional healers' views and find, among other factors, which will be discussed in this section, that to a degree, traditional healers and modern health care systems have similar views in treating victims and families where CSA has occurred, although healers are unsure how to help prevent CSA. The results support Gumede's assumption that many black people consult traditional healers, as three of the five respondents indicated that they had treated victims of CSA.

Interestingly, of the three respondents who indicated that they treat victims, the two izangoma proposed that they treat them with herbs and through purging, while the Inyanga appeared to treat families and victims more systematically, through medicating with herbs, counselling, support and referral to other health care workers. This finding contrasts with the literature concerning the functions of the different types of traditional healers, as "in traditional Zulu society, the isangoma had a multi-factorial role" (Edwards, 1987 : 44).

She was a respected leader and had a link with the ancestral shades, she was "protector and provider of customs, socio-cultural cohesion and change" (Edwards, 1987 : 44) and according to Griffiths and Cheetham (1982) she often diagnosed dysfunction in the family as a symptom of social disruption and was an effective therapist in arbitrating and treating this.

Conversely, in traditional Zulu society, izinyanga apprentice themselves to an established inyanga for a period of approximately one year and are

trained specifically in medicine (Ngubane, 1985 and Kottler, 1988). He does not have the multi-faceted role accorded to izangoma.

Although it is understood that there is an overlap, in some of the functions and types of traditional healers, it is interesting that the inyanga in this study appears to be performing the functions of an isangoma and *visa versa*. This may be partly attributed to the socio-cultural dislocation expressed and experienced by traditional healers and through this, their traditional roles may also be affected through dislocation. However, owing to the small size of the sample, no generalisation can be made with any confidence.

The faith healer in this study, appeared to perform her function according to traditional practices, as she indicated that CSA may be treated and possibly prevented through praying to God and the holy spirit, as she indicated that her power to heal comes from God. Traditional faith healers, which are the smallest group of healers, derive their power to heal either indirectly through a message from the ancestors or directly through a sign from God or both. Through prayer, they have "the ability to predict, heal and divine" (West, 1975 : 98) and receive the power to do this from God and the ancestors. Thus they use supernatural and Christian orientated methods in their diagnosis and treatment approaches (Ngubane and Edwards, 1990).

That traditional and modern healing practices meet in the treatment of CSA was also revealed in this research, but it would appear that this occurs predominantly (according to four respondents) in the area of medically related problems associated with CSA, such as physical trauma and / or infestations which may arise. There seems to be a reciprocal referral system

in operation in this regard between traditional and modern healing systems. That psychological assistance is offered to victims and / or families from either of the two approaches, was evident from only one of the respondents and as previously stated, it was the inyanga who indicated that he offered this.

In terms of helping to prevent CSA, traditional healers in this study appeared to be unsure how this should be achieved. They tended to distance themselves from this issue and indicated that they felt powerless to help prevent CSA and that the state, police and courts should prevent it. This is also interesting, especially from the izangoma perspective in terms of their social function in Zulu society. It would appear that, if this small sample of traditional healers is to be taken as representative of the larger population of traditional healers, a great deal of education concerning CSA needs to be commenced. This point was suggested by two of the traditional healers. One indicated that an informed person, such as a teacher, would be able to educate traditional healers in CSA. She further indicated that she could not prevent it because she did not know enough about it.

Traditional healers' uncertainty in terms of preventing CSA also needs to be contextualised, in order to gain some understanding of this and a point of departure may be to view this from a socio-political premise, in terms of a society in transition. Uncertainty in this regard may be a reflection of a broader experience of uncertainty, fuelled by Apartheid and recently exacerbated by a move towards democracy. Given social and political turmoil, traditional healers, like the people they serve "remain politically powerless within or alongside a much more powerful system and accept

direction from planners, government and other professionals" (Chavunduka, 1986 : 267). This is not to say that traditional healers and their patients have no political power per se, but what it does imply is that the issue of "uncertainty" is experienced from within this context.

Considering the specific objectives of this study therefore, it would appear that to a degree the traditional healers in this sample co-exist with modern caring systems, that this sample does see and treat victims of CSA, and that they are unsure how to prevent it.

In order to further explicate traditional healers' views and to assess them for external validity, they will now be considered in terms of the five theoretical approaches presented in Chapter two.

#### 4.4.2 TRADITIONAL HEALERS' VIEWS AND THE PSYCHOANALYTIC APPROACH TO CSA

There were not a significant number of views expressed by the traditional healers in this sample, which would support the assumptions made by the psychoanalytic approach. However, one respondent, the inyanga, in response to the question relating to the ethics of CSA, said that : "Maybe sometimes a child is jealous of her father's love for another woman, then she will say that she has been abused to gain his affection" (Respondent five). This appears to be a valid assumption in terms of the psychoanalytic approach which proposes that the Oedipal Complex develops through a child seducing her father in response to penis envy, but it was not well supported by other traditional healers in this sample and cannot therefore, be said to be valid in terms of this particular study.

#### 4.4.3 TRADITIONAL HEALERS' VIEWS AND THE FAMILY DYSFUNCTION

##### APPROACH

This approach was also not well validated in the respondents' views. Two of the respondents intimated that dysfunctional family relationships, as proposed by this approach, initiate and perpetuate CSA. One indicated that " .... if the home life is good, CSA will stop" (Respondent five). The other indicated "sometimes a child ..... can cause a man to sexually abuse her, like when the mother works away from home or the child wants something nice" (Respondent two). These responses would support this approach, but as a whole traditional healers in this sample did not validate these assumptions.

#### 4.4.4 TRADITIONAL HEALERS' VIEWS AND THE PSYCHOLOGICAL

##### APPROACH

As stated in Chapter two, this approach among other areas, focuses on personality profiles of abusers and one of the most common findings, is that abusers have desire for power, dominance and control. Traditional healers' views in this regard were significant and therefore validate the findings of this approach. Four of the five respondents indicated issues of control, dominance and power in sexually abusive situations. One respondent indicated that "a child has no say to the wishes of her father. She must obey him even if he tells her to cook and clean ..... she cannot deny her father if he wishes to have sex with her" (Respondent five).

#### 4.4.5 TRADITIONAL HEALERS' VIEWS AND THE FEMINIST APPROACH

The feminist approach proposed that unequal power relationships between men and women exist as a consequence of differential sexual socialisation and that women and girls are seen, from this approach, as victims of a wider

social dominance in the form of a patriarchal society. Further it focuses on only girls when making assumptions about CSA. This approach was widely supported by this sample of traditional healers and their responses are significant in this regard. All five respondents indicated that only girls are sexually abused and that this does not happen to boys, while four of them indicated that men need sex and that "if men wish it in their heart, they can abuse a child" (Respondent three). Furthermore, the male respondent indicated that it was a woman's duty to have sex with her husband, as he had paid lobola for her. Their responses therefore, have commonality with the assumptions posed by the feminist approach, and the last response supports the traditional cultural aspects of Zulu family structure, which indicates that women have minimum rights in traditional Zulu culture.

#### 4.4.6 TRADITIONAL HEALERS' VIEWS AND FINKELHOR'S FOUR PRECONDITIONS MODEL OF CSA

This model is a synthesis of what is known about CSA and looks at four preconditions which need to be overcome for CSA to occur. These include individual motivation, overcoming internal and external inhibitors and overcoming the resistance of the child. Some of the preconditions were intimated by all five respondents which would make their responses significantly valid to Finkelhor's model. The following quotes illustrate how traditional healers validated Finkelhor's four preconditions :

1. Overcoming internal inhibitors : "CSA is caused by smoking dagga and drinking liquor ..... " (Respondent three).
2. Overcoming motivation to sexually abuse : "..... I can say that it is his wish (a man's) to sexually abuse every woman and child he sees, they (men) like to sleep with everyone...." (Respondent four).

3. Overcoming external inhibitors : " ..... there has been lobola paid for her (the wife) she must sleep with her husband, if she does not, he (the father) might sleep with the child to spite her (his wife)" (Respondent five).
4. Overcoming the child's resistance : "CSA is when a child is forced to have sexual intercourse ....." (Respondent two).

Where they differed with his model however, was that they did not indicate that the four preconditions occurred in a logical sequence. Rather, they acknowledge the existence of his four categories.

#### 4.4.7 TRADITIONAL HEALERS' VIEWS AND THE MOTHER'S ROLE IN CSA

Two of the five respondents indicated that mothers may have some responsibility in initiating and perpetuating CSA. One indicated that "a mother can't allow her child to be sexually abused unless she herself is corrupt aiming to gain money by selling her child to men ... " (Respondent four). The other respondent blamed a mother's absence from home as a cause of CSA. These responses support the family dysfunctional approach, Finkelhor's four preconditions approach and the feminist approach.

#### 4.4.8 TRADITIONAL HEALERS' VIEWS ON THE PSYCHOLOGICAL SEQUELAE OF CSA

Four of the five respondents indicated that in most cases a child who has been sexually abused would suffer long and short term psychological consequences, ranging from withdrawal, to mistrust, to problems in establishing relationships. They also indicated that the families where abuse had occurred would be traumatised. This would support Davenport et al's

(1994) assumption that at least a quarter of children who have been sexually abused, suffer serious long term psychological harm.

#### 4.4.9 TRADITIONAL HEALERS' VIEWS ON THE INCEST TABOO AND ETHICAL CONSIDERATIONS

Four of the five respondents indicated that it was unacceptable for a father to have sex with a child and that it was not acceptable because the child was not in a position to give her consent. This supports Finkelhor's considerations in terms of why CSA is unacceptable. However, one respondent indicated that sometimes a child may be sexually abused for "good luck" in that if the father was experiencing bad luck, having sex with his child would bring him luck. He further proposed that if the child was his step-child, sexual abuse may be considered to be acceptable, as the child was not his own.

#### 4.4.10 TRADITIONAL HEALERS' VIEWS ON CSA FROM A SOCIO-CULTURAL PERSPECTIVE

All five respondents indicated that CSA is a new phenomena and did not happen in the past and that :

- a. Education has caused CSA.
- b. People of the past were respectful.
- c. In the past, girls would walk around naked, nudity did not give males the freedom to grab girls.
- d. Permission had to be granted before a couple could enter into a relationship.
- e. Things went according to rules.
- f. The elders would not allow it (CSA) as children are a gift from God.

- g. Things were taught from custom and rules, now it is changed, people go to the cities and come back here with their nonsense.
- h. I didn't hear of CSA a long time ago, in the past it was not like that
- i. It (CSA) did not happen in the past, here we have different races, they are not all Zulu. You will not know who brought this criminal act to the present, whether it is us Zulus or these other races, I do not know. In the past there was only Zulu culture. Zulu culture has a great influence on a girl when she grows up. She can go nude, it is natural. No one sees a naked woman or child and wishes to sleep with them. The custom would not allow it. Education made Zulu custom change.
- j. In the past, there were customs and laws. Families stayed together. There were no men working on the mines.
- k. Women stayed at home.
- l. They (men) did not rape girls, this was not allowed.
- m. Now they rape young children and people are mentally disturbed.
- n. They have no work, the family is broken, this (CSA) is a present thing.

Respondents in this study make constant reference to a decline in traditional Zulu customs and rules. As discussed in Chapter two, Zulu customs and traditions were highly structured and an intricate link existed between the spiritual / supernatural and physical worlds. Also, in terms of the important role the ancestors played in the lives of traditional Zulu people, CSA was not acceptable, as there was a belief that, if two people from the same family had sex, the ancestors would make sure conception did not occur.

Thus in reviewing traditional views presented in Chapter two and comparing them with the responses made by this sample of traditional healers, it would appear that a dislocation of socio-cultural beliefs, as well as political and environmental factors, may partly be responsible for the increase in reported cases of CSA in a South African context. That CSA occurred in the past in Zulu society is unknown, but there are indications from a review of literature concerning children and traditional Zulu culture, that some abusive child rearing practices occurred, such as isiGwembu and force feeding. Also, through the migrant labour system and apartheid, the family structure has been re-defined and fragmented.

These are important findings in terms of CSA from a South African context, as they may be peculiar to this country. Also they are important as they may shed some light on the changing role of the traditional healer in Zulu society.

#### 4.4.11 TRADITIONAL HEALERS' VIEWS ON CSA AND AIDS

Three of the five respondents indicated that in their view, there is a link between CSA and Aids. They attributed this to a community awareness of Aids and a myth that has been perpetuated which suggests that if a man has sex with a young child / virgin he will not contract the HIV virus. They seemed to be well informed about Aids. The male respondent indicated that Aids occurred long before the eighties and was responsible for causing men and women to have uncontrollable sexual urges.

#### 4.4.12 INTERNAL AND EXTERNAL VALIDITY OF THE STUDY

In terms of internal validity, this study has achieved the aims and objectives defined in Chapter one. There has been internal consistency and an

ongoing reciprocal relationship between the approach method and analysis. It can be assumed that this study is also externally valid as traditional healers' views support assumptions, descriptions and beliefs defined in Chapter two. However, generalisation of their views cannot be assumed, due to the small sample.

#### 4.4.13 LIMITATIONS OF THE STUDY

This study comprised a small number of respondents from rural KwaZulu Natal and was an explication of their views. It can be suggested, therefore that no definite conclusions can be made from this sample of traditional healers' views concerning CSA per se, but that the views presented here were real and relevant to this small sample.

Some of the traditional healers interviewed were uncomfortable expressing their views on CSA. It is understood that this area of discourse makes a great deal of people uncomfortable and their discomfort may have impacted on their spontaneity to express themselves in this sensitive area.

In Chapter five, the conclusions, summary and recommendation will be presented.

## CHAPTER FIVE

SUMMARY : CONCLUSIONS : RECOMMENDATIONS

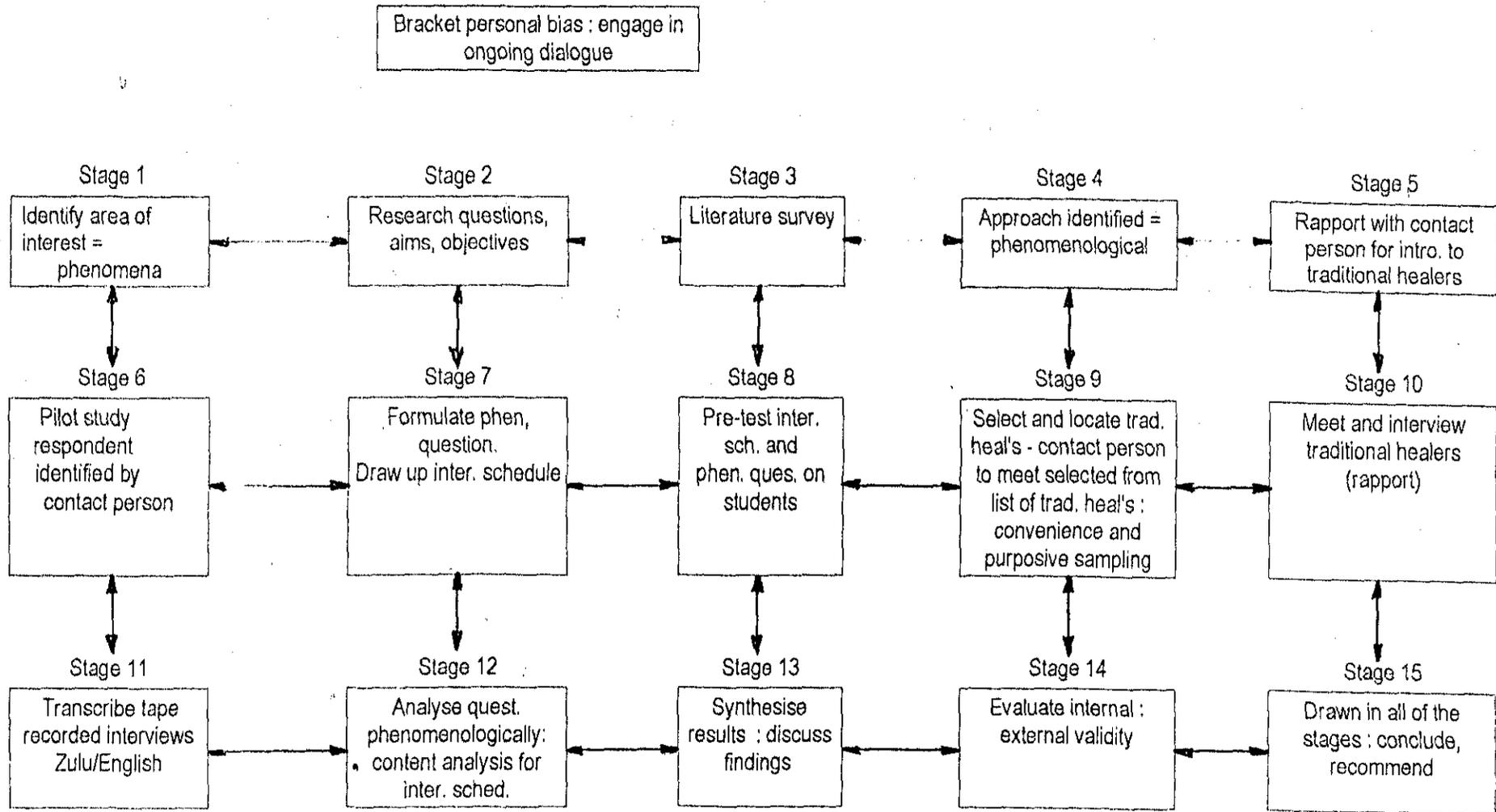
### 5. INTRODUCTION

This is the final chapter of this research, but in a number of ways, it is only the beginning, as it is hoped that this final chapter may stimulate further study in the area of traditional healers views on CSA. In this chapter, a summary of the research stages, conclusions and recommendations for further study will be presented.

#### 5.1 SUMMARY

In order to clarify the ongoing dialogue between approach, method and analysis, a diagrammatic summary of the various stages in this research will now be presented.

## 5.2 DIAGRAMMATIC REPRESENTATION OF THE VARIOUS STAGES IN THIS RESEARCH



(Two way arrows indicate the ongoing dialogue with each step of this research process)

### 5.3 CONCLUSIONS

The findings of this research, indicate that to a limited degree, traditional healers views concerning CSA are better understood. Light has been shed on socio-cultural factors which may predispose CSA from a South African perspective in general and KwaZulu Natal in particular. This research also finds that traditional healers do treat both families and victims of CSA. Treatment of victims is predominantly through medication and purging with herbs, and seldom includes psychological support / therapy for families and / or victims.

That traditional healers and modern health systems meet in the management of CSA was also evident from this study. Although it is indicated that this is a tentative co-existence, reciprocal referral does seem to occur. In terms of helping to prevent CSA, traditional healers in this sample were unsure about how this should be done and expressed their feelings of powerlessness in this regard. This uncertainty needs to be viewed from a socio-cultural premise in terms of family, cultural and social dislocation through apartheid and ongoing modernisation and post-apartheid transformation.

It would also appear that in the main, traditional healers work independently of each other and of the broader modern health care system. This needs to be understood in relation to socio-economic factors, where there is a lack of resources in many rural areas and in view of the fact that izinyanga seem to be reluctant to share their knowledge with other traditional healers. It also needs to be seen in terms of how traditional healers conceptualise themselves from within their broader social system, that is, their "world view", in which more "powerful systems" are seen by them to have the authority to

direct and implement health and legal strategies. There also appears to be role reversal in terms of different types of traditional healers performing functions outside their area of expertise. This also needs to be viewed contextually, as it suggests that socio-political factors may be impacting heavily on their traditionally determined roles.

Finally, this research has to a degree, illuminated some interesting and perhaps unique socio-cultural factors which need to be considered when approaching CSA from a South African context. This area of focus appears to have been underplayed by the five theoretical approaches presented in this study. The results also support a number of assumptions made by these theories, indicating a high congruence with Finkelhor's four preconditions model and the feminist approach, less congruence with the family dysfunction approach and minimal with the psycho-analytic approach. It is hoped that the information revealed by this study, may stimulate further research in the area of CSA, as the increasing number of reported cases in rural areas, is alarming, shocking and unacceptable. It is also hoped that in some minor way, this research may help to create an awareness of this ever increasing problem, and generate preventative approaches to help terminate CSA in South Africa.

#### 5.4 RECOMMENDATIONS FOR FURTHER STUDY

The following points are recommendations for further study :

1. In order to gain more information on CSA from traditional healers perspectives, a larger sample would need to be targeted, in order to draw up conclusions. This was an exploratory study, seeking a

general feel of the research area and therefore, no definite conclusions can be made.

2. Perhaps the treatment methods expressed by this sample need further exploration in order to tease out the nature of psychological assistance offered to victims and families of CSA, by traditional healers.
3. Longitudinal studies of victims who have been treated by traditional healers may also help in assessing the relationship between the two, to gain a deeper understanding of the position of traditional healers in current Zulu society.
4. As the izangoma in this study acknowledged that they are not well informed in the area of CSA, it is recommended that education in this regard would be useful to them and by extension, to the communities they serve.
5. Approaching the families where CSA has occurred to gain an understanding of traditional healers involvement in the treatment and prevention of CSA is also recommended.
6. In terms of the socio-cultural dislocation expressed and experienced by this sample, it is recommended that further studies examine the changing role of traditional healers in Zulu society. This may help to understand the degree of influence traditional healers have on present day Zulu society.

7. A comparative study; comparing the views of traditional healers from different regions is also recommended, in terms of differences / similarities which may exist.

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# APPENDIX

RESPONDENT 1

BIOGRAPHICAL INFORMATION :

AGE : 60 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 5

YEARS OF PRACTICE : 22 years

TYPE OF TRADITIONAL HEALER : Faith Healer

NUMBER OF SERMONS PER WEEK : 5

NUMBER OF PEOPLE IN CONGREGATION : Approximately 500

NUMBER OF INDIVIDUAL CONSULTATIONS PER WEEK : 15

AREA OF PRACTICE : Kwa-Dlangezwa, Zululand

Kwa-Zulu, South Africa

(Rural)

*INTERVIEWER : What does child sexual abuse mean to you?*

RESPONDENT : As the person who sees things happening, and views it through the holy spirit, I see the present time and many things happening and the one which it is my first time to see. I just think that this child sexual abuse that we are witnessing in such a manner ..... I just see that it is happening now as it was prophesied by Isaiah (the prophet) that with the overwhelming amount of evil, love to many people will diminish ..... He said there would be many illnesses of different kinds, evil would be prominent and nations would revolt against each other. If I hear and think and listen to the television, hearing things that shakes the blood. I see that the time has come that was prophesied ..... that before the end of the world ..... we shall see these things that I have mentioned. We have seen different kinds of diseases that are strange to us, and since we were born we have not encountered them. We have seen children revolting against their fathers, killing their mothers. We have seen ..... I, myself have seen a child born with teeth! Here in my church, a child was born with teeth ..... two on both sides.

We also noticed the love of money, many preachers, the bible says, "not all of you can be preachers as you will receive condemnation". All people now claim to know the bible but we find it difficult to preach to a person as everyone claims to know the bible.

With such cases where small children are sexually abused by people, it appears in my heart that ..... no! this thing happens as if it is driven by fire! This is the time, the time has come for the world to come to an end but it is not far from us now. But before this time, many deeds have to prevail. Earthquakes have occurred; many huge things that occur now shakes the blood.

The time we grew up, this never happened ..... In our time, in my soul and in my mind I began to wonder, what we have been taught from the bible and what will happen at the end of the world. But before the end of the world, ..... well then ..... now is this time ..... I see people, a person has become an animal. Your child has become an animal. Are these my children? I used to think .....

*INTERVIEWER: From what you have told us, do you feel that child sexual abuse is right or wrong?*

RESPONDENT: It is not right and it won't be right!!

Even before it happen during the flood, it happen ..... but it was not right and never, it won't be right .....

*INTERVIEWER: In your opinion do you think that child sexual abuse happens in rural areas or in urban areas?*

RESPONDENT: It occurs more in urban areas.

*INTERVIEWER: Can you explain this?*

RESPONDENT: People are overcrowded, congested in urban areas while in rural areas people are scattered and if it happens it is not easy to determine that it happens here on farms. Here people have built their houses. In towns people are overcrowded and their houses

are close together you see ..... here on farms people's mentality is not disturbed like those in urban areas. You see people from urban areas their children much cleverer than those on farms and you can find that here in villages ..... a child can walk around without clothes, innocently, while in urban areas you cannot see a child walking nude. They know very well about the body, they dare not. But here in rural areas the child's mentality is not corrupt like the child from urban areas.

*INTERVIEWER :* *In your opinion what do you think causes child sexual abuse?*

*RESPONDENT :* It is evil, the evil of devil ..... seeds from devils that has come, that has come ..... because in the past there were people but ..... there was no instances where a child can be sexually abused.

*INTERVIEWER :* *Can you explain further?*

*RESPONDENT :* People of the past grew up not knowing much about being bad. They were respectful you see. At the river , when males came across and girls were swimming they just stood and looked at their buttocks and looked at the girls bodies even the pubic area. The girls would just stand there and it didn't matter. Nudity did not give males freedom to grab the girls. They just stood there and asked the ladies to dance and the ladies would dance and lift up their clothes without any fear and men would just thank the ladies. It did not mean that if you saw her body you can grab her. Most of the time in Kwa-Zulu it was a simple way of life.

To the girls, when a male wanted to have a relationship with a girl, he had to go to the oldest lady who is the head of the ladies

and speak to that lady and they had to talk and get permission to have a relationship. Then the girl would be called by the head of the ladies and should would be asked, "Do you love that gentleman?" and if the lady agrees, they would say "go home, we shall call you to take your necklace (ucu)." Things went according to rules and people then got married ..... But married in accordance with rules, not just grabbing each other violently.

*INTERVIEWER : Do you think that young boys can be sexually abused?*

RESPONDENT : I have never heard, I have never heard about that.

*INTERVIEWER : Do you think that child sexual abuse has a long past history or is it something new?*

RESPONDENT : It is something of the present. Oh it is something of the present.

*INTERVIEWER : Do you think that people who sexually abuse children should be helped or punished?*

RESPONDENT : They deserve punishment. They deserve punishment because even one who sexually abuses an elder person should receive a heavy punishment. This must be a heavy punishment. It must be the same as death.

*INTERVIEWER : How should they be punished?*

RESPONDENT : They must be punished harshly. The government must see them and determine the nature of their punishment. Government knows how punishment differs to the people who violate the law. It is government who has power to determine the punishment for these people in terms of its effectiveness and seriousness.

*INTERVIEWER : Have you ever helped anybody or a family who had a child that has been sexually abused?*

RESPONDENT : I have never. Only sick children are referred to me.

*INTERVIEWER : If you had a case of a child who had been sexually abused, how would you help that child?*

RESPONDENT : -I can say, the mother must go and report what she had witnessed about her child being sexually abused to the government.

*INTERVIEWER : Do you think child sexual abuse can be prevented?*

RESPONDENT : Things can be prevented by punishment. If all people are punished who had done evil things, people would be afraid ..... people who have done evil things ..... a person would have fear within himself. If he feels like doing such a thing, he must fear and say "Oh I too, I will be punished like so and so".....

*INTERVIEWER : How do you think you can help to prevent child sexual abuse?*

RESPONDENT : What brings an end to something on earth is the power of God. I don't see that there is any action I can do to end this, but if we pray to God and appeal ..... God can drive this out, by power of heaven and the holy spirit. I, as a person saying that I can prevent this .... I cannot prevent it. But as a person I hope that I can pray and if all of us pray deeply and with one heart this can come to an end.

God has power to enter into the evil hearts of people who do this. And throw his lightning to the evil hearts so that a person feels sad and reveals himself and asked forgiveness and reveals himself to the priests, even the government, saying "I have done wrong and now I realise that I did wrong". It is when the finger of God points to the heart of the person seeing this evil that prevention will come.

*INTERVIEWER : Do you think that child sexual abuse occurs in all cultures or only in some cultures?*

RESPONDENT : It occurs in all cultures.

*INTERVIEWER : Do you think that a child ever forgets about being sexually abused?*

RESPONDENT : If the child experienced such a case ..... having a well developed mind ..... I, myself as I am..... there is something that I used to play while I was young ..... as I was mentally maturing I will always remember it. The child won't forget. She will know. But the fact is that in the early years of a young child ..... um ... like ... a child we see ... um .. a child today, being sexually abused at five years, six years or four years .... that child ..... I don't believe that she can remember what happened after she has moved from that stage and survived. She cannot remember what happened.

*INTERVIEWER : Do you think she will remember when she's older?*

RESPONDENT : She will remember it when she is told.

*INTERVIEWER : It won't stay in the child's mind?*

RESPONDENT : It never rests in that mind.

*INTERVIEWER : Do you have an opinion on Aids and child sexual abuse?*

RESPONDENT : This disease of Aids it is more connected with older people here than children .... um .... it occurs if one who abuses a child has an Aids virus. One can transmit it to the child. The child can be infected even if the child has survived being sexually abused and never died as most of them die but it can be infected by an Aids virus.

*INTERVIEWER : If a child came to tell you about being sexually abused how do you think you could help that child?*

RESPONDENT : A child, I can help by asking the child to tell her mother what a person did so ..... hmmm then, I'd ask her how she knows that a person was sexually abusing her? She must speak to her mother and explain to the mother! When a child speaks with her mother she feels free as she is telling the real parent, that a person did this and that to her and then the mother can realise that her child had been sexually abused.

*INTERVIEWER : What do you think will happen after the child has told the mother?*

RESPONDENT : After she has told the mother, the child who had encountered such an incident, then the mother does not hide the matter and does not keep the child with her but she goes to report to the people responsible for the abuse stating to them that the child is saying this. And they will ask whether the child saw the abuser, then the child can say no. The child will stand by her story even when she is older. But there is no solution that can be finalised by a parent even with your own child, .....hmmm.... but you cannot judge anything but you are eager in such a way that a person who did this needs to be found and punished for the bad thing that he has done to your child.

*INTERVIEWER : Do you think that mothers can be blamed in any way if their child is sexually abused?*

RESPONDENT : No! There is no mother who can cause her child to be sexually abused hm! hm! hm! Even if it is a teenager ..... we are still crying for our children as young as they are. You can find out that she is pregnant and you don't know how it happened. You

feel like crying even to kill her or to expel her from your home but you are forced by law that she is your child even if she is in darkness you must recall your child and you will scold her; but then pray saying :“Oh God hold my heart.” There is no parent who can do something so that her child might encounter such a situation. Because the situation is very painful to the parent when it occurs.

*INTERVIEWER : Do you think that you could work together with other people concerned about child sexual abuse?*

RESPONDENT : If I work with them in which way?

*INTERVIEWER : This is what we would like to know of you, how you might be able to work with them?*

RESPONDENT : I can work by hearing people because I am the person who has been given the gift of hearing people. And again knowledge of hearing different kinds of illnesses. I can contact the doctor who can then help me if I find a patient of such a kind ..... How can I help? While other healers might happen to have a cure to offer in this type of illness. .... but then may be they have failed .....

*INTERVIEWER : We mean child sexual abuse.*

RESPONDENT : I don't know how I can work with them as it is something that occurs .... it occurs even to them. They don't know how to treat it themselves it just occurs.

*INTERVIEWER : Is there anything else that you would like to say concerning child sexual abuse?*

RESPONDENT : I .... when ... I am .... when I am alone I think that God knows our grievances and prayers that we ask him. There is nothing I can say to any person or persons who have encountered such a

terrible incident. I can just say "pray". Pray because even you....., this thing can confuse you, hmmm... even confuse your mind and you can deviate from the right track. As you consider the jealousy of a person I bring this word that God must give us power to pray every time. If we come across such an incident, we mustn't be destroyed.

I have no cure, except God ..... as every person in this world has no cure. But God who appears, appears to us when we meet such incidents, he will bring a cure and then a person will come and help you. A person to protect against this is going to help you from what was going to happen to you. You then ask "what is that?" It is God! .... It is the trick, the plan of God.

*INTERVIEWER : I see that you have a talent for preaching, so do you think that you might try to prevent CSA by preaching to members of your church?*

**RESPONDENT :** With prayer. It can happen .... it can happen through prayer .... it can happen ..... God made many miracles with just prayer. For 10 years someone had not given birth. By praying to God someone gave birth. I say this .... if a person thinks that he can end this child sexual abuse through his knowledge well..... But knowledge comes from God he can end this, if that knowledge comes from God he will end it, but that does not come from a person!

RESPONDENT 1 - (ZULU)

BIOGRAPHICAL INFORMATION :

AGE : 60 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 5

YEARS OF PRACTICE : 22 years

TYPE OF TRADITIONAL HEALER : Faith Healer

NUMBER OF SERMONS PER WEEK : 5

NUMBER OF PEOPLE IN CONGREGATION : Approx. 500

NUMBER OF INDIVIDUAL CONSULTATIONS PER WEEK : 15

AREA OF PRACTICE : Kwa-Dlangezwa, Zululand  
Kwa-Zulu, South Africa  
(Rural)

*INTERVIEWER* : Ngokwakho kuyini ukuhlukumezwa kwabantwana?

*RESPONDENT* : Njengomuntu oye abuke izinto zenzeka ngizibuka ngokukamuya oyingcwele ngibona izinto eziningi zenzeka nengiqaiayo ukuzibona ngiye ngicabange ukuthi wkhulu kudlwengulua kwezingane esikubona kwenzeka ngalendlela. Ngiyi ngibone ukuthi sekusesikhathini esashunyayelwa ngumprofethu u-Isaya ukuthi ngokuphela kothando kuyophela uthando kwabaningi - kuyoba nezifo eziningi ezinhlobonhlo-bo. kuyoba nokona okuningi ngizwe izinto ezinlasimulisa izazi. Ngiye ngibone ukuthi sesifikile isikhathi esasishiwoyo ukuthi ngosuku iokuphela kodwa kungakafiki ukuphela siyobona ngalezizinto. Sesizibonile izifo ezinhlobonhlobo esingazazi selohku sazalva sesikubonile ukuvukelana kwemibuso emhlabeni. Sesizibonile izingane zivukela oyise, zibulala onina. Sesikubonile, mina sengikubonile umtwana ezalwa enamazinyo lapha ebandleni lami umtwana ezalwa emanazinyo amabili ngapha nangapha. Sesikubonile nokuthanda imali njengoba nebhayibheli lisho ukuthi kuyoba khona lapho abathanda imali, nabafundisi abaningi, ibhayibheli lithi ningabi abafundisi nonke ngokuba niyokwamukeliswa ukulahlwa. Bonke abantu manje sebengabazi ibhayibheli sekulukhuni ukutshela umuntu njengoba wonke umuntu usethi uyazi ngebhazibheli. Ngalento lapha sibona abantwana abancane bedlwengulwa ngabantu kuye kufike enhlizigweni yami ukuthi lento yenzeka sengathi ibaselwe ngomlilo. Yilesisikhathi sesifikile isikhathi sokubaizwe ligoqwe kodwa akusekude kodwa kusazovela imisebenzi eminingi nokudidiza komhlaba sesikubonile kwenzeka izinto, ezinkulu ezinzima. Manje into

eyenzeka manje ihlasimulisa igazi sesingeke yenzeke ngesikhathi sikhula yayingeke yenzeke. Umoya wami nengaondo yami ngiyo ngisuke ngidlinze ngokunjengase mbhalweni ukuthi kuyoba njani ngesikhathi sokuphela kodwa kungakafiki ukuphela manje yilokhu engibona, lelithuba leli abantu umuntu useyisilwane ingane yakho isiphenduka isibi isilwane yilokho zingane, zingane zami engiye ngikulabange.

*INTERVIEWER : Ucabanga ukuthi kulungile yini ukuba izingane zihlukunyezwe?*

*RESPONDENT : Akulungile ukosoze futhi kwalunga, nakuqala uma kuvelile ngalelo washi kwakuvela nje, kwakungalungile awy ngeke futhi kuphinde kulungi.*

*INTERVIEWER : Ngokubona kwakho ucabanga ukuthi ukudlwengulwa kwezingane kwenzeka kakhulu endaweni ezisemakhaya okanye emadolobheni?*

*RESPONDENT : Kwenzeka kakhulu emadolobheni.*

*INTERVIEWER : Yini indaba?*

*RESPONDENT : Abantu baminyene, bahlangene bandawonye emadolobheni emakhaya kugqazingene noma kwenzeka akusheshi kuzwakale ukuthi kuningi kungakanani okwasemakhaya kusemakhaya, kuseemzini kwakhiwe emadolobheni abantu bahlangane imizi yakhiwe iyizidlidi uyabona-ke lapha emakhaya, uyabona imiqondo yabantu basemakhaya ayihlakaniphile njengabantu basemadolobheni uyabona-ke. Abantu basemadolobheni, ingane zakhona zihlakaniphile kunezalapha emakhaya, ingani ezalapha ingane usazifika zihamba nqunu zihambela azazi ukuthi kwenzakalani ezasimadolobheni ngcke uyibone ingane ihamba nqunu ziyazi ngomzimba ayilokothi nje, kodwa lapha emakhaya*

inqondo yengani zalapha emakhaya azihlakaniphile ukuthi chi njengengane yasedolobheni.

*INTERVIEWER : Ucabanga ukuthi yini imbangela yalokhu kuhlukunyezwa kwezingane?*

*RESPONDENT : Ububi, ububi nje, imbewu kasathane efikileyo, efikileyo, ngoba babeknona abantu kodwa bekungakaze kubekhona into yokuba kudlwengulwe izingane.*

*INTERVIEWER : Yini edala lokhu?*

*RESPONDENT : Abantu bakudala babekhula bengazi lutho ngokuganga behlonipha uyabonake emfuleni uma kwakudlula abantu besilisa intombi zibhukuda babemabayibuke knke izinqe nesibumbu zingabi nandaba zime izinsizwa zibuke kungafiki ukuthi ngoba sengibona lokhu h ..... angimbambe. Bezima nje izinsizwa zicela ezintombini zithi anembulezintombi zisukume intombi zishikile zithi, ziphenduke ngapha zithi zibonge izinsizwe, zibonge izinsizwa kuyinto enjalo kungafiki ukuthi umuntu ngokubona umzimba wakhe usungabamba. Isikhathi esiningi kwa Zulu kuphilwa leyompilo njo intombi kuphela uma insizwa ibifuna intombi ibivele ihambe iye emaqhikizeni ithi, iyayicela intombi isivumelene mayo sebekhulumile bavumilana nayo, isutshwe ngamaqhikiza ibuzwe ukuthi isiyamthanda ebese bethi hamba uye ekhaya sokubiza uzothatha ucu lisakhe. Zihamba izinto ngomthetho beganana abantu kodwa ngomthetho bengabambani ngamawala.*

*INTERVIEWER : Ucabanga ukuthi nezingane ezincane zesilisa ziyadlwengulwa?*

*RESPONDENT : Angizwa ngezwa angizwa ngakuzwa.*

*INTERVIEWER : Ucabanga ukuthi ukudlwengulwa kwezingane yinto eyenzeka manje?*

RESPONDENT : Yinto eyenzakala manje, awu yinto eyenzeka manje.

*INTERVIEWER : Ucabanga ukuthi laba abahlukumeza izingane bandinga usizo noma ukusezwise?*

RESPONDENT : Badinga ukujeziswa, badinga ukujeziswa ngaba nodlengu!a abantwana omdala uthola isiseziso esikhulu lesisikhulu sikanye nokufa.

*INTERVIEWER : Bajeziswe kanjani?*

RESPONDENT : Bajeziswe uhulumeni ababone ukuthi ufanele ukuba ajezisa kanjani nokuthi badinga isijeziso esibuhlungu kangakanani. Uhulumeni uyazazi izijeziso ukuthi zehlukene kangakanani izijeziso zabantu abonayo uhulumeni onamandla okusibona isijeziso somuntu ongako ngoba uhameni uyazehlukanisa izijeziso zabantu ngobubi bazo nangabunzisa bazo.

*INTERVIEWER : Ingabe kukhona umuntu noma umndeni ofike kuwe uletha igane udlwenguliwe?*

RESPONDENT : Angikkaze, kulethwe azigulayo kuphela.

*INTERVIEWER : Uma kungezeka kulethwe umtwana odlwenguliwe ungamsiza ngani?*

RESPONDENT : Ngingathi akahambe abikele ubufakazi bokudlwengulwa kwengane yakho.

*INTERVIEWER : Ucabanga ukuthi ukudlwengulwa kwezingane kungawinjelwa?*

RESPONDENT : Izinto zivinjwa ngokujeziswa. Uma abantu bajeziswa abenza okubi besabe. Umuntu azisabele yena azisabele yena. Uma umuntu efikelwa ukwenza into enje athi oh nami ngiyोजeziswa njengobani.

*INTERVIEWER : Ucabanga ukuthi wena ungakuvimba kanjani lokhu?*

RESPONDENT : Into eqeda into emhlabeni ngamandla ngamandla kankululunkulu.

Angiboni ukuthi kunesemzo esingenziwa yimina ukuqeda lokhu kodwa uma sikhuleka kunkulunkulu simunxuse unkulunkulu angayi solva lento iphele ithi nya. Ngamandla asezulwini nangomoya mina ngingumuntu ngithi ngingakuvimba ngeke ngingathandaza masisule sonke nganhliziyonye ingaphi la lento. Unkulunkulu uilamandla okuba engene kulezizinhliziyi ezimbi ezenza lokhu aphonse unyazi lwakhe enhliziyweni yomuntu ezwe edabuka umuntu, asuke ayidaluie acele intethelelo. Ayidalule kuhukumeni athi ngiyabona manje ukuthi ngonile kusuke sekungu-munwe kankuluhkulu osuke usungene enhliziyweni yomuntu esekubona lokhu ukuthi kubi.

*INTERVIEWER : Ucabanga ukuthi ukuhlukunyezwe kwabahtwana kwanzeka kuzo zonke izinhlanga?*

RESPONDENT : Kwenzeka kuzo zonke isinhlanga.

*INTERVIEWER : Ucabanga ukuthi ingane iyasikhohlwa isehlo sokudlwengulwa uma ikhula?*

RESPONDENT : Ma ificwe yiklohuba inqondo isikhona, mina nsengoba ngimdala njo, nginezinto nginokudlala engangikudlala ngisemcane, ngoba ngingukudlala isikhona inqondo angikukhohlwa, ngiyakwazi ngeke ikukhohlwe iyokwazi ukuthi kunemi-nyaka ingane namhla sibona zidlwengulwa, ineminyaka eyisihlanu, ineminyaka eyisithupha, eneminyaka emine leyongane into eyanzeka kuyo ayikhohlwa ukuthi iyoyazi uma isidlulile kulelozinga yaphila ingakwazi ukuthi kwenzekani.

*INTERVIEWER : Iyokwazi uma isikhulile?*

RESPONDENT : Iyokwazi isithselwa.

INTERVIEWER : *Akuhlali kulowomqondo?*

RESPONDENT : *Akuhlali kulowomqondo*

INTERVIEWER : *Unalo ulisazi lwesifo ingculazi nokudlwengulwa kwezingane?*

RESPONDENT : Lesisifo se Aids sixhumane kakhulu nabantu abadala lapha enganeni sikhona uma umuntu onalo adlwengule lengane angasithela engameni. Uma umuntu edlwengule ingane kanti inaso nengane ingabonakala isisitholile uma isindile kulokho kudlwengulwa ayaze yafa ngoba ezinyo ziyafa kodwa selingangena lelogciwane.

INTERVIEWER : *Uma ingane ifika kuwe ikutshela ukuthi idlwenguliwe ungayisiza ngani?*

RESPONDENT : Ingane, ngingayisiza ngo kuthi umama wayo ayimtshele ukuthi umuntu uyenze njani ukuze yazi kanjani ukuthi umuntu uyidlwengulile. Ikhulume nomama wayo imehazele umama wengane uma ingane ikhuluma nonina iyakhululeka ngoba itshela umzali ukuthi umuntu wenze njani wenza nje ebese bonake unina ukuthi lengane umuntu uyidlwengulile.

INTERVIEWER : *Bese benze njani?*

RESPONDENT : Uma eseyitshelile ingane uma yehlelwe isehlo esinjalo akayiphethi umzali ngoba eyizala uyaye ahambe abikele abafanele ukubikelva ukuthi nayi ingane ingitshela lokhu, umbonile yini ingamazi yini umuntu ithi ingane. Ayamazi imtshele njengalokhu ayoyitshela lwayiyo lengane uma isikhulile kodwa asikho isiphetho esingaphethwa nguye uma usuwehlelwe ngengane yakho, noma uyayizala, awakwazi ukujaja lutho ayaye abike ngoba kusuke kubuhlungu nawe ufuna ukubona ukuthi uma

umuntu etholakala udinga ajeziswe ngento ebuhlungu ayenze enganeni yakhe.

*INTERVIEWER : Ucabanga ukuthi omama nabo bakhona ekuhlukumczini izingane?*

RESPONDENT : Cha akekho umuntu noma umama ongenza ukuba ingane idlwengulwe ngoba noma isiyontombi thina, sihlala sikhala noma sekuyintonjana sisakhala namanje ingane zethu zincane uyithuki situwele isisu awazi ukuthi kwenzeka kanjani kuthi khala kuthi dame uyibulale kuthi yixoshe unqotshwe umthetho wokuthi musa ukuyixosha ingeyakho noma isehlathini uyibuyise uyilethe la. Uthethe thethe thehe uthi nkosi uthandaze kunkulunkulu uthi ngisize ubambe inhliziyo yami akekho umzali ongenza yena ukuba ingani yakhe ingene kulesisimo ngoba sibuhlungu kumzali uma senzeka.

*INTERVIEWER : Ucabanga ukuthi ungakwazi ukusebenzisa na nabanye abantu ukusiza kalokhy kudlwengulwa kwengane?*

RESPONDENT : Uma ngisebenza nabo kanjani?

*INTERVIEWER : Yilokhu esifuna ukukwazi ukuthi wena ungasebenzisana kanjani yini into ongayenza ungathanda ukusebenzisana nodkotela?*

RESPONDENT : Ngingasebenzisana mina ngokuphilisa abantu ngoba vele ngingumuntu ovaphiwa isipho sokuphilisa abantu ngithole. Ulwazi lokuphilisa abantu mabegula ezifweni ezahlukene. Ngizoya kudukotela abase ngisiza ngokuthi ma ngifikelwa ngumuntu egula kanje angangisiza kanjani kanti iena enye inyanga inaso isipho sekhambi sokungisiza kulesisifo engisitshela sona mhlawumbe sesimehlule.

*INTERVIEWER : Sikhuluma ngokudlwengulwa kwabamtwana?*

RESPONDENT : Angazi ukuthi ngingasebenzisana nabo kanjani ngithi  
abanzenjani ngoba lento iyasehlula nabo iyabehlela abayazi  
nabo iyabehlela.

INTERVIEWER : *Ayikho enye into ongathanda ukuyisho mayelana  
nokuhlukunyezwa kwabantwana?*

RESPONDENT : Mina, lona ngisuke ngihleli ngedwa ngicabamga ukuthi  
unkulunkulu uyasazi izicelo zethu nemithandazo yethu  
esiyicelayo. Ayikho into engingayisho kumuntu nomuntu uma  
ehlelwe yilesizemazema ngingathi khuleka khuleka ngoba lento  
ingase ikudide idide umqondo wakho uphume esipolweni uma  
ukhe wabhekisisa umuntu inzondo yakhe ngibeka izwi lokuthi  
unkulunkulu akasiphe ukuthandaza ngezikathi zonke ukuze kuthi  
uma sehlelwa yilokhu size singabhubhi. Anginalo elinye ikhambi  
ngaphandle kukukulunkulu wonku umuntu olapha emhlabeni  
akanalo ikhambi kodwa unkulunkulu owehlayo ouchla kuthi uma  
sehlelwa aveza ikhambi kughumuke umuntu ozokusiza kulokhu  
obekuzokwehlela uphephe kuleyongozi ubani lovo ngukulunkulu  
yizu yiceba ukukulunkulu.

INTERVIEWER : *Ngiyabona ukuthi unalo ithalente futhi ungakvazi ukuvimba lokhu  
kumalungu ebandla lakho?*

RESPONDENT : Ngokuthandaza kungenzeka, kungenzeka, ngokuthandaza  
kungenzeka - unkulunkulu wenza isimanga iziningi  
ngokuthandaza nje. Umtwana, umuntu iminyaka eyishumi  
engamtholi umtwana ngithandaza kukulunkulu uyamupha  
umtwana. Ngithi kulento umuntu othi uzokuqeda noma ngokwazi  
kwakne kodwa uma ukwazi kwakhe kuvela kukulunkulu

angakuqeda uma lokho kwazi kuyoba kuvela kunkulunkulu nhayi  
okuvela kuyena.

ISIPHETHO

SIYABONGA!

RESPONDENT 2

BIOGRAPHICAL INFORMATION :

AGE : 24 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 8

YEARS OF PRACTICE : 18 months

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS SEEN PER DAY : 4 - 5

AREA OF PRACTICE : Ngwelezane, Zululand

Kwa-Zulu, South Africa

(Semi-rural)

*INTERVIEWER : What does child sexual abuse mean to you?*

RESPONDENT : When I hear about such cases my heart is heavy with sadness and anger. It is a bad thing to do such things to a small child ..... aie .... it is a bad thing ..... and it happens every day ..... men with no work and drinking and they ..... ahh..... just do as they feel to such a young child. It is very bad and makes me sick .... it is a bad thing. It goes on and on and people are afraid ..... they are ashamed and angered by the trouble it causes in the family ..... if a child is raped at that age what can she do? Her life is full of bad things, even when she grows to be a woman ..... I am so angry about this thing.

*INTERVIEWER : In your opinion, what happens when a child is sexually abused?*

RESPONDENT : It is when a child is driven into sexual intercourse by force.

*INTERVIEWER : So is that what sexual abuse means?*

RESPONDENT : Yes .....

*INTERVIEWER : Anything else?*

RESPONDENT : It means that a child is forced to have sexual intercourse .... yes .... even if she is scared and cries out .... she is forced to have intercourse .....

*INTERVIEWER : From what you have told us, do you think that child sexual abuse is sometimes right or wrong?*

RESPONDENT : No! It can never be right. A man knows what he is doing when he interferes with a child. He knows it is a bad thing .... and the child? What can she do! She is afraid. She is sometimes killed ..... mmmm so she keeps quiet. No it can never be a good thing.

*INTERVIEWER : And this makes you angry?*

RESPONDENT : It is very bad ..... very bad ..... yes.

*INTERVIEWER : ... In your opinion, do you think it occurs in all areas?*

RESPONDENT : It only happens in rural areas .... but hmmm yes may be in the cities more. Here on the farms, people have their houses and stay in one place they don't run around like people in the cities. In both places I think.

*INTERVIEWER : In your opinion what do you think causes child sexual abuse? •*

RESPONDENT : I think it happens when a man is longing for a woman and wonders how he can get hold of her. It is caused by love on the part of the abuser ..... but then he destroys that child's future.

*INTERVIEWER : Is that love?*

RESPONDENT : Not love in a respectful way, lusting for the urge to have sex. Like they need a drink or a cigarette. They just take it because of a strong desire ..... they cannot control .... mmmm ..... and then the girl's future is destroyed.

*INTERVIEWER : Do you think young boys can be sexually abused?*

RESPONDENT : I have never heard of such a case. It is the girls who are abused.

*INTERVIEWER : Do you think that sexual abuse happened in past years or is it a thing of the present?*

RESPONDENT : It is a new thing ..... a thing of today .... yes it started in this time.

*INTERVIEWER : Can you explain that to us?*

RESPONDENT : In past times people were not bad in this way. Maybe that one stole something from his neighbour and then he admitted his

mistake and he was punished. And the young girls walked freely to fetch water and the men .... no there was no such thing. The elders would not allow it as children were a gift from God. The young girls helped in the fields .... the things were taught by customs and rules .... now it is changed .... people go to the cities and come back here with their nonsense.

*INTERVIEWER : Do you think child sexual abuse happens in all cultures?*

RESPONDENT : It only happens to blacks.

*INTERVIEWER : Do you think that mothers can be blamed in any way if their child is sexually abused?*

RESPONDENT : How can this be so .... she is the child of her body. No mother would do this thing to her child .... she ... she aie .... (laughs) how can a woman do this thing? Men have that power .... not a mother .... she is not the guilty one. Sometimes, she doesn't know about it. The child is alone .... no ..... this sexual abuse it is a man's doing, not a woman.

*INTERVIEWER : Do you think that the child can be blamed for being abused?*

RESPONDENT : The child? Sometimes if she is bad through something, she can cause a man to do this thing ..... she makes him behave like that but this happens only sometimes, like when the mother works away from home or the child wants something nice.

*INTERVIEWER : Do you have an opinion on Aids and child sexual abuse?*

RESPONDENT : This Aids is caused by men having sex with many women and I think that it is more for the older people and married people than for children ...ja...ja... but this Aids virus it is big and it can be given to a child if a man rapes her or a child can be born

with it if the mother has it while she is pregnant. Hmm but sometimes, men think that if they have sex with children and young virgins they will not transmit Aids ..... and it will make them strong for more love.

*INTERVIEWER : Have you ever treated anybody, or a child or a family where sexual abuse has occurred?*

RESPONDENT : No I have not seen such a child, only heard of them.

*INTERVIEWER : If you had a case of a child who had been sexually abused, how do you think you would treat them?*

RESPONDENT : If I had such a case I could restore them with herbs .... I could keep them with me for a time and remove the badness caused by such a thing .... like to make them vomit and go to the toilet and take out that badness ..... hmm ... hmm ... I could do this thing.

*INTERVIEWER : Do you think a child forgets about being abused?*

RESPONDENT : If she is young it will not be in her mind but if she is older it will be bad for her future. And if the people talk .... then everyone will know and it brings disgrace on the family. She cannot be affected if she is a young child of 3 or 4 maybe.....

*INTERVIEWER : Do you think that people who sexually abuse children should be helped or punished or both?*

RESPONDENT : They must be harshly punished ... even death is not good enough .... they should be killed in prison and stay in there until they are too old .... sometimes they come out and then run away and carry on raping children .... they are bad criminals and cannot be helped .... it is wrong to help them when they

have done such a thing ..... the police must catch them and the government punish them harshly.

*INTERVIEWER : Do you think child sexual abuse can be prevented?*

RESPONDENT : If people had not so much time to drink and smoke dagga they would think of other things ... but by punishment they could stop this thing .... maybe if they had their penis cut off by a bush knife (laughs) .... or they went to prison for life where they could be beaten themselves .... aie .. it is a bad thing ....

*INTERVIEWER : Do you think that you could help prevent child sexual abuse?*

RESPONDENT : There is nothing I can do to stop this thing ... like how do you mean?

*INTERVIEWER : Anything at all?*

RESPONDENT : It is the government they can stop this. I don't know how but maybe they can do something .... but there are a lot of men in government ... they might also rape children so I think this problem will stay with us .... but what I can say is there is nothing I can do .....

*INTERVIEWER : Do you think that you could work with other people who are concerned about child abuse?*

RESPONDENT : If a child comes to me with such a problem I can refer him to the hospital .... now if there is some sickness I send them to the hospital and sometimes talk with the doctor .... but who else is there ..... I think it is the police and the mother of the child that must report the case ..... I can give the child herbs for washing but there is nothing I can do to work with other people.

*INTERVIEWER : But I see that sometimes you do, for what you were saying  
work with the doctors and refer to the hospital?*

RESPONDENT : Yes I do.

*INTERVIEWER : Is there anything else you would like to say about child sexual  
abuse?*

RESPONDENT : If the women can work together to help their children this bad  
thing should stop .... but I don't think it will ever go away as  
long as a man has a penis ..... the people must stop drinking  
and the children must go to school .... no .... I don't think this  
thing will stop.

RESPONDENT 2 - (ZULU)

BIOGRAPHICAL INFORMATION :

AGE : 24 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 8

YEARS OF PRACTICE : 18 months

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS SEEN PER DAY : 4 - 5

AREA OF PRACTICE : Ngwelezane, Zululand

Kwa-Zulu, South Africa

(Semi-rural)

*INTERVIEWER : Kungabe kusho ukuthini ukuhlukumezeka kwezingane csincane ngokocansi Na?*

*RESPONDENT : Umagabe ngizwa izinto exinjengalezi, inhliziyoyami iba puhlungu kakhulu futhi ngiba nokudinwa. Kuyinto ambi kabi ukwenza into enjengalena enganeni encane ..... kuyinto embi kabi ..... kanti futhi yenzeka zonke izinsuku ..... abantu abangasebenzi kanye nabantu abaphuzayo, benza .... ngendlela kuthi mabenze ngayo ezinganeni ezincane. Lento iyaqhubeka njalo nabantu sebeyasaba futhi nezinhliziyoyabo zibuhlungu, kanti futhi badiniwe indlela imindeni ehlukekumezeka ngayo ..... Umangabe umntwana omncane ehlukekumezeke ngozocansi konje, angenzani nje? Ngoba angeke akwazi ukuzilwela? Impilo yalowomntwana isuke isigiwele izinto eziningi ezingasile. Nomangabe esekhula engenela ebuntombini angeke asakhula ngaendlela efanelekile noma akhule aqhakaze kodwa usezokhula ehlukekumezakile. Ayive ingangiphathi kahle into enje.*

*INTERVIEWER : Ngowakho nje umbono - ngabe kwenzekanjani uma ingane ihlukunyezwe kokacansha?*

*RESPONDENT : Yilapho ingane lale nomfana ngenkani.*

*INTERVIEWER : Kungabe ukuhlukunyezwa ngokocansi kusho lokho kuphalana?*

*RESPONDENT : Yebo .....*

*INTERVIEWER : Akukho okunye futhi?*

*RESPONDENT : Kusho ukuthi ingane iyiswa ocansini ngenkani .... yebo .... nomangabe isaba futhi ikhala ..... kufanele iye ocansini.*

*INTERVIEWER : Ngokusichazela kwakho, ucabanga ukuthi ukuhlukunyezwa ngokocansi kuhle noma kubi?*

*RESPONDENT : Ung? Ayisoze nje kwabekuhle. Indoda isike ikwazi ekwenzayo ngenkathi ihlangana nengane. Isuke yazi ukuthi kubi, ingane? Ingenze njani nje? Isuke isaba. Kwesinye isikhathi izabulawa .... mmm ... bese iyathula ingatsheli muntu. Cha akusoze kwaba yinto enhle.*

*INTERVIEWER : Kungabe lokho kukuphathakabi na?*

*RESPONDENT : Akuve kukubi .... kubi ngapela?*

*INTERVIEWER : Ngokubona kwatho ikungabe ucabanga lento yenzeka kuzozonke izindawo?*

*RESPONDENT : Yenzeka ezindaweni ezisemaphandleni kuphela .... mmm .. yebo. Mhlawumbe emadolobheni iningi. Lana emaphangleni, apantu banemizi yabo. Futhi abahlale ezindaweni lapho abantu beqcwala idolobha lonke. Kungabe futhi zombili izindawo.*

*INTERVIEWER : Ngokwakho ukubona, yiphi into ocapanga ukuthi iyona edala ukuthi kube nazinga elikhula lokuhlukunyezwa ngokocansi?*

*RESPONDENT : Ngicabanga ukuthi into edala ukuthi umuntu ahlukumeze ngokocansi ukuthi umuntu wesilisa afise ukuhlangana nowesifazane ebese engakwazi ukumthola. Lokhu kudalwa uthando kulowo muntu ohlukomezayo ..... ngakwelinje icala ebe eshabalelisa ikusasa lengane.*

*INTERVIEWER : Kungabe uthando lolo?*

*RESPONDENT : Akulona uthando olujwayelekile, yilolu lokutisa ukuya ocansini lunjengalokhu uma befuna utshwela nomayewayi. Bakuthatha ngoba benenhloso yokwenza okuthule .....*

bangakwazi ukuzigwena ekwenzeni ekungalungile .. mmm ...  
ebese beckela impilo yentombozane phansi.

*INTERVIEWER :* Ucabanga ukuthi abafana abancane bangahlukunyezwa  
ngokocansi na?

*RESPONDENT :* Angikaze-ke ngizwe ngokvabafana amantombazane  
ahlukunyezwayo.

*INTERVIEWER :* Kungabe ukuhlukunyezwa ngokocansi kuyinto eyayenzeka  
kuqala nema yinto yamanje?

*RESPONDENT :* Yinto entsha ..... into yamanje .... yebo iqale esikhathini  
sanamuhle.

*INTERVIEWER :* Ungasichazela ngalokho kabanzi na?

*RESPONDENT :* Esikhathini esedlule abantu babengababi ngendlela.  
Asebabi ngayo manje. Mhlawumbe kwakuyilokho nje ukuthi  
umuntu antshontshe kwamakhelwane ebese ethola isijezo  
ngalokho. Amantombazane ayehamba ekhululekile uma  
eyokla amanzi kanye nabesilisa ..... ngoba babengayazi  
lento. Abadale babengeke bakuvume lokho ngokubi izingane  
isipho esivele kunkulunkulu. Amantombazane ayesiza  
emakhaya ..... nasemasimini... ayefundiswa ngosiko kanye  
nemithetho ... manje sekushintshile .... abantu baya,  
emadolobheni babuye nezinto ezingesile.

*INTERVIEWER :* Ulabanga kuthi i CSA yenzeka kuwowonke amasiko na?

*RESPONDENT :* Yenzeka kubantu abamnyama kuphela.

*INTERVIEWER :* Omama bangapelibekwa icala yini uma ingane ihlukunyezwe  
ngokocansina?

*RESPONDENT :* Kungenzeka kanjani lokho ... yingane yomzimba wakhe.  
Akekho umama ongenza into enjengelena enganeni yakhe ....

u e..... (ehleka) yimyphi umuntu wesifazane ongenza into enjengalena? Abanut besilisa abanganamandla alokho .... heyi abnatu besifazane ..... owesifazane akusiyena okufanele ukuthi abekue icala kwesinye isikathi akazi ngalokho. Ingane isuke iyodwa .... nayo lo .... wesilisa asuke ehlu kumeza ingane agokocansi, hhayi owesifazane.

*INTERVIEWER :* *Uma ucabanga nje ingane kufanele yini ukuthi ibekwe icala uma ihlukunyeziwe?*

*RESPONDENT :* Ingane? Kwesinye isikhathi uma owesifazane ingalungile, kwesinye isikhathi uyena onganza ukuthi umuntu wesilisa, enze kanjene .... uyena ongenza ukuthi enze ngdendlela kodwa lokho kwenzeka ngalesosklathi njengokuthi uma umama esebenza kude noma ingane iFuna into enhle.

*INTERVIEWER :* *Kungabe unawo umbone ngenguilazi ne CSA?*

*RESPONDENT :* Inguilazi idalwa umuntu wesilisa alala nabantu besifazane abaningi kanti futhi ngicabanga ukuthi iningi kakhulu kubanti abadala komye nabantu abashadile kunezingane ..... ya ... ya ... kodwa leligkwane lenguilazi likhulu kakhulu, kanti futhi lingangena enganeni uma ihlukunyezwa ngokocansi kanti nengane ingaba nayo umangabe umewayo ubenayo ngesikhathi esakhulelwe. Mmmmm kodwa kwesinye isikhathi umuntu wesilisa ukealabenze ukuthi umgeya ocansini nengane encane kanye nengane engakatilangani nomuntu wesilisa angeke ayidlule inguilazi .... kunalokho kungabenza babe nothando oluatngi.

*INTERVIEWER :* *Okhona yini osuke wamelapha noma umndeneni onengane esike yahlukunyezwa ngokocansi na?*

RESPONDENT : Cha angikaze ngiyibone ingane enjalo, ngisezwile nje.

INTERVIEWER : *Asithi nje uma kuthiwa wawuyithola mgane enjalo noma ehlukunyezwe ngokocansi, wawungayisiza kanjani?*

RESPONDENT : Ukuba ngangihlangana nezimo ezinjengalesi ngangizobalapha ngamakhambi ..... nglale nabo okwesikhashana ngiphinde ngisuse ububi obenziwe yilento ..... njengokuthi babhalaze futhi baye ngibafake into ezobakhipha ngiphinde ngibususe ububi ..... hmmm .... hmmm... NGANGINYAKWENZA LOKHO.

INTERVIEWER : *Uma ucabanganje ingane ingakhohlwa ukuthi yake yahlukunyezwa?*

RESPONDENT : Uma isencane angeke kuze kube scmqondweni lokho kodwa uma isindala ikusasa layo angeke hize liqhakase .... uma abantu bekhuluma .... uma futhi abantu bekhuluma kuzoba yihlazo emndenini ... Uma mhlwumbe nje esanenemi nyaka emithathu (3) noma emine (4) angeke ize ibe nalutho.

INTERVIEWER : *Uma ucabanga nje, abantu iaba abahlukumeza isingane kufanele benziwenjani ... kungabe kufanele ukuba bajeziswe noma besizwe na?*

RESPONDENT : Kufanele ukuthi bajeziswe kabuhlungu ... ngisho ukufa akwenele ... kufanele ukuthi babulawe ejele bahlale lapho baze babebadela .... kwesinye isikhathi bayaphuma babulawe ebese beqhubeka nokuhlukumeza izingane .... bayizigebengu ezibi kabi futhi angeke baze basizwe ..... kuyinto engeyinhle neze ukubasiza umangabe benza into enjenga le ..... Amabhayisa kufanele ababambe ebese ukulumeni abanikeze isijezo esibuhlungu.

*INTERVIEWER : Ulabanga ukuthi ingabakhona indlela yokuvimbela  
ukuhlukumezeka kwezingane na?*

*RESPONDENT : Ukuba abantu abanaso isikhathi sokuphuza nokuthi babheme  
insangu ngabe akwenzeki lokho ..... umangase bathole isijezo  
bangayiyeka leyonto .... umangase nje imithondo yabo.  
Isikwe ngommese wase mahlathini (ehleka) ..... noma  
badilikelwe yijele bahlale lapho bezoshawa khona.*

*INTERVIEWER : Ucabanga ukuthi kungasiza ekuvikeleni I CSA?*

*RESPONDENT : Ayikho into engingayenza ewekuvikeleni lento .... uchaza  
ukuthini ngalokho?*

*INTERVIEWER : Noma ingayiphi indlela.*

*RESPONDENT : Uhulumeni ongayiqeda lento angazi ukuthi kanjani  
kodwamhlawumbe bangenza okuthile ..... kodwa baningi  
abantu besilisa abakuhulumeni .... nabo bangasihlukumeza  
izinga manje ngicabanga ukuthi lenkinga kufanele ukuthi  
ihlale nathi .... kodwa ngingathini ngoba ayikho into  
engingayenza .....*

*INTERVIEWER : Mucabanga uhgasebenza nabantu abakwaziyo ukuhluku -  
nyezwe kwezingane?*

*RESPONDENT : Umangabe ingane ifika nenkinga enjengalene kufanele ukuthi  
iphuthunyiswe esibhedkla kumanje uma inokugula  
ngiyiha-mbisa esibhedlela noma ngixoxe no dokotela ....  
kodwa kuske kukhona beni .... ngicabanga ukuthi umama  
namapheyisa okufanele ukuthi bavule i cala ..... ngingayinika  
ingane amakhambi kodwa ayikho into engingayenza ekutheni  
ikwazi ukusebaizsana nabanye abantu.*

*INTERVIEWER :* Kodwa ngiyabona ukuthi kukhona okwenzayo, kulokhu koku xoxisana nodokotela nezibhedlela?

*RESPONDENT :* Yebo ngiyakwenza.

*INTERVIEWER :* Ikhona into enye ongayishi nge CSA?

*RESPONDENT :* Uma abantu besifazane bengahlanguka kuitgasiza ekuthi lento embi ingandwe .... kodwa angisho ukuthi iyophela umangabe umuntu wesilisa esanomthondo .... abantu kufanele bayeke ukuphuza kanti nezingane kufanele ukuthi zibye esikoleni .... cha angisho ukuthi lento izongandeka.

RESPONDENT 3

BIOGRAPHICAL INFORMATION :

AGE : 55 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 6

YEARS OF PRACTICE : 20 years

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS SEEN PER DAY : Between 15 and 20

AREA OF PRACTICE : Ngwelezane, Zululand

Kwa-Zulu, South Africa

(Semi-rural)

*INTERVIEWER : What does child sexual abuse mean to you?*

RESPONDENT : It is when a young child is raped by an uncle or a brother or a man who cannot find a woman to love him ..... the child is damaged and that man must pay for it .... hmm ... hmm such a big man and a small child. This is not the way of good people. A child can die of such a thing and get vaginal discharges .... she can be troubled for a long time .... When a child has been sexually abused they are admitted to hospital, seen by the doctor and then referred to us to treat them with herbs .... my heart feels painful to hear that a child has been sexually abused because she is no longer normal in her mind and she is worried that she is no longer a virgin .... hmmm ..... hmmm. Knowing that she has been sexually abused, she fears people.

*INTERVIEWER : How do you treat them?*

RESPONDENT : With herbs that can clean them from inside, to make the badness come out. Sometimes they vomit and scream .... they drink these herbs and we make some medicine to put on the vaginal area.

*INTERVIEWER : Do you think that child sexual abuse is sometimes right or wrong?*

RESPONDENT : It can never be right for this to happen. Children do not know of such things .... it is the men who force themselves on the children and it can never be right.

*INTERVIEWER : In your opinion, do you think it happens in all areas?*

RESPONDENT : It occurs in rural areas and in urban areas as there are those who drink in both areas and have the desire for a woman ... when she is not around they can grab a child.

*INTERVIEWER : What do you think causes child sexual abuse?*

RESPONDENT : In my opinion, it is caused by smoking dagga and drinking liquor, nothing else that I know of .... it is often usual, that these men's minds have been twisted by the drink and dagga .... they think that everything is right, but it is not .... And even those that do not smoke and drink, if they wish it with their heart they can abuse a child. But more especially it is those that smoke and drink.

*INTERVIEWER : Do you think that boys can be sexually abused?*

RESPONDENT : I don't think this is possible, I have never seen such a thing.

*INTERVIEWER : Do you think child sexual abuse happened in the past or is it a thing of the present?*

RESPONDENT : I am not sure .... but I think it is a new thing ..... we hear of many children who have been raped and woman too ..... old and young ... in the past it was not like that .... I didn't hear of it long ago .... it is a new thing.

*INTERVIEWER : Do you think that child sexual abuse happens in all cultures?*

RESPONDENT : It happens in black and white cultures, but more in blacks .... they smoke too much dagga and have no jobs ....

*INTERVIEWER : Do you think a mother can be blamed if her child is sexually abused?*

RESPONDENT : Mothers are also being sexually abused and sometimes they are sexually abused by their young ones ... I know of a young one sexually abusing an adult .... this can happen .... I have never seen a mother sexually abusing her child. She might abuse her child by feeling it in her soul ... with violent words and beatings, but not sexual abuse ... she would not allow it

.... it is her child .... but men are strong and with dagga and liquor she might not know ... it is the dirty game of the children abusing each other and then blaming the mother it does not happen that a member of the same family ..... abuses a child and then blames a mother .... they just keep quiet.

*INTERVIEWER : Do you think that a child can be blamed for being abused?*

RESPONDENT : This cannot happen .... they are children and do not have mature minds .... they know nothing of this rape.

*INTERVIEWER : Do you have an opinion on Aids and child sexual abuse?*

RESPONDENT : Aids is here in Kwa-Zulu and many people are dying .... it is a bad thing ... hmmm ... there are a lot of women who have this thing and their families do not know ... it comes from a man who smokes dagga and sleeps with too many women ..... the young girls think it is love and they are left with this Aids and the man goes back to his wife and she does not know about his girlfriends. The children and babies they can get Aids ... if they sleep with a young child they will not get Aids .... maybe this is why more children are getting raped than before .....

*INTERVIEWER : Have you ever treated anybody, or a child or a family where sexual abuse has occurred?*

RESPONDENT : There are many ..... but I have not seen them at my place.

*INTERVIEWER : If you had a case of child sexual abuse how do you think you might treat them?*

RESPONDENT : I would call the mother to explain this to me to see if the child is telling the truth .... she could point out the person responsible then we have herbs for such a thing .....

*INTERVIEWER : Do you think a child forgets about being abused?*

RESPONDENT : With the love in a mother's soul she can forget ... no ... she will never forget this harsh thing ... she will feel ashamed and have a difficult future .... and maybe she cannot give birth ... it will be bad ... she won't forget.

INTERVIEWER : *Do you think that people who sexually abuse children should be helped or punished or both?*

RESPONDENT : There is nothing good that can be done for such a person he must be taken away from his home and left alone with no family. They cannot control this bad thing it is in their heart to do such things .... no they must be punished by the government and locked in a place where there is a hard life to teach them ... they are murderers.

INTERVIEWER : *Do you think child sexual abuse can be prevented?*

RESPONDENT : The one who has knowledge about such a thing must be the teacher so that all the people will go and learn about sexual abuse .... they know about Aids here it has not stopped ... I cannot say.

INTERVIEWER : *Do you think that you can help prevent child sexual abuse?*

RESPONDENT : I cannot prevent it because I am not learned in child sexual abuse. I just have bad feelings in my heart .... I don't know.

INTERVIEWER : *Do you think you could work with other people who are concerned about child sexual abuse?*

RESPONDENT : What does this mean .... the police and the lawyers must control it .... there is nothing .... no they must punish the people.

INTERVIEWER : *It seems that you are already working with the hospital and doctors when children are sick .....*

RESPONDENT : This does not happen every day ..... yes .... sometimes.

*INTERVIEWER : Is there anything else you would like to say about child sexual  
abuse?*

RESPONDENT : There is nothing more.

RESPONDENT 3 - (ZULU)

BIOGRAPHICAL INFORMATION :

AGE : 55 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 6

YEARS OF PRACTICE : 20 years

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS SEEN PER DAY : Between 15 and 20

AREA OF PRACTICE : Ngwelezane, Zululand

Kwa-Zulu, South Africa

(Semi-rural)

*INTERVIEWER : Nokungabe ukuhlukunyezwa kwezingane kusho ukuthini kuwena?*

*RESPONDENT : Yilapho ingane encane isuke ihlukunyezwe ngokocani umalume wayo noma umfowabo noma umuntu wesilisa engamtholi owesifezane ozomthanda .... ingane isiyonakele nalowo muntu kufanele ukuthi akukhokhele lokho ... hmmm .... hmmm... umuntu omdala kangaka ne ngane encane. Ingane ingafa ibulawa yinto enje futhi ngesikhathi yopha ingahlala isikhathi eside isenkingeni .... Umangabe ingane ihlukunyezwe ngokwecansi iyiswa esibhadlela, ibonwe udokotela ebese idluliselwe kuthina esilapha ngamakhambi ..... Inhliziyo yami isuke ibebuhlungu umangabe ingane ihlukunyezwe ngokocansi ngoba isuke isingasekho ebuntombini yabo futhi isuke ikwazi lokho ... hmmm ... hmmm ... Ukwazi kwayo ukuthi ihlukunyezwa ngokocansi, iyabasaba abantu.*

*INTERVIEWER : Nibalapha kanjani?*

*RESPONDENT : Sibalapha ngamakhambi azosusa ukungcola ngaphakathi, ukuze ukungcola kuphume kwesinye isikathi bake baphalaze bamemeze .... bayawaphuza lamakhambi futhi senza imithi abazoyifoka ngaphansi.*

*INTERVIEWER : Ucabanga ukuthi ukuhlukunyezwa kwezingane ngokocansi kuhle nomakubi?*

*RESPONDENT : Ayisoze yabayinhle into engengalena. Izingane zisuke zingayazi leyonto ... abesilisa abake baphaqelele izingane entweni enjengalena ayisoze yaba yinlale into enjengalena.*

*INTERVIEWER : Ngombono wakho, ulabonga ukuthi lento yenzeka kuzozonke izindawo?*

RESPONDENT : Yenzeka ezindawani ezisemaphandleni kanye nasezindaweni ezisemadolobheni njengoba abantu bephuza zindawo zombili kanti futhi basuke befuna owesifazane uma engekho eduze kwabo bathatha izingane.

INTERVIEWER : *Ucabanga ukuthi yini edala ukuthi izingane zihlukunyezwe ngokocansi?*

RESPONDENT : Ngokubona kwami, idalwa yinsangu kanye notshwala, ayikho enyinto engiyenziyo ... kujwayelekile, ukuthi lemiqondoyalabantu ibekade iphambaniswe. Utshwala nensangu .... habona sengathi yenkinto abayenzayo yinhle, kodwa ibe ingeyinhle, ngisho nalaba abangaphuzi bengabhemi, uma bezwa ukuthi kusenhliziywani yabo bazoyihlukumeza ingane kodwa ikakhulukazi labo abaphuzayo nababhewayo.

INTERVIEWER : *Uma ucabanga nje abafana bangahlukunyezwa ngokocansi?*

RESPONDENT : Angisho ukuthi kungenzeka, angikazi ngiyibone lento?

INTERVIEWER : *Kungabe ukuhlukunyezwa kwezingane ngokocansi kuyinto yamanje noma yinto yakudala?*

RESPONDENT : Angozi kahle ..... kodwa ngicabanga ukuthi kuyinto yamanje ..... sizwa kuthiwa izingane. Izingane eziningi zihlukunyezwe ngokocansi abesifazane .... abaadala nabancane eminyakeni edlule kwakungenje angikazi ngiyizwe into enje ..... kuyinto entsha.

INTERVIEWER : *Kungabe ukuhlukunyezwa ngokocansi kwenzeka kuzozonke izindawo?*

RESPONDENT : Yenzeka kubantu abaNhlophe nabaMnyama, kodwa ikakhulukazi kubantu abamnyama .... babhema kakhulu isangu futhi abanayo imisebenzi...

*INTERVIEWER : Omama bangabekwayi yini icala ngokuhlukunyezwa  
kwezinganczabo?*

*RESPONDENT : Omama nabo bayahlukunyezwa ngokocansi futhi kwesinye  
isikhathi bake bahlukunyezwe izingane zabo ezincane ..... Ngiyazi  
ngengane eyahlukumeza omdala .... lento ingenzeka .... Angikaze  
ngimbone umama ohlukumeza ingane yakhe ngokocansi.  
Angayihlukumeza ngokomoya ... ngokuthi ayithethise, kodwa  
hhayi ngokocansi .... angeke akuvumele lokho ... ingane yakhe  
.... kodwa abantu besilisa uma sebephuzile babhema angeke  
bakwezi lokho .... umdlalo ongwile loyo ukuthi izingane  
zihlukumezane zizodwa ebese kubekwa omama, iala akwenzeki  
lokho emndenini owodwa .... ukuthi kuhlukunyezwa ingane ebese  
kubekwa omama icala ... kufanele abantu bathule.*

*INTERVIEWER : Kungabe ingane kufanele ukuthi ibekwe icala ngokuhlukunyezwa  
kwayo?*

*RESPONDENT : Ayisoze yenzeka leyento .... lezi yizingane futhi azinawo umqondo  
okhulile .....abazi lutho nga!okhu kuhlukunyezwa kwezingane.*

*INTERVIEWER : Kungabe unawo umbono ngengculazi kanye nako  
ukuhlukunyezwa kwezingane?*

*RESPONDENT : Ingculazi ilapha kwZulu futhi abantu abaningi iyababulala ... iyinto  
embi . hmm... baningi abantu besifazane abanayo leyonto kodwa  
kungaziwa emindenini yabo ... iqhamuka insangu futhi olala  
nabantu besifazane abaningi.... Omantombazane amancane  
acabanga ukuthi uthando kanti ashiywa nalengculazi lapho  
owesilisa ephinelela nayo kunkosikaziwakhe futhi engazi  
unkasikezi ukuthi uzwana namentombazane amaningi. Izingane  
ezincane zingayithola ingwazi .... umabelala nezingane angeke*

bayithole ingwlezi .... mhlawumbe yingakho nje izingane  
zihlukunyezwa kangaka.

*INTERVIEWER* : *Wake vamlapha umntu, noma umntwana, noma owomndeni  
ohlukunyezwe ngokocansi?*

*RESPONDENT* : Bangingi ..... kodwa angikaze ngibabone kwenye indawo.

*INTERVIEWER* : *Engase uthole ingane ehlukunye zwa ngokocansi ungayelapha  
kanjani?*

*RESPONDENT* : Ngingibiza umawayo angichazele ukuze sibone ukuthi ingane  
isitshela iqiniso ..... ingamkhomba umuntu owenze leyonto ebese  
siyilapho ngamakhambi ....

*INTERVIEWER* : *Uma ucabanga ingane iyakukhehlua ukuthi ihlukunyezwe  
ngokocansi?*

*RESPONDENT* : Ngekuba unenhliziyi ayithatha kunina angakhelalwa ... yize  
engeke abukhohlwa ubuhlungu abuzwa .... uzuphatheke kabi  
futhi ikusasa lakhe libenzima .... kungenzeka ukuthi futhi abe  
yinyumba .... kungaba kubi kakhulu .... akasoze akhohiwa.

*INTERVIEWER* : *Mucabanga labantu abahlukumeza izingane ngokocansi kumele  
basizwe noma bajeziswe?*

*RESPONDENT* : Ayikho into engenziwa kumuntu onjalo kumele a suswe kubo  
ashiywe lapho engeke ahlale nomndeni wonkhe. Angeke  
bayivimbe lento ngoba ingaphakathi kubona cha kufanele  
bajeziswe ukulumeni bavelelwe endaweni lapho kunobunzima  
khona ukuze bafunde .... ayizonakali.

*INTERVIEWER* : *Ukuhlukunyezwa kwezingane kungavimbakala yini?*

*RESPONDENT* : Lowo onolwazi iwayo kufanele abafundise abantu ngalento ....  
Bayeyazi leyonto lapha angeka bamjwa ..... ngingathini nje.

*INTERVIEWER* : *Ungkuvikela nje ukuhlukunyezwa kwezingane na?*

RESPONDENT : Angeke ngakwazi ukukuvikela ngoba angifundanga ngayo.

Angiyithandi nje nhlobo .... angazi.

*INTERVIEWER : Ungasebenzisananje nabantu abandwazi iwako ukuhlukunyezwa kwezingane?*

RESPONDENT : Kusho ukuthini lokho ... amaphoyiso nabameli kumele bakuvimbe lokho ayikho enyinto .... cha kumele bajeziswe labobantu.

*INTERVIEWER : Kubenakale sengathi usebenzi'le esibhedlela kanye nakodokotela uma izingane zigula?*

RESPONDENT : Lokho akwenzeki njalo .... yebo ... kwesinye isikhathi.

*INTERVIEWER : Ayikho enye into ongakwazi ukuyisho mayelana nokuhlukunyezwa kwezingane?*

RESPONDENT : Iha Ayikho.

RESPONDENT 4

BIOGRAPHICAL INFORMATION :

AGE : 52 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 5

YEARS OF PRACTICE : 23 years

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS PER DAY : 10 - 12

AREA OF PRACTICE : Kwa-Dlangezwa, Zululand

Kwa-Zulu, South Africa

(Rural)

*INTERVIEWER : What does child sexual abuse mean to you?*

RESPONDENT : It happened to a child in this family.

*INTERVIEWER : Oh .... that is very sad ..... would you like to tell me about it ....?*

RESPONDENT : I myself when I heard about this problem, I felt very much angry and even think that person needs to be killed .....so that he cannot exist on earth because he destroyed a young person even if that person was older, he has no need to grab her and do sinful things and then leave her as if she was dead ..... she was a child at school coming home when she was grabbed and raped ..... he left her in the veld it is a criminal act destroying the life of children in other words he is a killer ..... to the ancestors. I cry about my child ..... this is very painful ..... this is ..... they hear me ..... this did not happen in the beginning of nature ..... it is new.

*INTERVIEWER : Hmm .... hmmm ... it is very painful for you ..... Do you think it occurs in all areas?*

RESPONDENT : My child, it seems to me that it is more common in urban areas, but even here at the school they do it ..... There are many criminal acts in urban areas ..... most people are not working ..... and they stay there .....

*INTERVIEWER : What do you think causes child sexual abuse?*

RESPONDENT : My child, I am not sure, about the cause because even when a man has a wife he can sexually abuse a child .... I can say it is his wish to sexually abuse every woman and child he sees .... they like to sleep with everyone.

*INTERVIEWER : Do you think boys can be sexually abused?*

RESPONDENT : Young boys are not sexually abused, only girls.

*INTERVIEWER : Do you think that sexual abuse happened in the past or is it a thing of the present?*

RESPONDENT : It did not happen in the past my child, here we have different races, they are not all Zulus, but there are different races and you will not know who brought this criminal act to the present, whether it is us Zulus or these other races, ..... I do not know..... in the past there was only Zulu culture ..... Zulu culture has a great influence on a girl when she grows up. She can go nude, it is natural ..... no one sees a naked woman or child and says this is a woman or child to sleep with ..... the custom would not allow it ..... education made Zulu culture change .....

*INTERVIEWER : Do you think that child sexual abuse happens in all cultures?*

RESPONDENT : I have never heard it happens in white culture .... it happens only in black culture.

*INTERVIEWER : Do you think that mothers can be blamed if their child is sexually abused?*

RESPONDENT : No I don't agree to that, a mother can't allow her child to be sexually abused, unless she herself is corrupt aiming to gain money by selling her child to men, ..... but no woman can do that unless she is a drunkard .... then she can do such a thing.....

*INTERVIEWER : Do you think that a child can be blamed for being abused?*

RESPONDENT : No, my child this can never happen ..... my own child was small ..... what did she do to get grabbed and raped ..... no it is the men who want sex with everyone they are to blame .... a

child is young and does not know about rape ..... no a child can never be blamed ..... she is forced by a strong man ....

*INTERVIEWER : Do you have an opinion on Aids and child sexual abuse?*

RESPONDENT : I can say my child, that a young one who has no experience of a man is raped by a man who has experience with love affairs and has Aids, he can spread it to the child when he rapes her ..... this is obvious .....

*INTERVIEWER : When the child in your family was raped how did you treat this?*

RESPONDENT : I washed her and her pubic area and took her to the police there they helped to get a statement about what happened .... but still today he is walking around .... no arrests have been made.

*INTERVIEWER : Have you ever treated anyone else who has been sexually abused?*

RESPONDENT : Yes I have treated many such children here ..... in this area.

*INTERVIEWER : How do you treat them?*

RESPONDENT : I wash them and wash the pubic area and send them to the police ..... there is nothing I can do to a person who has been sexually abused .... that person must direct her attention to the doctors and policemen ..... I cannot do anything ..... if she is dirty I wash her and pass her on to the whites .... I cannot help a person who has been sexually abused ..... they must go to court or to the hospital .....

*INTERVIEWER : Do you think a child forgets about being abused?*

RESPONDENT : She will feel bad for the rest of her life, her life as a young female has been destroyed .... because the abuser is not the

same age as the victim, and he is doing forceful penetration ....  
I have no power for a person who has been sexually abused,  
the only thing I can do is clean her after she has gone to court  
and hospital ..... then I can clean her and wash her pubis ....  
clean her from inside by making her vomit and go to the toilet  
.....

*INTERVIEWER : Do you think that people who sexually abuse children should be punished or helped or both?*

RESPONDENT : I don't see that they must be helped, these people are murderers, they need to be punished .... you see my child .... these people are murderers, they rape someone and maybe kill her so they also need to die ... and be kept in jail for a long time .... if the abuser is a young person, he must stay in jail and have painful experiences ... it is painful ... I feel very bad .... as I am speaking I have no power even to kill a person .... but if I had a bush knife I would cut that man to pieces .... we give birth to children and men abuse them and kill them when they are still young .... no my child they must be punished.

*INTERVIEWER : Do you think child sexual abuse can be prevented?*

RESPONDENT : It must be talked about and known by the government, child abuse is embarrassing to talk about throughout the world ..... a person must be punished because children who are sexually abused in such a manner .... these people must be punished and they are not being punished .... they continue this abuse .... it is better if they can abuse you but not kill you .... but they do kill .... even the death sentence is not harsh enough .... it must be talked about to prevent it.

*INTERVIEWER : Do you think you could help prevent child sexual abuse?*

RESPONDENT : .....prevent it in which way? Because I have said that I cannot help a person who has been abused, they must go to court or hospital .... I cannot help to prevent it ... as I am nothing I can do nothing ... the law is in the hands of the government and it is supposed to know how to deal with these animals .....

*INTERVIEWER : Do you think that you could work with other people who are concerned about child sexual abuse?*

RESPONDENT : I don't know .... I don't know how to help because there are so many criminals .... it happens every day.

*INTERVIEWER : Is there anything else you would like to say about child sexual abuse?*

RESPONDENT : This matter of child sexual abuse ..... I always talk about it and it is always in my mind .... if my child is late from school I go and look for her to see why she is late ..... I am so occupied with what happened to her.... criminals are released .... they can rape a child and be found walking in the street the following day ... without being arrested ... So I see that the courts are careless ... they have the power to sentence a person .... but they do not. He must not be released when caught .... he must be treated harshly so that he has no rest and feels pain .... if I had the power I would fill the courts with such animals, and I would not release them .... I would give them a harsh experience and they would have to work hard and find no rest .... and they could only be released when they were old men because they will do this again if they are

released too early .... they do the same thing .... If I had the  
power .... I would say let them be arrested and find no rest.

RESPONDENT 4 - (ZULU)

BIOGRAPHICAL INFORMATION:

AGE : 52 years

SEX : Female

LEVEL OF FORMAL EDUCATION : Std 6

YEARS OF PRACTICE : 23 years

TYPE OF TRADITIONAL HEALER : Isangoma

NUMBER OF PATIENTS PER DAY : 10 - 12

AREA OF PRACTICE : Kwa-Dlangezwa, Zululand

Kwa-Zulu, South Africa

(Rural)

*INTERVIEWER : Kuchaza ukuthini ukuhlukunyezwa kwezingane ngokocansi kuwena?*

*RESPONDENT : Yenzeka enganeni emndenini.*

*INTERVIEWER : Oh ..... kubi lokho .... ungangichazela kabane ngakho .....*

*RESPONDENT : Mina uqobolwami ngesikhathi ngizwa ngaleninga, ngazizwa ngidinwa kakhulu ngacabanga nokuthi iomuntu owenza lento kumele abulawe .... ukuze angaphili kulomhlaba ngokuba ucekela phansi loyomuntu omncane nalowo omdala, asikho isidingo sokuthi ambambe aphinde enze into esjisono ebese emshiya efile .... wayeyingane yesikole evela ekhaya wayese banjwa wahlukunyezwa..... wamshiya ehlathini kuwubugebengu obufuna ukucekela phansi izimpilo zezingane ngamye amazwi ungumbulali .....emadlozini. Ngiyakhela ngengane yami .... lokhu kubuhlungu .... lokhu ..... bayangizwa kahle .... lokhu akukaze kwenzeke ekuqaleni .... kusha.*

*INTERVIEWER : Hmm ... Hmm ... ibuhlungu lento .... kungabe yenzeka kuzozonge izindawo?*

*RESPONDENT : Ngane yami, uma ngibuka ngisola sengathiyiningi kakhulu ezindaweni ezisemadolobheni, kodwa na lapha ezikoleni bayakwenza ..... ziningi izigebengu emadolobheni ..... abantu abaningi abasebenzi ... futhi lahlala kude ....*

*INTERVIEWER : Ulabanga ukuthi yini edala ukuthi kuhlukunyezwe izingane ngokocansi?*

*RESPONDENT : Nganeyami, angiyazi kahle imbangela ngoba nomangabe leyondoda inonkosikazi iyakwazi ukudlwengula ingane .... Ngingathi nje kuyisifiso sakhe ukuthi adlwengule umuntu*

wesifezane nengane ayibonayo .... bayathanda ukulala nanoma ubani.

*INTERVIEWER : Kungabe abafana bangadlwengulwa nabo na?*

RESPONDENT : Abafana abahlukunyezwa kodwa amantombazeni.

*INTERVIEWER : Uma ucabanga nje ukuhlukunywewa ngokocansi yinto yamanje noma yakudala?*

RESPONDENT : Ayizange izeyenzeke kudala mntwana wami, lana sizezinhlanga ezahlukahlukene futhi uyokwazi ukuthi ubani owalettha lento embi, nomangabe kwamaZulu noma ezinye izinhlanga, ..... angazi ..... uqala kwakunamasiko anaZulu .... Owasika akwaZulu ayenemfundiso enhle ngesikhathi intombazane isakhula. Ngisho ingahamba ingunu, akekho noyedwa owayesho ukuthi lena inga ongalala nayo .... amasiko awaloze akuvumelalokho ..... infundo yema ukuthi amesiko amaZulu a shintshe.

*INTERVIEWER : Kungabe ukuhlukunyezwa kwenzeka kuwowonke amasiko?*

RESPONDENT : Angikaze ngizwe kuthiwa yenzeka kwabamhlophe yenzeka kwaba .... mnyama kup'hela.

*INTERVIEWER : Kufanele yini ukuthi omama babekwe icela njengaba izingane zabo zihlukunyezwa ngokocansi?*

RESPONDENT : Cha Angivumelani nalokho, umama angavuma ukuthi ingane yakhe ihlukunezwe, ngaphandle'-ke uma lowomama efuna ukuthi athole imali ngokuthi adayise ngengane yakhe kubantu besilisa, .... kodwa akekho umunthu wesifazane ongakwenza lokho ingaphandle uma ephuza .... lapho-ke angayenza into enjengaleyo.

*INTERVIEWER : Ingabekwa icala yini ingane uma ihlukunyeziwe na?*

RESPONDENT : Una nganeyami lokho akusoze kwenzeka ... eyami ingane icane -  
yenzenjane uma idlwengulawa .... abantu okufanele ukuthi  
babekwe icala abantu besilisa iabo abalala nowawonke umuntu  
..... ingane incane kanti futhi ayiyezi indaba yokudlwengulwa ...  
ingane ayisoze nje yabekwa icala uma iphaqelelwa amadoda  
aqinile ....

INTERVIEWER : *Unawo yini umbono ngengcubzi kanye lekuhlukunyezwa ngokuya  
ocansini?*

RESPONDENT : Ngingathi nje nganeyami, lomuntu omncane ongakane aye  
ocansini useyadlwengulwa umuntu wesilisa, useke wathanda  
waba nengulazi, angayi thelela ingane ngesikhathi eyidlwengula  
.... lokho kuyeziwa nje .....

INTERVIEWER : *Uma kuthiwa nje ingane yomunye womndeni wakho idlwenguliwe  
wawuzoyelapha kanjani?*

RESPONDENT : Ngingayigeza kuleyondawo ethenteka khona ebese ngiyisa  
emaphayiseni lapho ezotholakhona ukuchazelwa ukuthi  
kwenzelke kanjani... kodwa namhlanje umbona ehambe  
ngaphondle kwasejele engaboshiwe.

INTERVIEWER : *Wake wamulapha umuntu ohlukunyezwa ngokocansi na?*

RESPONDENT : Yebo sengike ngelapha izingane eziningi lapha ..... iulendawo.

INTERVIEWER : *Ubelapha kanjani?*

RESPONDENT : Ngiyabageza ngigeze nalesositho somzimba ebese ngibayisa  
emaphoyileni .... Ayikho into engingayenza kumuntu  
ohlukunyezwe ngokocansi .... lowomuntu kufanele ukuthi aye  
esibhedlela nasemaphayiseni .... ayiko into engingayenza .....  
uma ingcolile ngiyayigeza ngiyidlulisele kwabamhlophe .... angeke

ngikwazi ukusiza umuntu ohlukunyezwe ngakocansi ....

kufanele ukuthi baye enkantolo noma esibhedlela.

*INTERVIEWER : Kungabe umntwane uke akhohlwe ukuthi uhlukunyezwe?*

RESPONDENT : Izophatheka kabi impilo yayo yonke, impilo yakhe yonke ngenge muntu wesifazane osemncane isiyonakele ..... ngobalowo uhlukumezayo akalingani naloyo ohlukunyezwayo, futhi ukwenza ngenkani ... anginawo amandla omuntu owake wahlukunyezwa ngokocansi, engingakwenza nje ukuthi hlanze uma esebuya esibhedlela .... ngangamuhlanza ngaphakathi ebese ngumuyejisa endlini encane.

*INTERVIEWER : Kungabe labantu abakwazi ukuhlukunza izingane kufanele ukuthi basizwe noma bajeziswe noma kokubili?*

RESPONDENT : Angisho ukuthi bangasizwe, lababantu bayizonakali, kufanele ukuthi bajeziswe ..... uyabona mnfanami, lababantu bayizonakali, bafike umuntu bamdlwengule banbulale nabo banginga ukuthi babulawe .... bahlaliswe ejele isikhathi eside ..... uma umdlwenguli kuwumuntu osemncane, kufanele ukuthi ahlale ejele ezwe ubuhlungu .... kubuhlungu ... akuve ngiphatheka kabi .... ngiyakhuluma nje anginawo amandla ekubulala umuntu..... kodwa ukuba nganginawo ucelenbe bengizomgenca abe yiziculu .... sifike sizale izingane ebese abantu bafike bezindlwengula bazibulale zibe zisancane .... cha mntanami kufanele ukuthi zijeziswe.

*INTERVIEWER : Uma ucabanga nje ukuhlukumezeka kwezingane kungavimbeleka yini?*

RESPONDENT : Kufanele ukuthi kukhulunywe ngayo ebese yaziwe uhulumeni, ukuhlukunyezwa kwengane ngokocansi kuhlazo ukukhuluma

ngako emhlabeni wonke .... labobantu kumele ukuthi bajeziswe ngenya yokuhlukumeza izingene ngalendlela ..... lababantu okufanele ukuthi bajeziswe abajeziswa ..... bekungangcono ukuthi bakuhlukumeze kuphela kodwa bangakububeli ..... kodwa bayakwenza lokho ..... nomangabe ukufa kungenele ..... kumele ukuthi kukhulunywe ukuze kuvikelwe.

*INTERVIEWER : Uma ucabanga ungakwazi ukusiza ekutheni ukuhlukunyezwa kwezingane kuvimbeleke na?*

*RESPONDENT : ..... Kuvikelwe ngayiphi indlela? Ngoba ngishilo ukuthi angikwazi ukumsiza umuntu ohlukunyezwe ngokocansi, kufanele ukuthi baye enkantolo nase ... zibhedlela .... Angazi ukuthi ngingakuvikela konjani .... njengoba ngingazi ukuthi ngingenza kanjani .... umthetho usezandleni zikahukumeni futhi kufanele ukuthi izineke lezizilwane.*

*INTERVIEWER : Umgakwazi ukuthi usebenze kanye nalabantu abanolwazi lokuhlukunyezwa kwezingane na?*

*RESPONDENT : Angazi .... angazi ukuthi ngingasiza kanjani ngobaziningi izigelekeqe .... futhi kwenzeka zonke izinsuku.*

*INTERVIEWER : Kungabe ikhona into othanda ukuyisho mayelana nokuhlukunyezwa kwezingane?*

*RESPONDENT : Lendlela yokuhlukunyezwa kwezingane ... ngihlale ngikhuluma ngayo futhi ihlala njalo isemgondweni wami .... uma umntwana wami ephuza ukubuya ekhaya ngike ngihambe ngimbeke ukuze ngazi ukuthi yini edale ukuthi aphuze ukubuya esikoleni .... izigebengu ziyokhululwa .... bangamudlwengula umntwana ebese bebonakala behamba emgaqweni ngosuku olulandelayo .... ngaphandle kokuthi baboshwe .... ayabona ukuthi izinkantolo*

azinakikanjani ... zinawo amandla ekuthi zibabophe ... kodwa  
azikwenzi lokho. Akufanele ukuthi bayekwe bakhululwe  
amakhothi kufanele ukuthi bahlaliswe kabi bangakutholi  
ukuphumula bezwe ubuhlungu .... ukuba benginawo amandla  
bengingahlala nalabantu enkanto abayizi lwane, bengingeka  
ngibokhulule ..... Bengingabazwisa ubuhlungu futhi basebenze  
kanzima bangakutholi ukuphumula ..... futhi bebengakhululwa  
uma sebedadala ngaba bangaphinde bakwenze lokho uma  
beshesha bededelwe ejele .... bangaphinde benze into eyodwa  
futhi .... ukube nginamandla ... bengizothi nje ababoshwe ukuze  
bangakutholi ukuphumula.

RESPONDENT 5

BIOGRAPHICAL INFORMATION :

AGE : 49 years

SEX : Male

LEVEL OF FORMAL EDUCATION : Tertiary, Diploma in Business Management

YEARS OF PRACTICE : 15 years

TYPE OF TRADITIONAL HEALER : Inyanga

NUMBER OF PATIENTS PER DAY : Approximately 30 (combined practices)

AREA OF PRACTICE : (1) Empangeni (urban)

(2) Ngwelezane (semi-rural)

*INTERVIEWER : What does child sexual abuse mean to you?*

RESPONDENT : This occurs when the structure of the family is no longer together .... a mother may be working away from home and also because of unemployment and a move away from customs .... it is when a child is raped or interfered with in a sexual way ... she can be very young and the perpetrator could be her father, step-father and relatives ... it is not only when a child is raped .... touching a child's naked body in a sexual way is also called sexual abuse .... there are many such cases in this area ..... it is a big problem .....

*INTERVIEWER : Do you think that child sexual abuse is sometimes right or wrong?*

RESPONDENT : I cannot comment on that ... maybe sometimes a child is jealous of her father's love for another woman .... then she will say she has been abused to gain his affection ... maybe it is very wrong in small children of 6 and 7 ..... they do not understand about sexual things ... it is wrong to harm a child by raping her ... this is unacceptable .....

*INTERVIEWER : In your opinion, do you think it occurs in all areas?*

RESPONDENT : I think that there has been an increase in rural areas .....a big increase .... but it happens in towns and cities maybe more in the cities .... such as Durban and Jo'burg .... here in Empangeni it happens .....

*INTERVIEWER : What do you think causes child sexual abuse?*

RESPONDENT : There are many causes .... and there are many reasons ... the thing is related to a cultural belief in "good luck" .... the abuser might have been instructed by an inyanga to commit incest in order to find good luck ... if you sleep with your child .... your own daughter ... it is part of a custom to get good luck .... sometimes,

the child in the family might not come from the father .... it might be his step child ... he might sleep with the child to spite the mother to say that the child is not his .....

*INTERVIEWER : Do you believe that this brings good luck to the man?*

RESPONDENT : It is not for me to say ... I do not instruct my patients to do such a thing .... I know of inyangas in the rural area that do this ....

*INTERVIEWER : Do you think boys can be sexually abused?*

RESPONDENT : (Laughs) no .... no .... this is a thing that happens to young girls only .....

*INTERVIEWER : Do you think child sexual abuse happened in the past or is it a thing of the present?*

RESPONDENT : In the past there were customs and laws .... families stayed together ... there were no men working on the mines and the women also stayed at home ... if it did happen in the past ... maybe it happened only for "good luck" ... they did not rape girls this was not allowed ... they used to walk naked and there was no rape ... but now there is rape of young children and people are mentally disturbed ... they have no work ... the family is broken ... this is a present thing ....

*INTERVIEWER : Do you think child sexual abuse happens in all cultures?*

RESPONDENT : I have heard of cases where it happened to white culture, but I think it happens more in poor people and us blacks .....

*INTERVIEWER : Do you think mothers can be blamed if their child is sexually abused?*

RESPONDENT : (Laughs) she is the wife .... there has been lobola paid for her ... she must sleep with her husband ... if she does not he might sleep with the child to spite her .... for always refusing him ... she

can be away from home ... the man has no comfort ... sometimes the wife might bewitch the man to sleep with her child ... then he does not go out and sleep with other girlfriends ....

*INTERVIEWER : Do you think a child can be blamed for being abused?*

RESPONDENT : A child has no say to the wishes of her father .... she must obey him even if he tells her to cook and clean ... not to play in that place and all of those things .... she cannot deny her father if he wishes to sleep with her ....

*INTERVIEWER : Do you have an opinion on Aids and child sexual abuse?*

RESPONDENT : Aids existed long before it was discovered in the late 80's .... a person infected with Aids develops uncontrollable sexual needs ..... then the infected person sleeps with whoever pleases him ... they cannot control this urge .... if it is a male then he would have sex with any female young and old ... the same applies to females ....

*INTERVIEWER : Have you ever treated anybody or a child or a family for sexual abuse?*

RESPONDENT : I work well with the doctors in this area ..... basically I have seen many such cases.

*INTERVIEWER : How do you treat them?*

RESPONDENT : We intervene by referring the sexually abused child for medical treatment .... if I find that there is a sexually transmitted disease after they return from the doctor .... there are herbs to treat this which destroy the carriers responsible for causing the disease ... there is also a meeting with the family for support and to hear what they say about the abuse .... I also go to the home to see that the child is safe and this does not happen again .... if things

are bad I contact the local welfare agency to place the child in a safe place ....

*INTERVIEWER : Do you think a child forgets about being abused?*

RESPONDENT : It would depend .... if raped .... she will be troubled for a while ... I don't know ....

*INTERVIEWER : Do you think that people who sexually abuse children should be helped or punished or both?*

RESPONDENT : It would also depend ... if a child can be helped after being raped ... a father who abuses his child might not need help ... he did it only once and not again ... then why does he need help or punishment ... if he always drinks and has no job and abuses his child .... rapes her, he could be punished and helped by getting a job and stop drinking .... we have herbs for them to stop drinking ... if they kill a child in such a way ... this is very wrong ... they must go to prison ... like any other criminal ... it is wrong to murder ....

*INTERVIEWER : Do you think child sexual abuse can be prevented?*

RESPONDENT : If people have jobs and the home life is good it can stop ... also the government can educate the people about this ... I think it starts with education but for people who cannot control their sexual desires ... I don't know how it can be prevented....

*INTERVIEWER : Do you think that you could help prevent it?*

RESPONDENT : If it is a problem of desire I have herbs ... I cannot give people employment that is for the government to do ....

*INTERVIEWER : Do you think that you could work together with other people who are concerned about child sexual abuse?*

RESPONDENT : As I have said ... I refer such cases to the doctor and welfare ... if to work with other traditional healers I can say that would depend on their attitudes .... to work with me ... they like to work alone for more money ...

*INTERVIEWER : Is there anything else you would like to say about child sexual abuse?*

RESPONDENT : Basically ... it is a big problem here in Zululand .... there are many people unemployed and in the rural areas poor conditions with few clinics ... the children are our nation's future ... we need to educate them ... mothers must take care of their children ... and fathers must stop drinking .....

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