

**EVALUATION OF PROGRAMMES OF SHELTERS FOR
VICTIMS OF ABUSE IN GAUTENG PROVINCE**

by

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I declare that the **EVALUATION OF PROGRAMMES OF SHELTERS FOR VICTIMS OF ABUSE IN GAUTENG PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

.....
SIGNATURE
(JJ Groenewald)

DATE: 17 March 2006

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Summary

This study outlines the results of an evaluation of programmes through a developmental quality assurance process within shelters for abused women and their children in Gauteng Province.

The survey obtained the attitudes and opinions of the social workers/social auxiliary workers and shelter managers towards their services.

The study reflects empirical findings as well as strengths and developmental areas within these shelters.

The results from the study indicate that shelters for abused women and their children are functioning well. However, the Minimum Standards for Shelters are not fully adhered to. Therefore, internal and external evaluations should be used by shelter managers to evaluate their own performance and to improve service delivery.

LIST OF KEY WORDS

- Shelter
- Abused women and their children
- Battered/batterer
- Developmental Quality Assurance
- Strengths
- Developmental areas
- Minimum Standards
- Programmes
- Victim Empowerment Programme
- Victimization
- Justice Crime Prevention Strategy

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
DQA	Developmental Quality Assurance
FGM	Female Genital Mutilation
HIV	Human Immune Deficiency Virus
NGO	Non-Governmental Organisation
STD	Sexual Transmitted Disease
UNICEF	United Nations Children's Fund.
UNFPA	United Nations Population Fund
WHO	World Health Organisation
IOM	International Organisation of Migration

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Chapter 1

General orientation

Introduction

An evaluation study of the services rendered within shelters for abused women and their children in Gauteng Province - South Africa was conducted, in order to understand what is happening within these shelters. The Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) (2004:23–51) were utilised as the baseline tool in evaluating the services in shelters, which is a developmental approach meaning that service providers and the researcher's point of departure is on organisational growth and development.

The Department of Social Development, as the leader in the field of service provisioning, is obliged to provide policy, and to give strategic direction to service providers. The Minister of Social Development stated in the Department's Strategic Plan 2004/05 to 2006/07, that the focus of the department's efforts on travelling the journey from welfare to social development, is a policy direction and implementation shift. The New Dictionary of Social Work (1995:18) defines developmental approach as an approach in Social Work, which at primary level, focuses on individuals as members of families and households who require certain minimum standards for meeting their basic needs. According to the researcher, development in social work means to promote personal growth and to enhance interpersonal relationships.

The contents of this research study includes, amongst others, the research problem, motivation for the study, goal, objectives, research question, research design, research method, sampling, research instruments, method of data collection, validity and reliability, data presentation, definitions of concepts and the structure of the report.

1.1 Research problem

The Domestic Violence Act, 1998 (116 of 1998:2) states that the South African Government recognises that domestic violence is a serious social evil and that there is a high incidence of domestic violence within the South African Society. Victims of domestic violence (children, women and older persons) are among the most vulnerable members of society. The South African government further recognises that domestic violence takes on many forms, those acts of domestic violence may be committed in a wide range of domestic relationships and that the remedies currently available to the victims of domestic violence have proved to be ineffective.

It is perceived that with regard to services to the victim and family members a good understanding of the phenomenon of domestic violence, as defined in the Domestic Violence Act, (116 of 1998:3-6), is necessary for appropriate intervention. Rasool et al (2002:1-162) conducted a National Survey on Violence Against Women. The aim was to inform policy direction on violence against women broadly, and to provide practitioners with information about specific service delivery issues. One thousand (1 000) survivors of economic, emotional, physical and sexual abuse were interviewed across all nine provinces in South Africa. Rasool et al (2002: xvi) detail the experiences of abuse, as that women are most likely to define abuse in terms of physical aspects, even though many may have experienced other types of abuse.

The study finds that eighty percent (80%) experienced emotional abuse; 76% physical abuse; 63% sexual and 62% economic abuse; 32% experienced all types of abuse. All four types of abuse tend to have been experienced over a long period of time. The most common location for abuse is in the home. The study focus group discussions revealed that efforts need to be made to help family members understand the dynamics of abuse and respond appropriately to survivors. Sullivan (2001) is of the opinion that it is difficult to evaluate programmes designed to prevent a negative event from occurring. The survivor is not responsible for preventing, and is indeed often unable to prevent, this negative event from occurring, regardless of her actions. Rasool (2002:66)

further states that besides financial dependence and commitment to children, other reasons why women find leaving abusive relationships difficult, amongst other, are: a lack of housing, day care and support services, fear and isolation. Many of the shelters are full and are temporary by nature. If women do not have appropriate housing, they often relocate to informal settlements, which increases their vulnerability and that of their children. It is clear from the above researchers, that the approach to domestic violence interventions should be based on understanding the dynamics of abuse.

The following motivation guides researcher in planning the research study.

1.2 Motivation for the study

The National Crime Prevention Strategy (1996), adopted by the South African Cabinet in May 1996, focuses on ensuring co-ordination between Government Departments. The first goal is to improve the performance of the criminal justice system and end the culture of impunity where people feel they can commit crimes and not be severely reprimanded. The second goal is to identify and implement programmes to prevent crime. The Victim Empowerment Programme is managed by the Department of Social Development to facilitate the establishment and inter-departmental/inter-sectoral programmes and policies. These are for the support, protection and empowerment of victims of crime and violence, with special focus on women and children and to ensure that the implementation of such programmes and policies is monitored and evaluated at all levels. It also aims at promoting co-ordination between relevant stakeholders (Government and Non-Governmental Organisations) to overcome the provision of fragmented and insufficient services.

The Victim Empowerment Fact Sheet (2000) reflects that the levels of crime have been of concern to the Government of South Africa since 1994. These crimes, related to problems such as women abuse, child abuse, rape and femicide, need a developmental approach model. This model should measure how the service

providers such as social workers, health workers and prosecutors could render efficient and effective services.

The Domestic Violence Act, 1998 (116 of 1998) provides *amongst others* for a protection order to be issued and requires the establishing of shelters for victims of domestic violence.

Section 2 stipulates that:

“Any member of the South African Police Service must, at the scene of an incident of domestic violence or as soon, thereafter, as is reasonable possibly, or when the incident of domestic violence is reported:

(a) renders such assistance to the complainant as may be required in the circumstances, including assisting or making arrangements for the complainant, to find a suitable shelter and to obtain medical treatment”.

Shelters were previously (prior to 1999) only run by non-governmental organizations and the main focus was to enable an abused woman and her children safe shelter. Since 1999, with the promulgation of the Domestic Violence Act, (116 of 1998), Government has engaged with these service providers to subsidise shelters for the services they render to the most vulnerable groups, namely abused women and their children.

The co-operation resulted in the Department of Social Development developing a Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa (2003: 22) that reflects the following objective.

Objective 4:

- Evaluate service delivery through a Development Quality Assurance (DQA) process.

The requirements regarding the implementation of the Domestic Violence Act, only indicates that the police can take an abused person to a shelter. No details

regarding implementation and management requirements are stipulated in the Domestic Violence Act. Furthermore, the findings of this research might require the amendment of registration of shelters in South Africa to be considered within existing policies and proposed regulations of the Domestic Violence Act.

1.3 Goal and objectives

1.3.1 Goal

To conduct research in Gauteng Province – South Africa to determine how shelters for abused women and their children operate.

1.3.2 Objectives

Objective 1

To provide a literature survey on gender-based violence, the cycle of violence and intervention methods to serve as the background for assessing the service rendering of shelters and find some directions for changes in policy and functioning of shelters.

Objective 2

To utilize the existing Developing Quality Assurance model as a monitoring tool in evaluation the programmes.

Objective 3

To highlight the strengths and constraints that can promote or undermine the development of shelters by service providers and thereby indicating its feasibility.

Objective 4

To make recommendations to the Victim Empowerment Management Team that comprises of national and provincial Departments of Social Development.

1.4 Research Questions

The outcome of the research should address the following questions:

- 1.4.1 What constraints do managers, social workers and/ or counsellors experience in rendering services to the clients within shelters?
- 1.4.2 To what extent do the services rendered in shelters for abused women and their children address the victims' needs and their expectations?

1.5 Research design

Rubin and Babbie (1993:92) determine research design as the act of designing the study in its broadest sense, (all the decisions we make in planning the study) sampling, sources, procedures for collecting data, measurement issues and data analysis plans.

The plan to fulfil the objectives is as follows:

1.5.1 Exploratory studies combined with evaluative studies

Grinnell (2001:29) states that exploratory research seeks to find out how people get along in the setting under question, what meanings they give to their actions, and what issues concern them. The goal is to learn "What is going on here?" and to investigate social phenomena. This study is further combined with evaluation research in order to consider the implementation and effects of social policies and programmes, which are in this study the Policy Framework and Strategy for Abused Women and their Children in South Africa (2003) and the Minimum Standards for Shelters (2004).

1.6 Research methods

The following qualitative and quantitative research methods were applicable in this research study:

- Determine the number of known shelters in Gauteng Province for abused women and their children.
- Site visits at shelters by a Developmental Quality Assurance Team. (National and provincial Department of Social Development)
- Open-ended combined with closed-ended questionnaire to:
 - Shelter managers – population under review. (Annexure A - page 133)
 - Shelter managers who forms the sample (Annexure D – page 149)
 - Abused women. (Annexure E – page 152)

1.7 Sampling

According to Grinnell (2001:207–223) sampling is defined as the selection of some units to represent the entire population from which the units were drawn. The respondents called units of analysis by Rubin & Babbie (1992) who will provide the data for the study should be specified, which are in this research study the number of known shelters for abused women and their children in Gauteng Province. Non-probability sampling was applied, because the probability of selection cannot be estimated. Convenience sampling, sometimes called availability sampling was utilised in the research design due to the participation and availability of shelter managers at the day of the site visits. According to Collins in McKendrick (1990:269-271) a non-probability sample implies that:

- Some members will be assured of selection.

Availability and purposive methods will be utilised. Convenience – shelters for abused women and their children that are known in the field of service, which are “typical” in Gauteng Province.

According to Grinnell (2001:207-209) the first step in selecting a probability sample, is to compile a sampling frame. The sampling frame is that collection of units having a possibility of being selected. The population of interest in this study is defined as all shelters for abused women and their children in Gauteng Province as on 1 January 2005, as reflected in Table 5.1.

Sample 1 Population: Known shelters in Gauteng Province as on 12 November 2004

A self-administrated questionnaire was sent by fax and posted to the known population, which was twenty-four (24) shelters in Gauteng Province on 15 March 2005.

The projection was to draw a sample from the respondents when receiving the first questionnaires back, that would represent the entire population from which the units will be drawn. Unfortunately, only two questionnaires were received back during April 2005. A follow-up letter was sent during June 2005, to the remaining shelters with the request to participate or to indicate a reason for not participating. Due to the slow response from respondents the researcher applied non-probability sampling, which is defined by Grinnel (2001:208) as the probability of selection that cannot be estimated, and it is difficult to determine the representativeness of the sample at that stage, which was June 2005. The researcher made regular follow-ups by telephone calls.

Sample 2 Respondents: Shelter managers who participated in completing the questionnaire

Thirteen completed questionnaires were received back, which forms the sample of respondents in the shelters under review in this research study.

Sample 3 Respondents: Assessment of customer satisfaction

Ten abused women within one shelter in Gauteng Province were randomly selected to participate in the self-administrated questionnaire during a site visit and are reflected in Tables 5.11 to 5.12.

1.8 Research instruments

The following instruments were utilised in the research study:

- Quantitative questionnaire to the population (shelters) under review. (Annexure A – page 133)
- Follow-up letter to shelters managers – second call for participation. (Annexure B – page 145)
- Telephone calls to shelter managers to established reasons for not participating.
- Principles: Self administrated questionnaire. (Annexure C – page 146)
- Assessment at shelters: Minimum Standards for service delivery in shelters for abused women and their children. (Annexure D – page 149)
- Assessment of customer satisfaction. (Annexure E – page 152)

1.9 Method of data collection

The measuring instruments are:

- Self-administrated questionnaires and establishing a register for record keeping. (faxed, postal and follow-ups by telephone)
- Interview schedules. (administered by researcher)
- Self-anchored and rating scales.
- Team approach: Pilot study at a shelter to determine the applicability of utilizing the existing Developmental Quality Assurance combined with the Minimum Standards for shelters for abused women and their children.
- Site visits to shelters (administered by the researcher).
- Questionnaire: Client satisfaction.

- Format for data collecting were developed.

1.10 The validity and reliability of the research instrument

1.10.1 Validity

According to Kiresuk & Lund (1976:349) and confirmed by Oppenheim (1979:69) validity is the extent to which an instrument measures what it is supposed to measure. Validity constitutes face, predictive and content validity. Kiresuk & Lund cite Manger et al (1975:19) describe face validity as:

“The intuitive appeal of a measuring device ...the extent to which it looks like it should measure what its developers claim”.

To execute the validity, questionnaires and site visits by the researcher have proved face validity, because the respondents were clear about the purpose of the research, which comprises of, amongst others, administration, capacity of the shelter, admission requirements, profile of abused women and their children, services and programmes available within the shelters, financial statements and projections.

The population consisted of 23 shelters for abused women and their children in Gauteng Province. The sample comprised of 13 shelters (57%) which completed the questionnaires. The respondents answered the questionnaires independently and by doing so, achieved validity.

1.10.2 Reliability

Oppenheim (1979:69) emphasises that reliability refers to consistency – to obtaining the same results again. The scales used by researcher were adapted from the Likert scale and the Department of Social Development’s Financing Policy – Awards to Service Providers (2004:29-30), which enable the

respondents to have a greater range of answers i.e.: respondents answered a range of questions as opposed to answering a single statement.

1.11 Data presentation

The method of data collection will be a standard approach and format as designed in the existing Developmental Quality Assurance model within the Department of Social Development. The Statistical Program for Social Science (SPSS) (quantitative) system and the Atlas TI (qualitative), that arrange and order data in table findings in the form of means, medians, modes and percentages where applicable, will be utilized. The scale of measurement will be nominal.

The graphic presentations of the data will enable the researcher and the reader to have a visual presentation of what is being measured and shows what the situation is in shelters in Gauteng Province. Furthermore, the Developmental Quality Assurance focuses on developmental areas and strengths and provide a clear understanding of what shelters need to focus on to improve service delivery as well as what they could be proud of with regard to service delivery and provision of services.

1.12 Definitions of concepts

- **Developmental Quality Assurance**

Developmental Quality Assurance (DQA) is a process whereby a team conducts a DQA in order to ensure that services rendered are effective and efficient and clients are satisfied with the quality of service they received. (Working definition adapted from the Draft Transformation of the Child and Youth Care System: 1998:3)

- **Shelter**

According to the Department of Social Development's Policy Framework and Strategy for Shelters for Victims of Domestic Violence (2003:5), a shelter is a residential facility providing short-term intervention in a crisis situation (two weeks up to approximately six months as the need dictates). This intervention includes meeting basic needs (protection, food, clothing), as well as support, counselling and skills development, amongst others. The intervention further advocates the rights of the victim and strengthening of the victim's capacity.

- **Domestic violence**

The definition in terms of the Domestic Violence Act, 116 of 1998, covers domestic violence as follows:

Physical abuse, sexual abuse, emotional, verbal and psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property, entry into the complainant's residence without consent, where the parties do not share the same residence, or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or well-being of the complainant.

1.13 Structure of the report

The study counts of 6 chapters structured as follows:

- Chapter 1 - Introduction.
- Chapter 2 - Gender-based violence.
- Chapter 3 - Statutory provision.
- Chapter 4 - Shelters for abused women and their children.
- Chapter 5 - Research method and results.
- Chapter 6 - Conclusions and Recommendations.

Chapter 2

Gender-based violence

Introduction

This chapter will elaborate on the cycle of violence, why women remain in domestic violence relationships, the link between domestic violence, child and animal abuse and other behaviour symptoms. It will also illustrate real life stories of abused women and the need for shelters.

Shelters for abused women and their children are not a new initiative. The South African Government's contribution and initiatives regarding shelters have been on the Government's Agenda since 1999. This happened simultaneously with the implementation of the Domestic Violence Act, 116 of 1998, and with the adaptation and ratification of international obligations to support, protect and empower women as well as to establish gender equality. The intention of this chapter is to bring about an understanding of the phenomenon of abusive relationships.

2.1 An overview of gender-based violence

The United Nations Population Fund (UNPF) Gender Theme Group (1998: 5) defines gender-based violence as “violence involving men and women, in which the female is usually the victim, and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community).

The Women Report on Gender-based Violence (April 2000:2-3) states that gender-based violence occurs in all societies and is largely not refined. Such violence occurs within the home or in the wider community and affects women and girls disproportionately and further state that women are vulnerable to violence at all stages of life. The Integrated Training on Domestic Violence Manual (2002:17-21) confirms that women and children are often in danger in the place where they should be safest – within their families. For many, home is where they face a regime of terror and violence at the hands of someone close to them – somebody they should be able to trust. Those victimised usually suffer physically and psychologically, and are constantly afraid of repercussions if they speak out. The effects of domestic violence can be severe and may result in death. For instance, the most dangerous time for women is when they say they will, or make an effort to leave the abusive relationship. The social, health and legal interventions are therefore critical in reducing or eradicating abuse within the domestic sphere.

The United Nations Population Fund (UNPF) (1998:3) indicates that reliable data on the incidence of gender-based violence are scarce, especially for developing countries, there is an increasing body of knowledge indicating that it is widespread and common. It occurs in a broad context of gender-based discrimination with regard to access to education, resources, and decision-making power.

Oppong et al (1994:29) state that sexual coercion, exploitation and harassment in various forms need to be more explicitly recognized and addressed, particularly in terms of the consequences for AIDS prevention. In this regard policies and programmes to protect girls and women and promote equality of opportunity and treatment in places of education, training and employment will be crucial.

It is crucial to address the link between HIV, AIDS and domestic violence within this chapter to increase the knowledge level and explore possible consequences on heterosexual relations. The 16 Days of Activism Report on

No Violence Against Women and Children (2003:3) reflects that in the last 20 years HIV and AIDS has become a formidable challenge as morbidity and mortality of able-bodied individuals have increased significantly. The implication of morbidity and mortality is the adverse effect on social and economic development of countries hard hit by the epidemic. Available evidence shows that the impact of AIDS is felt at all levels of society, but much of the impact is borne at individual, household, family, and community levels. HIV and AIDS poses a problematic challenge both in terms of policy and programmes within shelters for abused women and their children. The researcher is of the opinion that programmes within shelters should address the issue of HIV and AIDS prevention on a continual basis.

Jacobs (2003:1-3) indicates that violence against women is both a cause and consequence of HIV and AIDS infection. Jacobs is of the opinion that violence against women is deeply rooted in patriarchal stereotypes and gender roles, which often result in the abuse of women being “normalised” or legitimized within domestic relationships. Physical violence, the threat of violence, the fear of abandonment and other forms of domestic violence are powerful factors which prevent women from talking about fidelity, sex and condom use, or leaving relationships that might put them at risk of HIV infection.

Maman (Jacobs 2003:1-3) recognizes that HIV and AIDS and violence against women overlap in the following ways:

- Increased risk of HIV infection as a result of coerced sexual intercourse.
- Limits to women’s ability to negotiate HIV preventative behaviour.
- Increased risk of violence as a result of disclosure of their HIV status to partners.

2.2 The cycle of violence

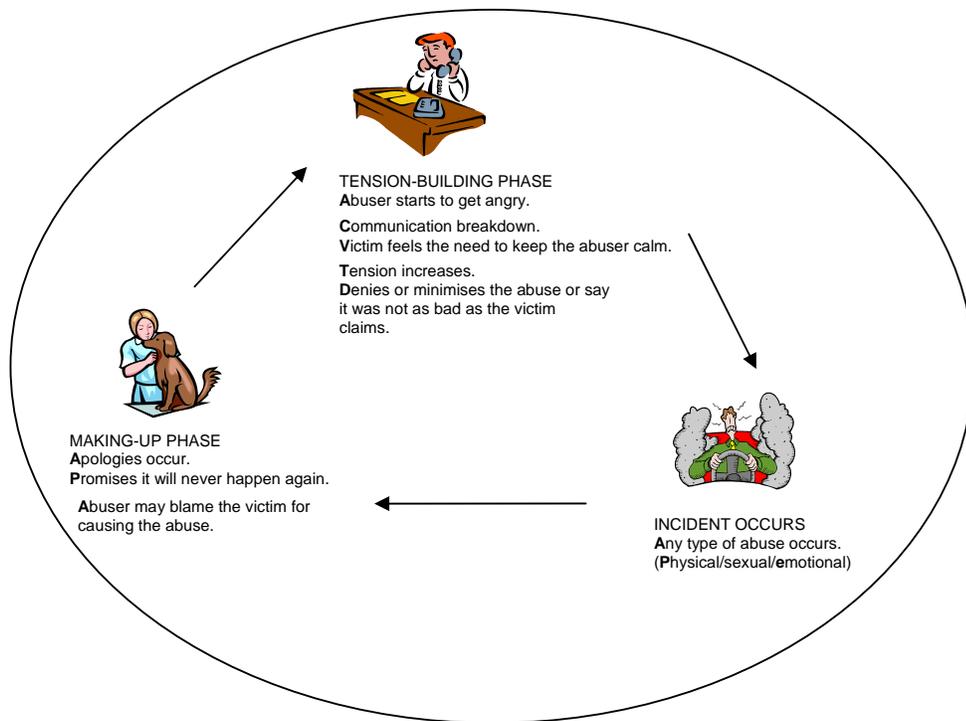
According to the Integrated Training on Domestic Violence Manual (2004:27)

the cycle of violence can happen more than hundreds of times in a single abusive relationship. The “cycle of violence” in a violent relationship consists of three phases: (Walker 1979:55-70)

- The tension-building phase.
- The acute battering episode; and
- The aftermath: loving respite.

Each stage lasts a different length of time in a relationship. The total cycle takes its own duration, from a few hours to a year or more to complete. Some detail regarding the cycle of violence is outlined in Figure 2.1 to increase the readers understanding of this phenomenon.

Figure 2.1 Cycle of violence: Adapted form The Integrated Training on Domestic Violence Manual (2004:27)



The tension-building phase is self-explanatory. The woman senses that the man is becoming edgy and more prone to react negatively to any trivial frustration. Many women learn to recognize incipient violence and try to control it by becoming nurturing and complacent or by staying out of the way.

The woman often experiences her partner's behaviour in this phase as being legitimately directed towards her and internalizes the task of keeping the situation from exploding. The woman who has been abused over time, usually knows when the tension-building phase aggravates, but often denies this knowledge to help herself cope with the abuser's behaviour. During this phase fear is the basis of the woman's coping ability in the relationship.

The incident occur phase is known as the explosion phase. The explosion phase is when the abuser loses self-control against the victim. Many men report that they do not start out by wanting to hurt the victim, but only want to teach her a lesson as reflected in the Integrated Training on Domestic Violence Manual (2004:27). The physical violence usually starts with pushing, shoving, shaking, hair pulling or beating with open hands or clenched fists. In many instances, the violence aggravates to the extent of leading to the death of the victim or the abuser. This scenario often occurs where dangerous weapons or firearms are used.

In cases of physical abuse, there may be visible injuries inflicted on the victim, especially if the abuser is inexperienced and most probably ignorant of the legal consequences. Most victims become extremely grateful when the violent attack ends. They often consider themselves fortunate that it was not worse, no matter how bad their injuries are. They will often deny the seriousness of their injuries and refuse to seek immediate medical attention.

The third phase is the making-up phase. This is a period of calm, loving and contrite behaviour. The abuser appears to be genuinely remorseful for what he has done. In an intimate relationship, his worst fear may be that his partner will leave him. He will try as hard as he can to make up for his brutal behaviour. He may sincerely believe that he can control himself and will promise himself as well as to the victim never to hurt her again. On the other hand, the victim wants to believe that the abuse has come to an end. Her abuser's reasonableness and loving behaviour during this period also support her desperate desire for a change. She usually feels responsible for her own conduct that led to the violent attack. She may also feel strongly responsible for the abuser's well-being.

Du Toit et al (1998:37) states that all behaviour, does not matter how strange it may sound or look to the outsider, does have one or other motive or goal. During this cycle of the making-up phase the abuser and the victim experience feelings like guilt, anxiety and most probably resolve not to let it happen again. During this phase the abuser will treat the victim with respect, love and affection. Researcher's experience in the field of violence against women illustrated that there are, during this calm-phase, always feelings of uncertainty and anxiety – with the emotional question, when is the attempt at violence going to happen again?

The above-mentioned cycle may differ from family to family. It is however, important for the service provider to take into cognizance that sometimes the “making-up” and “calm” phases disappear. In some cases, abusers never express sorrow for their behaviour. In some instances the victim reacts in such a way that she does not deny or minimize the violence. She may however refuse to co-operate with the law enforcement agents due to use of threats, violence and intimidation by her abuser.

Generally, relationships, which involve any level of physical violence evidence, have a recurring cycle of behaviour. Therefore, it is important for service

providers to understand the dynamics of the cycle of violence to intervene effectively by:

- Reminding the victim of the similar remorseful periods in the past.
- Predicting a return to the tension-building phase.
- Explaining the likelihood of more frequent and severe episodes of violence in the near future.

Researcher's experience is that abused women/victims often seek assistance from the Magistrate of Police between the acute battering phase and the honeymoon phase as outlined in Figure 2.1. The abuser is often on his best behaviour and pressurises the woman/victim to withdraw charges. Once the charges are dropped, the cycle of violence begins again with the tension-building phase.

2.2 The voices of abused women

Researcher rendered volunteer group-work services at a shelter in Pretoria during 2004. During these group-work sessions the following life experiences of women were heard and are reflected in the way they wrote it. (limited editing made by researcher)

Anonymous One

I'm a lady of 34 years of age from Polokwane. I'm the eldest child of my parents. I was a very quiet child when growing up. I never got the love that I expected from my mom. Most of the time I'd do the job in the house while my younger sisters and brothers were allowed to attend school. I was called by all the terrible names you could think of by all my relatives in the house. I felt my whole life so humiliated and unwanted.

Luckily all my brothers and sisters were successful and got married but the sad part is that I was unemployed and unsuccessful. The bad treatment at home got worse and I got involved with the first guy who showed interest. He never gave me a lot of love and attention. I fell pregnant and had a baby. My mom loved the child but not me, so I decided to take the child to his father.

Then I went to school at Kwa-Ndebele to complete my matric. I started to enjoy life but it was all about boyfriends and money. Still I couldn't find love, I went back home and seeing that there was no love, I left. I left my boyfriend and got involved with other men. The relationships were based on sexual intercourse. I couldn't find what I was seeking for. I started asking for money from strangers, lying to people just to get a place to stay and food. Even though I wanted to trust God for everything it was not easy because life was not easy. I met a lady in the streets of Pretoria who directed me to this shelter. I had a bed and food and that was all that I could ask for. I signed a three months contract with the shelter and since then started to look for jobs. I did everything I could but couldn't find anything.

Anonymous Two

I grew up in a home with very strict parents. Especially my mom, at times I felt like she was stricter with me than the others. At 18 years my mom died and she had a policy drawn in my name. My brother was very jealous. I couldn't further my studies so I got involved with this guy who promised to marry me and we stayed together in a flat at Pretoria. Life was so difficult, he was abusing me and he was very cheeky. There was nothing I could do to fight him. I got pregnant and had a baby. The bad treatment continued and my brother on the other hand made a false death certificate to take my money before me. Fortunately my mom told the people who are supposed to give me my policy money to watch out for him. Luckily I got the money. I used the money to further my studies and took some to my family. That's when my boyfriend started to hate me more. He bought us food and everything but it was too bad.

He then had an asthma attack and died. I told myself I wouldn't be involved with a black man again. I was insolvent, and sold some things in the house until I heard of shelters. I started staying at Mercy house and then moved to Enoch's house where I met this wonderful gentleman. I fell pregnant again. We were planning to get married and then everything started to go wrong. We felt like we don't really love each other enough to get married. We went separate ways but the baby was growing. He claimed to love the baby but he never came to see the baby. He didn't even phone to find out if we are fine. He knew where we were but he didn't care.

So I got to a shelter called the Potter's house where I learned more about God and that as people we are the same and special in the eyes of God. I had a lot of anger and pain, but through the advice from social workers and the people around me, I got better. But it is still difficult, now that I have two children with different fathers. I am earning R1000 a month, my children must go to school. The one is 8 years old and the other is 2yrs old. Through all of these I learned God's love. I learned that even though things could be that bad, there will always be people to help you out.

Anonymous three

My name is Susan. I have been married for over 20 years and have five children. Three of them are married, and there are six grandchildren. The abuse from my husband started early in my marriage, but in a very subtle way. There would be a shove, or ugly words, but I thought this is normal. It got worse and worse. When I realized what was happening, that I was being abused, it was too late to get out. I remember the fear I lived with, waiting for my husband to come home each day. I tried to keep the house in perfect order in the hope that this would stop the abuse. Then the day came when my husband, who was a deep-sea diver, attacked me with a harpoon and machete.

My son saved my life by shielding me with a car tyre that was close at hand. He lost part of his finger as a result.

I was referred to this shelter, where my stay was a healing and instructive one. During part of my stay I shared a room with a schoolteacher. The two of us voluntarily took on creating some activities for the children at the shelter. When the teacher left, I continued.

The shelter did not have a solid funding base and food remained the responsibility of the women residents. During my stay I organized the women to make nourishing menus with the available food and money.

When I left the Shelter, I returned to my home and to my husband. He had frequently abused alcohol, but during my stay in the shelter, he realized his need for treatment and attended an alcohol treatment programme. He has remained sober and has since accepted God into his life. Life has not been perfect or easy, but it has been worth the effort and commitment. I am now working full-time at the shelter and part of the management team. I have attended various courses in an attempt to understand fully the issue of violence against women so that I can work effectively with other survivors of domestic violence.

2.4 Reasons for women to remain in the same abusive situation

During a workshop that the researcher attended at the University of the Western Cape during 2003, the discussion groups highlighted some of the reasons why women do not report abuse. The following reasons were produced by the group and are not verified:

- Fear of abuser.
- Loving the abuser.
- Shame of stigma.

- Do not see it as abuse.
- Dependency.
- Fear of police and legal system.
- Low self esteem.
- Accepted abnormal as normal.
- Lack of support system.
- Hope for change.
- Fear of what will happen to the children.
- Breaking up family.
- Increase of violence.
- Ignorance of social and justice system.
- Lack of education. Do not know their rights (with children).

2.5 Explanations as to why abused women may also abuse their children

It is important for professionals to have an understanding of why abused women may also abuse their children in order to direct interventions. Some reasons given by Davimes (2003:20-21) are as follows:

- Battered women may batter their children in order to prevent the male abuser from battering the children.
- The mother may also be battering the children in order to “discipline” them so they do not anger the male batterer causing abuse towards both the mother and the children.
- The mother may abuse her children out of frustration of their own abuse and as a means of gaining back some power and control.
- Women may also abuse their children if they associate the child with the abuser. This may occur as a result of the abuser using the child to participate in the abuse against the mother, if the child was conceived

through marital rape and if the child looks or behaves like the abuser. Counselling would then be necessary to help the mother separate the child from the abuser in her mind.

2.6 The link between domestic violence, child abuse and animal abuse

Davimes (2003:22-23) describes that dysfunctional families may abuse both animals and children and it is not uncommon for humane workers (animal welfare workers) to observe child neglect or abuse and for welfare workers to observe animal abuse or neglect. Lacroix in Ascione and Arkow (1999), argues that shared characteristics of women and children as victims of family violence can easily be extended to family pets. Victims of family violence share common traits. For example, women, children, and animals have historical status under the law as property, which means their rights under the law have been superseded by conflicting rights of their abusers. Unlike women and children who have had their rights increased by reform movements, animals continue to be the losers when their interests are weighed against the possessory, use, and enjoyment interests of their owners. Women, children and family pets share the results of their abusers' misuse of power and control. They further share economic dependence, strong emotional bonds, and an enduring sense of loyalty to their abusers. Lacroix (1999:64-66) elaborates on the close relationship between the pet owners and their pets, given the weight of evidence indicating that people have "human-like" relationships with their pets, it will be an act of ignorance not to include family pets in this pool of potential victims.

Davimes (2003:22-23) calls for the urgent link between inter-disciplinary training and intervention, so that family violence and abuse, be it spousal, child or animal abuse, can be prevented and treated in a collaborative and more effective manner. Davimes (2003:23) further argues that abusive parents or adults may kill or threaten to kill children's pets to punish or threaten them, or to obtain their compliance in satanic cults or sexual abuse. Children may kill their own pets in order to prevent the abuser from doing so, or they may kill

their pets as a dress rehearsal for their own suicide. Children may suffer from shame and guilt around their own abuse but may find it easier to disclose the abuse of their pets.

Battered women often remain trapped in violent homes because they fear for their pets' lives or because they are aware that no-one will take care of their animals if they leave. The effects of domestic violence are greatly increased when animal abuse is involved, especially with the knowledge thereof or abuse in front of the children.

A third form of animal abuse that may occur in families is when disturbed children perpetrate violence against their pets or other animals. This represents a dangerous lack of ability to empathise and has often been noted as a predictor for future anti-social crimes. Jorgensen and Maloney in Ascione and Arkow (1999), emphasise that not all children who abuse animals will grow up to become mass murderers, nor do all children who are abused become abusers themselves. However, it is becoming apparent, that many persons who abuse animals were themselves abused as children.

Cohen in Ascione and Arkow (1999) indicates that the good news is that experts are finding that compassion and empathy can be taught. Therefore, they have added specialised human education to their curriculum in order to teach compassion and empathy. He further encourages more in-dept analyses of the link between people and animal abuse, so that communities can be taught these personality attributes to our youth. Today's animal abusers need not continue these despicable actions and become tomorrow's dangerous felons, thereby perpetuating the cycle of violence that has taken such a devastating toll on our society.

2.7 The link between child abuse and domestic violence

Fisher (1999:26) suggests that the term victim should be broadened to include not only those who have been targets of criminal acts or who have been directly

injured by physical violence, but should also include those who are witnesses to violence. Having been an “eye-witness” to domestic violence is not however, the only way in which children are traumatized. Many children also describe very traumatic events that they have not visually experienced, but that they have heard. Whilst some children are able to describe the violent events in detail as a result of hearing them from the next room, other children are forced by the abuser to watch or participate in the abuse against their mothers. Whilst this has an obviously degrading effect on the woman, it also adds to the confusion and torment of the children.

In South Africa, we are only just beginning to understand the phenomenon of domestic violence and therefore the effects of marital conflict on children have been almost completely ignored. Therefore it is imperative to look in this study towards the link between child abuse and domestic violence. Children who were subjected to domestic violence or who are subjected thereto should form part of the holistic services rendered by service providers as a method of prevention. Hester et al (2000:30–63) found that a number of aspects are apparent such as:

- That the domestic violence perpetrator may also be directly–physically and/or sexually–abusive to the child.
- That witnessing violence to their mothers may have an abusive and detrimental impact on the children concerned.
- That the perpetrators may abuse the child as part of their violence against women.

Some of their findings show that, in order to develop professional understanding of and practice in relation to child abuse, we need to recognize that children often experience a mixture of physical, sexual and/or emotional abuse. Focusing on only one aspect of these different forms of abuse can therefore be false. Similarly, where there is both domestic violence and child

abuse, professionals need to examine the whole picture. The researchers emphasize that child abuse in the context of domestic violence has to be understood as gendered, that is, not as family violence carried out by family members or parents, but specifically as violence and abuse primarily carried out by men against their children and female partners. The researchers indicate that a wide range of research has found that witnessing violence to their mothers can have a detrimental impact on children, tantamount to emotional abuse or psychological maltreatment.

The researchers found that there is no uniform response to living with domestic violence. Children’s responses vary enormously, with some children being affected far more than others, and children within the same family can be affected differently. Each person and therefore each child’s experiences and reactions are unique, which are confirmed by Du Toit et al (1998:4). Every person’s experiential world is central, personal and continually changing. It includes both conscious and unconscious experiences. This is known only to the individual, which means that outsiders can only form an idea of an experience if the individual tells them about it.

2.8 Physical and psychological manifestations in children

The wide range of effects children might experience in circumstances of domestic violence can include behavioural, physical and psychological effects, which may be short term and/or long term, and outlined by Hester et al (2000:30-63) below:

Table 2.1 Physical symptoms and psychological symptoms

Physical symptoms	Psychological symptoms
Physical injuries, including bruises, broken bones.	Feeling guilty/to blame.

Being protective of mother and/ or siblings: by physically intervening, withholding information, getting help etc.	Disruptions in schooling and living arrangements.
Fear/insecurity/tension.	Self-blame/bitterness.
Aggression/anger to mother and/or others (including other adults and siblings).	Truancy/running away.
Introversion/withdrawal.	Developmental delays in young children.
Bed-wetting.	Difficulties with trusting others.
Sleep disturbances.	Ability to negotiate difficult situations.
Weight loss.	Low self-esteem.
Sadness/depression.	Highly developed social skills.
Self-harm.	Poor social skills.
Social isolation.	Emotional confusion in relation to parents.
Secretive/silent/unable to tell.	Difficulties at school.
Nightmares.	Advanced in maturity and in sense of responsibility

Table 2.1 reflected physical and psychological behavioural symptoms that children might experience and therefore service providers such as social workers and shelter managers should be aware to address such special needs of children within shelter programmes.

2.9 New risk situations: Consequences for separation

Risk situations may occur when a woman leaves the relationship. Social workers should be aware of such consequences and address options with abused

women during intervention. A safety plan should be developed with the abused woman as part of her Individual Development Plan during counselling sessions.

Davimes (2003:19-29) demonstrates that battered women are often at the highest risk of death when they separate from the batterer. It is at the separation stage in the relationship that the violence often escalates and the risk of abuse toward children also increases. When a woman threatens to leave and when she does leave the relationship, she is at the greatest risk of being murdered by her abuser. Many women are killed in the months immediately after ending the relationship with abusive men, than at any other time.

Once the parents have separated there are a number of new risks that arise for the children:

- Witnessing physical or verbal abuse of the parents when they meet with each other.
- Abduction and use of the child to force the woman to return to the relationship.
- Interrogating the child about the mother's activities, which increases the child's sense of divided loyalty.

Batterers who abuse their adult partners often also abuse their children. Davimes (2003:19-29) reflected in her study that in 1994, a study was conducted by the American Humane Society revealed that 45-79% of battered women in shelters reported that their husbands had also perpetrated some form of child abuse. Their studies concluded that child abuse is 15 times more likely to occur in households where domestic violence is present as opposed to where there is no adult violence. Another way in which domestic violence is linked to child abuse is that children are often hurt when getting involved in domestic violence in order to protect their mothers, or by merely being accidentally hurt in the "line of fire". Abused mothers may also abuse their children. Battered mothers are twice as likely to abuse their children than mothers who are safe.

As male abusers become more aggressive towards their partners, so male abuser aggression towards their children also increases. The same is true for a woman, in that as their partner's aggression towards them increases, their own aggression towards their children also increases.

Hester et al (2000:62-63) demonstrate that some clinicians and researchers have linked the trauma of experiencing and witnessing domestic violence with the impact exemplified by post traumatic stress disorder. This is seen as a type of enduring anxiety disorder following exposure to a traumatic event. In the context of domestic violence it may be particularly difficult and stressful for children to deal with the fact that the trauma is occurring at home, undermining the child's notions of safety and protection from harm. The child may react in ways consistent with the symptoms of post traumatic stress disorder.

However, the reactions may become apparent [as indicated by Hester as she refers to Jaffe, Wolfe and Wilson (1990:72)] much later than the traumatic event and may therefore, be difficult to link to the original trauma:

... the notion of post-traumatic stress implies that children who chronically witness wife abuse in their homes may display emotional symptomatology at some point in time that may be quite far removed from the initial traumatic events.

Hester et al (2000:62-63) are further of the opinion that children witnessing domestic violence have tended to be minimized by professionals, even though in some cases this might cause the child to react in ways consistent with the symptoms of post traumatic stress disorder.

Conclusion

The dynamics of domestic violence is an ongoing research challenge. Although the cause and effect of domestic violence relationships are difficult to understand, the fact remains that society must respond to the victims. The voices of women illustrate the cycle of violence and the diverse problems that victim's of domestic violence experience. It also express what service providers, such as shelters and social workers, are confronted with on daily basis. A history of rejection, unstable relationships, low self-image, dependent children, violence, protection, support, the need to belong and a safe place to stay are important elements in situations of domestic violence. Difficult circumstances, which place women's lives at risk often call for use of shelters allowing women to come in contact with themselves.

The following chapter outlines the statutory provision.

Chapter 3

Statutory provision

Introduction

After 1994 the South African Government has ratified several international instruments related to domestic violence, which have sought to achieve an integrated response to violence against women. The following should be seen as the most important ones, which form the international framework within which South African legislative and policy should be seen. One of the main legislation frameworks to address domestic violence issues is the Domestic Violence Act, which we will first focus on followed by some international and national instruments.

3.1 International instruments

3.1.1 The United Nations Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

CEDAW, (December, 1995:3-29) reflects that international conventions and legislation are just beginning to translate into action at a level that can effectively protect women – the level of families, communities, and even national governments. The initiatives are a beacon for women at the grassroots, where there are efforts to pull the issue out of the closet and to clearly define gender-based violence as a problem for society. The phenomenon of abusive relationships remains untouched and has been studied primarily from the perspective of married couples (wife and a husband or spouse).

CEDAW further states that domestic violence against women must be stopped. No husband, father, family member or boyfriend may hit a woman or abuse her in any way. If a woman is abused, she can ask the police and the courts to help her. CEDAW confirms that violence against women is an aspect of discrimination. Sovereign states need to provide direct support to victims of gender-based violence, including shelters, especially trained health workers, rehabilitation and counselling services. The Women's National Coalition (1994: 9-15) reflects in the Women's Charter of South Africa, which calls for social services for women as a basic right. Services such as counselling, pensions and disability grants must be available to women in need. Signatories should guarantee the protection of women from gender-based violence.

3.1.2 Beijing Platform of Action

The Beijing Conference (1995:7) was the last major international conference that dealt with violence against women. The Beijing Declaration states amongst others the following:

- Acknowledging the voices of all women everywhere and taking note of the diversity of women and their roles (in production, reproduction and community involvement) and circumstances and honouring women for who paved the way and inspired by the hope present in the world's youth.
- Recognising that the increasing poverty affects the lives of the majority of the world's people, in particular women and children, with origins in both the national and international domains.

The dedication of countries all over the world to unreservedly address these constraints and obstacles and thus enhancing the advancement and empowerment of women all over the world, and agree that this requires urgent action in the spirit

of determination, hope, co-operation and solidarity, now and to carry us forward into the next century. To promote, protect and intensify efforts to ensure equal enjoyment of human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement, because of such factors as their race, age, languages, ethnicity, culture, religion, or disability, or because they are indigenous people.

The Declaration signed by governments (including South Africa) at the Beijing Conference (1995) committed themselves to protect women from violence through:

- Funding programmes and research aimed at eliminating violence against women and the dissemination of research results.
- Creating appropriate laws, monitoring them, and punishing offenders.
- Setting up programmes to protect, compensate and heal women survivors of violence.
- Training service providers.
- Funding shelters and ensuring they provide holistic care.
- Supporting awareness campaigns and encouraging the media to address the issue in a positive and constructive way.

This signing and ratification of the international conventions were largely the result of pressure from activists in the violence against women sector and the need for government to align its initiatives with that of the international community.

3.2 South African instruments and legislation

3.2.1 The Constitution of the Republic of South Africa Act, 108 of 1996

The first piece of legislation in the Bill of Rights in the Constitution of the Republic of South Africa (1996) in clause 12, states the Freedom and Security of the Person. The Bill of Rights states that everyone has the right to freedom and security of the person, including the right to be free from all forms of violence and from either public or private sources. It also states that everyone has the right to bodily and psychological integrity, which includes the right to security in and control over their own body.

The Constitution of the Republic of South Africa (1996: Article 1) defines discrimination against women, as gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm, of suffering threats of such acts, coercion and other deprivations of liberty. Gender-based violence may breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence.

Gender-based violence, which impairs the enjoyment by women of human rights and fundamental freedoms under general international law or under human right convention, is discrimination within the meaning of Article I of the Convention.

These rights and freedoms include:

- The right to life.
- The right not to be subject to torture or to cruel, inhuman or degrading treatment or punishments.

- The right to equal protection according to humanitarian norms in time of international or internal armed conflict.
- The right to liberty and security of person.
- The right to equal protection under the law.
- The right to equality in the family.
- The right to the highest standard attainable of physical and mental health.
- The right to just and favourable conditions of work.”

3.2.2 The Domestic Violence Act, 116 of 1998

The culmination of the above-mentioned international and national obligations and the findings of various researchers of the factors prevalent in South African society regarding domestic violence, has led to the promulgation of the Domestic Violence Act, 116 of 1998. The Act was implemented on 15 December 1999.

The main purpose of the Act is:

- To afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide.
- To introduce measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act.
- To convey that the state is committed to the elimination of domestic violence.

The Act recognizes the following:

- Domestic violence is a serious social evil.
- There is a high incidence of domestic violence within South African society.

- Victims of domestic violence are among the most vulnerable members of society.
- Domestic violence takes on many forms.

Acts of domestic violence may be committed in a wide range of domestic relationships; and the remedies currently available to the victims of domestic violence have proved to be ineffective. Therefore, the Domestic Violence Act (1998:1-2) makes provision to address a wide range of different types of abuse as defined below.

3.2.2.1 Definition of domestic violence

Domestic violence is defined in the South African Domestic Violence Act, 1998 (116 of 1998) in terms of a broad definition of “domestic relationship” in which violence can occur, including the parent of a child or “persons who have or had parental responsibility for that child”, as well as sharing the same residence.

Section 1 of the Domestic Violence Act (1998:1-2) defines the act of domestic violence very broadly. Forms of abuse in terms of the Domestic Violence Act are as follows and may include some of the actions as stipulated under each sub-heading as reflected in the Integrated Domestic Violence Training Module (2004:23–25) and by other researchers such as Cahn and Lloyd (1996:1-6).

3.2.2.1.1 Physical abuse:

- Shoving, slapping, punching, kicking, throttling, biting and beating up.
- Assault with objects, guns, knives or any other dangerous weapons.
- Threats to shoot or kill the victim.
- Burning the victim with petrol, benzine or any other inflammable substance.

- Any act or threatened act of physical abuse to a person (that any include any of the above acts).

3.2.2.1.2 Sexual abuse:

- Rape, attempted rape, indecent assault.
- Forcing the victim to perform sexual acts she is uncomfortable with.
- On-going verbal abuse with sexual slurs such as bitch, whore, slut, etc.
- Forcing the victim to watch pornography and/or act out the pornographic material.
- Forcing the victim to have intercourse or perform sexual acts with friends, colleagues or strangers.
- Unwanted infection with HIV and sexual transmitted diseases.

3.2.2.1.3 Economic abuse:

Selling of shared property amongst others livestock, matrimonial house or any premises without the consent of the victim.

- Accessing a joint bank account for personal use without the consent of the victim.
- Preventing the victim from being employed or earning an income.
- Employing the victim without a salary.
- Not paying maintenance.

3.2.2.1.4 Emotional, verbal and psychological abuse:

- Constant insults, ridicule or name-calling.
- Constant humiliation privately and/or publicly.

- Constantly showing obsessive possessiveness or jealousy, which results in a serious invasion of the victim's privacy, liberty, integrity or security.
- Sleep deprivation.
- Ongoing accusations of infidelity.
- Repeated threats of violence or death to cause emotional pain.
- Constantly blaming the victim for all his problems.

3.2.2.1.5 Intimidation:

- Sending written or verbal death threats to the victim.
- Sending beheaded dolls, small coffins, dead flowers or dead pets to the victim.

3.2.2.1.6 Harassment:

- Repeatedly watching the victim outside or near her house, workplace, school or business premises or any place where she happens to be.
- Repeatedly loitering outside or near places where the victim happens to be.
- Repeatedly phoning the victim or causing any other person to phone her whether or not the caller speaks to the complainant.

3.2.2.1.7 Stalking:

- Constantly approaching the victim and asking or demanding to talk to her against her will.

3.2.2.1.8 Damage to property:

- Breaking a window or door to gain entry into the victim's house.
- Deflating the tyre/s of victim's car.
- Burning the complainant's and /or children's clothes or gifts he bought for the victim.

- Cutting, breaking or damaging (in any other manner) shared furniture.
- Selling the victim's belongings without consent.

3.2.2.1.9 Entry into complainant's residence without consent:

- Using a duplicate key to gain access may also constitute domestic violence.

3.2.2.1.10 Any other controlling or abusive behaviour toward the complainant where such conduct harms or has the potential of causing imminent harm to the complainant's safety, health and well-being.

3.2.3 The Independent Complaint Directorate

In terms of the Domestic Violence Act, No 116 of 1998, section 18 (c) instruct the Independent Complaints Directorate to submit a report to Parliament biannually, regarding the number and particulars of matters reported to it in terms of Section (4) (a), and setting out the recommendations made in respect of such matters. The Executive Director's First Report of the Independent Complaints Directorate (2000) on the Implementation of the Domestic Violence Act reflected, amongst others, the following:

- Officials in the South African Police Services are not adequately trained to deal effectively with abused women. Mitchell (2003:114) confirms that she has identified a pattern when women report abuse to the police at Lenasia Police Station. These women experienced secondary victimization at the hands of the Lenasia police when reporting abuse. As a result, many women started to refrain from reporting abuse to the Lenasia police for the following reasons:
 - Bribery and corruption (dockets disappearing, cases being withdrawn).

- Police not helping because they did not want to get involved in domestic issues.
- Police not taking the problem seriously.
- Police blaming the survivor.

Further problems experienced within South African Police Services and confirmed by social workers during the second phase of the Department of Social Development's Domestic Violence Training (2000:3-8) are insufficient training, lack of police vehicles to act when a complain is lodged, and the issue of sustainability of domestic violence projects.

The South African Police Services Strategy establishes Victim Friendly Facilities at each police station in the following ten years. At present 112 Victim Friendly Facilities are established at Police stations to prevent second-victimization. (Victim Empowerment Programme Management Meeting Progress Report (November 2005).

- The service providers experience that there is insufficient shelters for abused women and their children in provinces.

The lack of shelters and support services for victims, such as counselling services for abused women, are some of the major problems that the police have to deal with when handling domestic violence cases. Insufficient services make it difficult for the police to provide a proper service to victims of domestic violence. The Executive Director's First Report of the Independent Complaints Directorate (2000) recommended that the ¹Department of Social Development should address the problem of lack of shelters for abused women. Station commissioners have to be encouraged the police officials to liaise with the Departments of Health and Social Development, regarding provision of support services. The provincial Victim

Empowerment Co-ordinators from the Department of Social Development¹ as the lead department are responsible to establish or revive integrated provincial forums, in each province to address, amongst others, mutual concerns to enhance performance effectively and efficiently.

3.2.4 Recognition of African Customary Marriages Act, 120 of 1998

African customary marriages are dealt with differently from other customary/religious marriages. In the past, the law reinforced its refusal to recognize African customary marriages by declaring that any subsequent civil marriage would render the previous customary marriage automatically void. This is no longer the case and now it is the subsequent civil marriage to another woman (being one other than the wife by customary law) that will be void.

African customary marriages are now also governed by the Recognition of African Customary Marriages Act, 120 of 1998. In terms of the Act, the following is amongst others, important to service providers in the field of social science:

- Section 6 of the Act specifically entrenches the equality of the spouses:

“The wife in a customary marriage has in all aspects a status equal to that of her husband.”

- Section 2 provides that the Act shall be retrospective in effect, thereby ensuring that the perceived benefits of the Act will also attach to customary marriages already in existence at the time of promulgation of the Act.

¹ Department of Social Development refers to other provinces as the Departments of Welfare and Population Development

- In terms of Section 4, persons in a customary marriage may enter into a subsequent customary marriage – but not a civil marriage. Where there is already a wife according to customary law, the Act only permits a civil marriage if such ceremony is intended to convert the existing customary marriage to a civil marriage. In terms of the Act, where a husband seeks to take a second or subsequent spouse according to customary law, he must first make an application to the Court with the purpose:
 - To suspend all property consequences of existing marriages; and
 - To divide property according to the matrimonial property regime existing between the parties.

Compensation recovered, becomes the money of the injured spouse and does not form part of any shared, joint estate.

Furthermore, a spouse whose marriage relationship is affected because of the other sexual relationship with a third party, may claim damages from the third party. Such damages may be pursued irrespective of whether the spouses reconcile or proceed with a divorce action. In both cases mentioned above, the Small Claims Court would have competent jurisdiction, depending on the amounts claimed.

3.2.5 The Prevention and Treatment of Drug Dependency Act, 20 of 1992

Section 29, of the Prevention and Treatment of Drug Dependency Act 20 of 1992, provides protection to persons who-

- lives with an individual who may be described as being dependent on alcoholic liquor or dependence-producing drugs and in consequence thereof squanders

his means or injures his health or endangers the peace or in any other manner does harm to his own welfare or the welfare of his family;

- because of his own misconduct or default (which shall be taken to include the squandering of his means by betting, gambling or otherwise) habitually fails to provide for his own support or for that of any dependant whom he is legally liable to maintain;
- habitually begs for money or goods or induces others to beg for money or goods on his behalf;
- has no sufficient honest means of livelihood; and/or
- leads an idle, dissolute or disorderly life.

The Act makes provision for a written complaint (on oath) and a report from a social worker detailing the social circumstances of the person against whom the complaint is directed. The court can summon the parties and hold an enquiry. The purpose of the enquiry is to assess whether the person against whom the complaint is directed requires treatment. If the answer is affirmative, the court has discretion to order the compulsory admission of the person for treatment.

Padayachee and Singh (1998:67) state that whilst such detention may be viewed as an invasion of a person's rights, it can be justified on the grounds of being in the detainee's best interests and in the interests of the family and society.

3.2.6 Women's Charter of South Africa

The Women's National Coalition (1994:9-19) calls in their Woman's Charter of South Africa for equality between women and men and girls and boys to start in all areas, in family life, the workplace and schools. A special Commission on Gender Equality will work to promote equality between women and men and will make suggestions to Parliament about which laws discriminate against women and how they should be changed. (CEDAW in South Africa, 1995: 7).

3.2.7 The National Crime Prevention Strategy (NCPS)

The National Crime Prevention Strategy (1996) has, amongst others, identified Gender Violence and Crimes against children as a crime category of particular concern, requiring the focused attention of the departments involved in the criminal justice system. Cabinet has approved the approach within the NCPS that focuses immediate attention on these crimes. The National Crime Prevention Strategy was originally co-ordinated through the Secretary for Social Security from 1996 to 1999. From 2000, the Justice Crime Prevention Strategy and the Social Services Sector Clusters jointly co-ordinated the outcomes and outputs of programmes established by the National Crime Prevention Strategy.

The National Crime Prevention Strategy appointed the Department of Social Development as the lead Department to establish a Victim Empowerment Programme in September 1998. The Victim Empowerment Programme is an inter-departmental and inter-sectoral Victim Empowerment Management Team. It consists of the Departments of Welfare, Health, Education, Correctional Services, Justice and Constitutional Development and the South African Police Service, relevant non-governmental organizations and provincial Victim Empowerment Co-ordinators/Managers. The focus is on vulnerable groups such as women and children.

The implementation of the Domestic Violence Act is executed by an inter-departmental and inter-sectoral Task Team. Each Department took certain responsibilities to operationalise the requirements of the Domestic Violence Act. The Department of Social Development took responsibility for the following:

- To develop a Resource Directory for Victims of Violence and to update the Resource Directory annually.

- The establishing of a Shelter Strategy.
- Training of social workers regarding domestic violence.

Strategic Policies Directors are co-ordinated by the inter-ministerial Security Committee of Cabinet Ministers.

3.2.8 Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa

The purpose of the Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa (2003:2-14) is to provide a strategy for establishing safe shelters for victims of domestic violence. The main aim is to prevent secondary victimization, to break the cycle of domestic violence and to ensure the safety and security of the victim. The Policy outlines Government's concerns regarding domestic violence. Cabinet has requested a consolidated approach with the implementation of the Domestic Violence Act.

Shelters for the prevention of domestic violence are highlighted in the Act as a protective measure to victims of domestic violence. In South Africa, shelters are operated mainly by non-governmental organizations, focusing on vulnerable groups such as women and their children.

3.2.9 Service Charter for Victims of Crime in South Africa

Service Charter for Victims of Crime in South Africa (2004), foreword, by the Minister of Justice and Constitutional Development, reflects that the Service Charter for Victims of Crime in South Africa (the "Victims' Charter") is an important instrument for promoting justice for all. The Victims' Charter is compliant with the spirit of the South African Constitution, section 243, and the

United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. She indicated that the Victims' Charter and the minimum standards are important instruments elaborating and consolidating rights and obligations relating to services applicable to victims and survivors of crime in South Africa. The strategic themes for the implementation of the Victims' Charter are as follows:

- Eliminate secondary victimization.
- Put the victim in the center of the Criminal Justice System.
- Attain and maintain minimum standards.
- Provision for victim's resources.

An inter-departmental committee was established during 2005, to develop the strategy.

Conclusion

All these instruments (international as well as national) provide guidelines and structures to promote protection with regard to the rights of victims. Respect and dignity forms the cornerstone of how we should treat one another and these values should be established in each and every citizen.

Chapter 4 outlines the situation of shelters and intervention methods.

Chapter 4

Shelters for abused women and their children

Introduction

The need to establish shelters in South Africa for abused women and their children was addressed in the strategy for shelters developed by the Department of Social Development, as the lead Department for the Victim Empowerment Programme, during 2003. In this section the researcher presents the situation with regard to shelters and programmes in South Africa and programmes in the United States of America.

4.1 Shelters in South Africa

The Rapid Appraisal of Shelters for Abused Women and their Children (2000) was conducted by the national Department of Social Development. This action was done during 2002, to establish a baseline of existing shelters in South Africa. A follow-up questionnaire was sent to the known shelters during January 2005. The existence of the following number of shelters in South African provinces came to light.

Table 4.1 Shelters in South Africa

Province	Number of Shelters - June 2000	Number of shelters established from 2000 to 2002	Projections for the establishing of shelters from 2003 and ongoing	Existing shelters as on January 2005
Gauteng	16	1	4	24
KwaZulu-Natal	9	0	4	10
Western Cape	8	0	2	19

Eastern Cape	3	0	4	10
Mpumalanga	2	1	0	3
Northern Cape	1	1	1	4
Limpopo	0	0	1	4
North West	0	0	1	2
Free State	0	0	10	10
Total	39	3	27	86

Table 4.1 illustrates that there were 39 shelters during 2000 and there are 86 during 2005. Forty-seven shelters were established during the last five years.

There were no shelters for abused women and their children in 2000 in the following provinces:

- Limpopo
- North West
- Free State

The Department of Social Development, established in partnership with the United Nations Office on Drugs and Crime and three provinces, One-stop service centers with the provisioning of shelters. There are five government One-stop service centers established in provinces that provide temporary accommodation to abused women and their children.

The target group as outlined in the strategy are victims of domestic violence. The Policy framework acknowledges that there are diverse groups of persons who may need safe shelter and accommodation under certain circumstances. Shelters could provide services and accommodation to different groups with special needs, including:

- Victims of domestic violence and abuse.
- People with disabilities.
- Older persons.
- Children of the victim.
- People infected or affected by HIV and AIDS.

The focus of the strategy is to provide a framework for shelters serving victims of domestic violence.

4.2 Shelters in the United States of America (USA)

Available information regarding some shelters for abused women in the USA provides an understanding on how shelters operate in a first world country. According to Quotes/Stats to Vote On (2003:1) www.fact.on.ca/Info/info-dom.htm they state that there are 1, 500 shelters for battered women in the United States. Many of these shelters routinely deny their services to victims of same-sex battering. Every year, 1, 510, 455 women and 834, 732 men are victims of physical violence by an intimate partner. Costello (2003:2) reflects that short term (6-12 weeks) psycho-educational batterer-intervention programmes helped some batterers to stop immediate physical violence, but were inadequate in stopping abuse over time. She further indicates that some batterers became more sophisticated in their psychological abuse and intimidation after attending these programmes.

Table 4.2 present a comparison to highlight the similarities and differences between shelters in the United States of America and South African shelters. Resources consulted for compiling Table 4.2 coming from –

- www.fact.on.ca/Info/infi-dom.htm
- www.dvsheltertour.org/q5.html
- www.domesticviolence.org
- www.compas.org, Webmaster@woodrow.org
- Rapid Appraisal on Shelters for Abused Women and their Children in South Africa (2002).

Table 4.2 Programmes running in shelters in the United States of America and in South Africa

United States of America	South Africa
<p><u>Safe houses</u></p> <p>These are private homes in which owners volunteer to house battered women and their children on a short-term temporary basis. (1-3 nights)</p>	<p><u>Safe houses</u></p> <p>Provincial counterparts within the Victim Empowerment Programme were encouraged to identify Safe houses as an interim measure to protect abused women and their children form further abuse. (duration 1–5 nights)</p>
<p><u>Shelters</u></p> <p>Minnesota Coalition for Battered Women (2003:1-2) shelter provides 24-hour emergency crisis intervention and temporary shelter. (1-60 days, depending on the need).</p>	<p><u>Shelters</u></p> <p>Temporary accommodation: This offers the abused women time to recover from the abuse, and consider options for changing her situation. Without the immediate threat of attack around her. (1 week to 6 months)</p>

Therapeutic services

Individual counselling for women and girls.

Batters – Re-education/treatment programmes.

Parenting time centres.

Therapeutic services

Some shelters do not have counsellors at the shelters and thereby engage with professional services in the community. Some shelters provide the following therapeutic services:

Individual counselling for women – to deal with the emotional issues of women and the impact of abuse on their lives.

Group sessions for women – this form of intervention enables women to provide each other with support and learn from each other's experiences. It also helps build the support system that they so much need at that stage.

Group therapy sessions for the children – the children spend quality time with a therapist to work through their feelings, and about the impact of the abuse.

Family therapy sessions for the women and children – this session focus mainly to enable the woman to address their feelings in such a way that the children understand and visa versa.

<p><u>Programmes</u></p> <ul style="list-style-type: none"> ➤ <u>Developmental programmes</u> Financial Management and household management as well as cooking and cleaning skills. <p>Helping battered women to identify an act on steps toward realising goals in their lives, overcome obstacles and achieve personal success.</p> <ul style="list-style-type: none"> ➤ <u>Empowerment programmes</u> Self-defence classes that enables them to protect themselves. <p>Job creation to generate own income.</p> <p>Develop with the battered woman her own safety plan.</p> <p>Hotline/Crisis telephone number</p> <ul style="list-style-type: none"> ➤ <u>Support</u> Temporary accommodation. Breaking down the isolation that surrounds many women and girls. Sending women and girls the message that their experiences are important. <p>Providing mentoring and self-esteem building.</p>	<p><u>Programmes</u></p> <ul style="list-style-type: none"> ➤ <u>Developmental Programmes</u> Writing of curriculum vitae's, pottery work, art work, bead work, catering, gardening, candle and soap making. <p>Building self-esteem and come in terms with themselves.</p> <ul style="list-style-type: none"> ➤ <u>Empowerment programmes</u> Skills development. Literacy programmes. <p>Develop with the abused woman her own safety plan.</p> <p>Stop Women Abuse Helpline.</p> <ul style="list-style-type: none"> ➤ <u>Support</u> Temporary accommodation. Support her recovery and decision-making process with all resources at their disposal. Assessment group sessions, these group sessions are mainly to discuss the logistical and practical issues that women have to deal with on a daily basis, amongst others, finding a job, transport arrangements to work/school.
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<p>➤ <u>Capacity building</u></p> <p>Training of service providers</p> <p>Affiliation with network of shelters</p> <p>➤ <u>Legal advice</u></p> <p>Legal and systems advocacy and accompaniment. (Legal advocates provide civil, criminal, family, juvenile, and tribal court advocacy).</p> <ul style="list-style-type: none"> • Support groups • Children’s advocacy • Information and referral • Transportation <p>➤ <u>Community education</u></p> <p>Educate communities. (Information sessions)</p> <p>Training of community professionals.</p>	<p>➤ <u>Capacity building</u></p> <p>Training of service providers.</p> <p>➤ <u>Legal advice</u></p> <p>Consultation with legal adviser/s on options for decision making regarding the Domestic Violence Act, maintenance/child support grant and issues of divorce.</p> <p>Court support and court preparation</p> <ul style="list-style-type: none"> • Support groups • Information and referral • Transportation <p>➤ <u>Community education</u></p> <p>Outreach programmes to communities and programmes within the shelter/s in commemoration of national and international Women’s Days.</p> <p>Educational workshops, talks, seminars and school outreach programmes.</p> <p>Training programmes.</p>
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<p><u>Programmes</u></p> <ul style="list-style-type: none"> ➤ <u>Developmental programmes</u> Financial Management and household management as well as cooking and cleaning skills. <p>Helping battered women to identify an act on steps toward realising goals in their lives, overcome obstacles and achieve personal success.</p> <ul style="list-style-type: none"> ➤ <u>Empowerment programmes</u> Self-defence classes that enables them to protect themselves. <p>Job creation to generate own income.</p> <p>Develop with the battered woman her own safety plan.</p> <p>Hotline/Crisis telephone number</p> <ul style="list-style-type: none"> ➤ <u>Support</u> Temporary accommodation. Breaking down the isolation that surrounds many women and girls. Sending women and girls the message that their experiences are important. <p>Providing mentoring and self-esteem building.</p>	<p><u>Programmes</u></p> <ul style="list-style-type: none"> ➤ <u>Developmental Programmes</u> Writing of curriculum vitae's, pottery work, art work, bead work, catering, gardening, candle and soap making. <p>Building self-esteem and come in terms with themselves.</p> <ul style="list-style-type: none"> ➤ <u>Empowerment programmes</u> Skills development. Literacy programmes. <p>Develop with the abused woman her own safety plan.</p> <p>Stop Women Abuse Helpline.</p> <ul style="list-style-type: none"> ➤ <u>Support</u> Temporary accommodation. Support her recovery and decision-making process with all resources at their disposal. Assessment group sessions, these group sessions are mainly to discuss the logistical and practical issues that women have to deal with on a daily basis, amongst others, finding a job, transport arrangements to work/school.
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<p>➤ <u>Capacity building</u></p> <p>Training of service providers</p> <p>Affiliation with network of shelters</p> <p>➤ <u>Legal advice</u></p> <p>Legal and systems advocacy and accompaniment. (Legal advocates provide civil, criminal, family, juvenile, and tribal court advocacy).</p> <ul style="list-style-type: none"> • Support groups • Children’s advocacy • Information and referral • Transportation <p>➤ <u>Community education</u></p> <p>Educate communities. (Information sessions)</p> <p>Training of community professionals.</p>	<p>➤ <u>Capacity building</u></p> <p>Training of service providers.</p> <p>➤ <u>Legal advice</u></p> <p>Consultation with legal adviser/s on options for decision making regarding the Domestic Violence Act, maintenance/child support grant and issues of divorce.</p> <p>Court support and court preparation</p> <ul style="list-style-type: none"> • Support groups • Information and referral • Transportation <p>➤ <u>Community education</u></p> <p>Outreach programmes to communities and programmes within the shelter/s in commemoration of national and international Women’s Days.</p> <p>Educational workshops, talks, seminars and school outreach programmes.</p> <p>Training programmes.</p>
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International programmes	National programmes
Advocate for permanent housing and getting jobs to support their children.	Not existing.
State wide programmes	Not existing.
Transitional shelters is a housing specialist on staff to assist women in locating a permanent residence	Not existing.

With regard to table 4.2, certain services as indicated in the table are elaborated below to present a better understanding of the content of the services.

- Hospital/Clinic Advocacy Programmes. Programmes established within hospitals or clinics to provide advocacy for battered women identified by medical service providers in the delivery of health care services.
- Parenting Time Centers. These are safe locations for exchange of children for visitation and/or supervised visitation. Programmes receive court referrals for supervised visitation. Some programmes offer parenting education.
- Batterers Re-Education/Treatment Programmes. These programmes are established independently or as part of a shelter, community advocacy programme, or intervention project to provide re-education, treatment, or intervention with perpetrators of domestic assaults crimes. Most programmes operate as a component of an intervention project, receiving court referrals as a condition of a stayed sentence. Some of the programmes meet the culturally competent advocacy that meets the basic needs of women from various backgrounds.
- Statewide programmes. Minnesota Coalition for Battered Women Programmes or projects established to advocate on a statewide level on behalf of battered women and their children, including some with a focus on a particular community, such as a cultural specific programme.
- Transitional shelters. In some of the transitional shelters is a housing specialist on staff to assist women in locating a permanent residence. To make the transition easier once they do find housing, shelter staff members work with women who acquire independent living skills such as financial management and household management.

4.3 Good practice model

During June 2000, the then South African national Department of Welfare: Victim Empowerment Programme, facilitated a national meeting with shelter managers in South Africa. At the meeting the Saartjie Baartman shelter, located in the Western Cape Province, presented as a “Good Practice Model” in South Africa, which is as follows.

Saartjie Baartman Women’s Centre and Carehaven Shelters

Carehaven shelter started in 1990 in a small house accommodating an average of eight women and fifteen children who were seeking safe accommodation and counselling. In 1992, Carehaven moved to bigger premises and could accommodate an average of 16 women and 50 children. The staff comprised of:

- One full time shelter worker.
- One part time social worker.
- One flexi time staff member.

Carehaven had an incredibly small budget to execute their functions. During this phase, two important things happened which remain the cornerstones to their work:

Firstly: There was a close working relationship between staff and residents. There was an understanding that the shelter is “owned” by the residents, it is their space to enable them to make informed choices about their lives. The Carehaven programme that grew over these years was a direct response to the needs of the residents with the approach: “the abused woman is the expert on her situation and needs”.

Secondly: Carehaven realized their limitations in the services provided to the abused women and their children and as a result linked up with other

community resources to address the needs. A close networking resulted in order to maximize the counselling services to the residents as well as when they leave the shelter, eg: developing the idea of continuum of care.

In 1996, Carehaven started receiving funding from the Department of Social Services and could move from daily survival to strategic planning and development. Carehaven evolved to a 3-phase programme.

4.3.1 Crisis Intervention

Carehaven is opened 24 hours a day, 7 days a week and there is always staff available, for crisis intervention and to settle a new resident into the shelter, housed in a separate building on the same premises.

4.3.2 Therapeutic programmes

The therapeutic programmes runs over a period of 3-6 months, which includes a strong emphasis on counselling services that comprises of individual and group therapy and job skills training. The children of all ages are also provided with a counselling programme.

4.3.3 2nd Stage Housing

The 2nd Stage Living includes flats made available at low rent, in the same area the shelter is operating, to enable the resident to leave the shelter life but still enjoy the security of being safe and to have access to counselling services when needed. It further allows children to continue attending the same school. The low rent flat also enables residents to save money in order to be able to set up their home away from the shelter.

During 1999, the Department of Social Services of the Western Cape Province, approached Carehaven to established a women's center. Saartjie Baartman shelter was established during June 1999. Other NGOs were accommodated within the Saartjie Baartman building, such as: Rape Crisis,

Network on Violence Against Women, SANCA, Healing Business, NICRO, Child Protection Unit etc. The Women's Centre allows effective networking and solid partnerships between stakeholders to provide a more comprehensive programme and services for abused women and their children. Working in partnerships is also proving to be very cost effective, for example: the partnerships shared expenses regarding the receptionist services and share electronic equipment such as a photocopy machine.

The centre established a strong economic empowerment programme for abused women. In conclusion, Saartjie Baartman Women's Centre has been operating for the past five years and is perceived by the Western Cape Department of Social Services as a good practice model.

Conclusion

From the brief look at international shelter services and programmes it can be concluded that South African programmes and services can be improved. Advocacy programmes at hospitals and clinics, parenting time centers and transitional housing should be established in South African context. There is only one transitional housing model for survivors of domestic violence that is in the Western Cape Province at Saartjie Baartman Women's Centre. Shelters in South Africa are run in collaboration between Government and Non-governmental organisations.

Chapter 5 outlines research method and results of this research study.

Chapter 5

Research method and results

Introduction

The research results include the results of the following research instruments:

- Questionnaire to the population under review, which was twenty-three (23) shelter managers within Gauteng Province. (Refer to Annexure A – page 133 and Table 5.1)
- Unobtrusive method applied at the pilot project. (Refer to Table 5.3)
- Empirical findings of 57% (13) shelters from Tables 5.3 to 5.10 with regard to questionnaire A as mentioned above.
- Questionnaire on practice principles applied in service delivery to thirteen (13) shelters who form the sample for the survey. (Refer to Annexure C – page 146)
- Assessment at shelters: Minimum Standards for service delivery in shelters for abused women and their children from Figures 5.1 to 5.48. (Refer to Annexure D – page 149)
- Assessment of customer satisfaction with regard to the Minimum Standards at shelters. (Refer to Annexure E – page 152)

5.1 Population under review

The following total of 23 shelters located in Gauteng Province on 1 November 2004, were identified:

Table 5.1 Existing known shelters in Gauteng N=23

No	Name of shelter	Town	No	Name of shelter	Town
1	Amcare	Heidelberg	13	NISAA Institute for Women's Development	Lenasia
2	Bella Maria	Vanderbijlpark	14	PAHA	Sunnyside
3	Bethany	Bertrams	15	Polokego West Rand	Krugersdorp
4	Beth Shan	Pretoria West	16	Polokegong Mali-Martin	Bronkhorstspuit
5	Bombani	Alexandra	17	Potters House	Pretoria
6	Eldorado Park	Lenasia	18	POWA West Rand	Florida
7	Faith and Perseverance Community Centre	Eikenhof	19	POWA East Rand	Vosloorus
8	Frida Hartley	Yeoville	20	Thusong WAWA Shelter	Bekkersdal
9	Leamogetswe	Saulsville	21	Toekomsrus WAWA	Johannesburg
10	Leratong	Springs	22	Usindiso	Johannesburg
11	Mercy House	Capital Park	23	House of Mercy	Alberton
12	Mother's Nest	Brakpan			

Due to security reasons and confidentiality, the 23 shelters' physical addresses cannot be published.

5.2 Respondents from shelters

Thirteen completed questionnaires were received back that represents a response of 57%, which are reflected next.

5.2.1 Respondents

Table 5.2 Respondents N=13

Number of shelters	Month of submission of completed questionnaire during 2005	Location of shelter	Code of shelter
1	May	Bronkhorstspuit	001
2	May	Marshall Town	006
3	July	Ekurhuleni	003
4	July	Florida	004
5	July	Springs	009
6	July	Krugersdorp	005
7	September	Pretoria Central	007
8	September	Pretoria West	008
9	September	Gesina	002
10	September	Vanderbijlpark	010
11	October	Sunnyside	012
12	October	Alberton	013
13	October	Lenasia	011
Total = 13	13	13	13

5.2.2. Reasons for shelters in not-participating in the research

An option was given to the shelters to indicate their reason in writing should they not want to participate in this study. From the ten non-participating ones the following reasons were given when the researcher enquired on to the reasons for non-submission:

- Lack of human capacity to execute this function.
- Death of owner of shelter.

- Death of housemother.
- Shelter presently not functioning due to construction work to the building.

A further six shelters did not participate due to the following reasons:

- Mail not opened and returned to sender.
- Questionnaire received, not completed but returned in the self-addressed envelope to sender.
- The reasons regarding three shelters is unknown
- One shelter indicated by phone that they registered the completed questionnaire, but the researcher did not receive it and they did not make a copy of it.

5.3 Research method

The following research methods were applicable in this research study:

- Pilot study – Team approach.
- Site visits to shelters.
- Established a register for record keeping.

5.3.1 Pilot study

5.3.1.1 The purpose of the pilot study

A team of seven professionals, employed by the National and Gauteng Provincial Department of Social Development undertook a pilot study at the Usindiso Shelter for Abused and Destitute Women from 2 to 8 May 2005. The purpose of the study was: To determine the effectiveness in applying the Developmental Quality Assurance Tool model with the requirements of the Minimum Standards for Shelters.

The criteria for choosing the Usindiso Shelter (Code 006) for Abused and Destitute Women as a pilot project were:

- the number of residents the shelter can accommodate; and
 - to determine the feasibility of a Developmental Quality Assurance.
- (See Annexure F – page153).

At the time of the project, the shelter could accommodate 105 residents. Researcher perceived the Draft Transformation of the Child and Youth Care System (TCYCS) as an assessment tool in examining the feasibility and efficiency of all operating procedures to be used in the study. The research project involves data collection, improvements in the instrument and in the execution of data analysis, as reflected by Lin (1976: 198 - 201).

When considering the number of days necessary to conduct the Developmental Quality Assurance, researcher realized that the process and duration would be time consuming. This is evident from the process set out below.

5.3.2 Pilot study process

The pilot study was conducted as follows:

Researcher negotiated with the Victim Empowerment Co-ordinator of the Department of Social Development Gauteng Province regarding the proposed pilot study. The Developmental Quality Assurance Framework and the Minimum Standards of the South African Child and Youth Care System (1998) were utilized as an assessment tool to monitor and evaluate Usindiso Shelter (Code 006) for Abused and Destitute Women. (See Annexure F – page 153). Researcher sent a letter, accompanied by the standardized Principles for service delivery as outlined in Chapter 5, to the shelter, requesting their participation in the research study.

The sequence and duration of the research process were as follows:

Day one:

- General orientation and overseeing to logistics by the task team regarding the content and process of the Developmental Quality Assurance combined with the Minimum Standards for shelters.
- A meeting with the Board and staff members of Usindiso was held with the purpose to introduce the task team and to orientate them regarding the content and process of the Developmental Quality Assurance. Furthermore, to expose the task team to be informed of the Board members responsibilities and functions at the shelter and their perceptions of the services at the shelter.
- Organogram.
- Minutes of meetings.

Day two:

- A Developmental Quality Assurance of the building.
- Task Team feedback session.

Day three:

- A Developmental Quality Assurance at the nursery school on the premises.
- Task Team feedback session.

Day four:

- Case studies.
- Method applied: Interviews with abused women, case records, process reports, annual report and financial report. Interviews with abused women.
- Task Team feedback session.

Day five:

- Interviews with personnel and board members separately.

Day six:

- A meeting with Board members took place to give feedback on the findings of the Developmental Quality Assurance Task Team.
- A working session took place with the Board and staff members to develop the Organisational Developmental Plan.

5.3.2.1 Secondary data from abused women's files

A sample frame of the abused women's files was obtained from the shelter manager. Eleven files constitute the sample profile of the abused women within the shelter as elaborated in chapter 1. The information obtained from their files is outlined next in Tables 5.3 and 5.4.

Table 5.3 Results of secondary data N=11

Respondent	Gender	Race	Age in months	Marital status	Dependent children	Ural/urban	Level of education	Occupation	Income R
A	Female	Black	375	Married	3	Urban	Grade 7	Cleaner	1 500
B	Female	White	605	Married	1	Urban	Grade 8	unemployed	0
C	Female	Black	302	Cohabit	2	Urban	Unknown	unemployed	360
D	Female	Black	210	Unmarried	1	Urban	Grade 7	unemployed	0
E	Female	White	668	Divorced	0	Urban	Grade 9	unemployed	780
F	Female	Black	258	Unmarried	4	Urban	Grade 10	unemployed	0
G	Female	Black	221	Unmarried	2	Rural	Grade 7	unemployed	0
H	Female	Black	423	Cohabit	4	Urban	Grade 10	unemployed	0
I	Female	Black	470	Separated	5	Urban	Grade 10	Domestic worker	0
J	Female	Coloured	499	Married	3	Urban	Grade 11	Security	2 000
K	Female	Black	232	Unmarried	2	Rural	Grade 7	Unemployed	360
Total=11	11	11	4263	11	27	11		11	5 000

Table 5.3 illustrates that eight women are unemployed, one woman received a disability grant and three are employed. Two women received child support grants. In addition, the above-mentioned files indicated that one of the first interventions is to assist the women make applications for identification documents, process to obtain maintenance, child support grants and application for low cost housing at the Department of Housing.

Table 5.4 Main reason for being in the shelter N=11

Respondent	Main reason for being in shelter
A	Husband smokes dagga and caused fights daily.
B	Being forced into prostitution.
C	Disclosed HIV status and been kicked out of house.
D	Was hospitalized twice due to physical abuse from boyfriend.
E	Homeless.
F	Physically abused by boyfriend/s. Four children different fathers.
G	Ran away from home due to rejection of boyfriends and extended family members.
H	Jealousy and daily physical abuse on her and children.
I	Basically on the street and brought to shelter by a Ministry group.
J	Women been burned with boiling water.
K	Came to city with the intention to get a job.
Total=11	

Table 5.4 illustrates that the main reasons why women are in the shelter is due to domestic violence relationships.

5.3.2.2 Lessons learnt from the pilot study

The lessons learnt from the pilot study that informs the investigation of the shelters under review are as follows:

Team approach

An exploratory and evaluation research was conducted as a pilot project at one shelter. The team approach was embarked upon as required within the draft TCYCS - DQA model. (See Annexure F – page 153) This approach is a consultative and participatory process although time consuming and expensive. In spite of its feasibility and effectiveness this approach did not suit the researcher's time frame for the main study. The model was modified for use in the main study and only the minimum standards was utilised to measure service delivery. (See Annexure C – page 146)

Measurement of existing TCYCS - DQA model

The draft TCYCS – DQA is a comprehensive model to apply and to measure it in its existing format at a shelter for abused women and their children as part of the pilot project. The application of this model requires regular follow-up monitoring. This is dependent on human capacity being available. The model is very feasible but it was initially drafted to apply to children and youth in conflict with the law. It therefore needs to be redrafted to apply only for abused women and their children.

Relevant observations to staff at the shelter and board members during this pilot study

A letter was forwarded to the organisation in line with the requirements of the TCYCS – DQA that implies that all staff at the shelter was informed about the

DQA study. (See Annexure F – page 153) During the course of the DQA it was observed that there was an element of uncertainty amongst some staff members, which is to be expected in any evaluation exercise. One senior staff member asked the researcher: “Is everything OK? How are we doing?” It was also established that the social worker’s post was vacant for a long period before the present social worker was employed at the shelter on 2 May 2005. Two social auxiliary workers attended to the needs of the abused women and their children in the shelter during the vacancy. It was also found that certain board members were also staff members. This was brought to the attention of the senior management at the shelter as irregular practice.

The minimum standard of confidentiality was violated as the offices of the counsellors are cubicles and voices and confidential discussions can easily be overheard.

Measurement instrument

The instrument utilised was the assessment: Minimum standards for service delivery for abused women and their children in shelters. (See Annexure C – page 146) The aim was to determine the effectiveness of the assessment tool. It was discovered that some questions actually were two questions in one. This was confusing and therefore the tool was reviewed.

The Organizational Development Plan as a tool known as the TCYCS model is highly recommended due to its transparency and participatory nature. The DQA confirmed the feelings of uncertainty among staff and board members and focussed attention and energy on areas needing development, e.g.:

Objective

- To have a good and sound admission system.

Actions (Each action is connected to a responsible person and a due date).

- To develop a vision and mission
- To review admission criteria
- To review orientation programmes

5.4 Empirical findings of shelters for abused women and their children in Gauteng Province

The empirical findings of the questionnaire results (Annexure A - page 133) completed by shelter managers in Gauteng Province provide the status quo of the 57% shelters as on 25 February 2005 as outlined on the next page in Table 5.5.

5.4.1 Location, registration, duration of programme and occupancy rate as on 25 February 2005

The next table illustrates that all shelters are registered in terms of the Non Profit Organisations Act, 71 of 1997. Seven out of the thirteen shelters run a three-month programme, two other shelters a four-month programme and one shelter a 6 week programme. The table further illustrates that 229 women were accommodated in the shelters, as well as 117 children, whereof 34 teenagers are accommodated in one shelter. The reader should take cognisance that Shelter 009 has operated since January 2005.

Table 5.5 Location, registration, duration of programme and occupancy rate as on 25 February 2005 N=13

Code of shelters	Location of shelters	Shelter registered as a NPO	Duration of programme in months or weeks	Children accommodated by the shelter	Women accommodated by the shelter	Total
001	Bronkhorstspuit	033-805	3	3	11	14
002	Capital Park	014-682	3	9	9	18
003	Ekurhuleni	011-037	3	4	11	15
004	Florida	011-037	3	8	10	18
005	Krugersdorp	665-1725	3	23	28	51
006	Marshall Town	027-723	3	34	93	127
007	Pretoria Central	028-040	4	12	24	36
008	Pretoria West	012-787	4	2	15	17
009	Springs	025-980	3	0	1	1
010	Vanderbijlpark	004-002	6 weeks	5	4	9
011	Lenasia	004-410	6 weeks	6	4	10
012	Sunnyside	020-214	3	7	14	21
013	Alberton	016-772	3	4	5	9
Total	13	13	Duration of programmes: 9=3 months 2=4 months 2=6 weeks	117	229	346

Table 5.6 Management of shelters as on 25 February 2005 N=13

Code of shelters	Does a manager run the shelter Yes/No	Number of staff working in the shelters				Total income 2003	Total income 2004	Total Expenditure 2003	Total Expenditure 2004	Net 2003		Net 2004	
		2002	2003	2004	2005	R	R	R	R	Over expenditure	Under expenditure	Over expenditure	Under expenditure
001	Yes	0	5	6	6	602 565	778 799	208 098	568 969	0	394 467	0	191 830
002	Yes	7	7	7	7	993 259	479 821	1 113 151	475 328	-119 892	0	0	4 493
003	Yes	0	4	4	4	1 511 976	171 870	119 461	1 688 356	0	15 953	0	257 221
004	Yes	4	4	4	4	1 511 976	171 870	119 461	1 688 356	0	15 953	0	257 221
005	Yes	3	4	6	6	unknown	unknown	474 400	493 400	-474 398	0	-493 395	0
006	Yes	0	13	30	25	new	517 134	new	531 501	new	0	-14 367	0
007	Yes	5	6	7	7	347 237	311 285	355 654	400 431	- 8 417	0	-89 146	0
008	Yes	3	3	4	4	303 318	300 308	300 818	298 732	0	2 500	0	1 576
009	Yes	0	0	0	6	new	0	new	0	new	0	0	0
010	No	1	1	1	1	81 7000	83 821	51 840	57 024	0	765 160	0	26 797
011	No	5	5	5	5	4 018 181	3 257 654	928 918	991 732	0	3 089 263	0	2 265 922
012	Yes	0	3	3	3	126 059	0	150 167	0	- 36 108	0	unknown	unknown
013	Yes	0	3	3	3	649 239	1 409 314	764 837	1 186 956	-115 598	0	0	1186 956
Total	13	28	58	80	81	10 880 810	7 481 876	4 586 805	8 380 785	-754 413	3 888 829	-596 908	4 192 016
										Grand Total 3 134 416		Grand Total 3 595 108	

Table 5.6 illustrates that eleven shelters are functioning with a manager and two without a manager. A housemother oversees the management function of the shelter and one shelter function without any staff members from the organisation as they perceived that the services at the shelter should be as natural to any other house environment so that they can be encourage to rely on their own decisions, under the guidance of an staff member from NISAA office, and therefore does not make provision for a housemother.

The number of staff increased each year with the exception of one shelter – code 010. The information with regard to staff for the year 2005 is unknown. Five shelters worked at a loss during 2003, and 7 shelters with an over expenditure. Two shelters from the 13 shelters under review were classified as new shelters and therefore financial statements for them were not available. For the financial year 2004, three shelters over- spent compared to eight shelters that under-spent. One shelter’s data is unknown (refer to shelter 012) and shelter 009 is a new established shelter. Those shelters that over spent calculate to the amount of R596 908. Those shelters should further put in measures to prevent over expenditure. Furthermore, there is a significant change in the income of the shelters, the assumption is that received donor funding that demonstrate a substantial financial income.

Two shelters indicated verbally that the International Organisation for Migration (IOM) were willing to pay shelters for abused women to accommodate women, who were involved in Human Trafficking (refer to shelters – codes 002 and 008). This amounts to R1 000 per woman per month. Language, however, is indicated as a constraint to effective communication between the South African women within the shelters and the foreign inmates.

5.4.3 Capacity, occupancy and racial rate of shelters as on 25 February 2005

Table 5.7 Capacity, occupancy and racial characteristics of shelters as on 25 February 2005 N=13

Code of shelters	Capacity	Occupancy	Racial breakdown				Total
			Black	White	Coloured	Indian	
001	25	14	5	5	4	0	14
002	23	18	12	6	0	0	18
003	28	15	unknown	unknown	unknown	unknown	15
004	25	18	unknown	unknown	unknown	unknown	18
005	48	51	unknown	unknown	unknown	unknown	51
006	105	127	116	5	5	1	127
007	50	36	28	4	4	0	36
008	15	17	5	11	1	0	17
009	20	1	unknown	unknown	unknown	unknown	1
010	11	9	unknown	unknown	unknown	unknown	9
011	22	10	0	2	3	5	10
012	28	21	13	6	2	0	21
013	12	9	3	4	2	0	9
Total	412 (100%)	346 (85%)	182 (53%)	43 (12%)	21 (6%)	6 (2%)	346 (100%)

Table 5.7 illustrates the capacity rate of thirteen shelters in Gauteng Province which can accommodate 412 women with their children. On 25 February 2005, 85% women and children were accommodated in the shelters. One shelter accommodated 22 abused women and children over and above their occupancy rate. Some shelters, as reflected above, did not do a breakdown of the racial groups. Thus, the percentages with regard to the racial groups only reflected a racial breakdown of 8 shelters. However, all shelters indicated during the site visits, as outlined further in this chapter, that they accommodate all racial groups.

5.4.4 Marital status of women within the shelters

Table 5.8 Marital status of women within the shelters as on 25 February 2005

N=13

Code of shelters	Married	Divorced	Widow	Estranged	Cohabit	Unmarried	Total
001	4	3	0	3	0	4	14
002	3	7	0	0	2	6	18
003	2	0	1	5	1	6	15
004	3	4	0	4	4	3	18
005	13	1	0	8	10	19	51
006	15	3	2	15	30	62	127
007	5	5	4	5	0	17	36
008	3	5	0	1	2	6	17
009	0	0	0	0	0	1	1
010	4	1	0	0	1	3	9
011	2	0	0	0	2	6	10
012	3	0	3	7	4	4	21
013	1	0	0	0	4	4	9
Total	58 (17%)	29 (8%)	10 (3%)	48 (14%)	60 (17%)	141 (41%)	346 (100%)

Table 5.8 illustrates the marital status of abused women in thirteen shelters as on 25 February 2005. The highest percentage is unmarried women, followed by married women and followed by those engaged in cohabit relationships.

5.4.5 Education level of women within the shelters

Table 5.9 Education level of women within the shelters as on 25 February 2005

N=13

Code of shelters	Illiterate	Primary school	High school	Matric	Tertiary education	Unknown	Total
001	1	3	3	2	1	4	14
002	10	3	0	5	0	0	18
003	4	7	1	2	1	0	15
004	3	5	3	3	2	2	18
005	15	6	10	2	1	17	51
006	20	23	14	17	0	53	127
007	3	13	5	2	1	12	36
008	0	2	3	6	1	5	17
009	0	1	0	0	0	0	1
010	0	3	1	0	0	5	9
011	0	3	4	3	0	0	10
012	0	4	2	2	3	10	21
013	0	3	5	0	1	0	9
Total	56 (16%)	76 (22%)	51 (15%)	44 (13%)	11 (3%)	108 (31%)	346 (100%)

Table 5.9 illustrates that the level of education of 31% women is unknown, compared with 16% illiterate women followed by 22% women who completed secondary school, 15% women attended high school, 13% women completed matric. Three percent (3%) of women have tertiary education.

5.5 Reasons why women seek accommodation in the shelters as on 25 February 2005

All shelters that participated in the study reflected that the most common reasons why women seek accommodation in the shelters are due to emotional, verbal and psychological abuse, physical abuse, and followed by sexual abuse.

5.6 Needs as identified by shelter managers that will enhance their programmes and/or services

5.6.1 Aids to enhance their programmes or services

The researcher requested shelter managers to identify items to enhance their programmes or services. They indicated the following:

Table 5.10 Aids to enhance programmes or services N=13

Code of Shelter	Aids to enhance programmes and or services
001	Financial assistance with regard to transport is needed. More development skills with regard to training. (The kind of training is unknown) Engage job opportunities.
002	Upgrading of skills development (e.g. typing and computers) is a necessity. Enhance children's programmes. Resources for job placements. Funding for municipality expenditure. Funding to provide stipends for volunteers.
003	Funding for an economic empowerment programme. Funding for shelter maintenance.
004	Sustainable funding with special focus in transport provision for women and their children. Need for own car for shelter. The provision of marketable skills to women.
005	Sustainable government funding. Holiday programme for children. Recreation programme for children. Youth programme. Income generation programme for women.
006	Funding for vehicles, equipment such as computers and maintenance. Funding for proposed programmes/material etc.

007	Funding for office equipment e.g. computers. Funding to establish a second phase housing such as transitional facilities. Establish day care facilities for babies. Increase the quality of therapeutic programmes.
008	Funding to buy another property and to establish a facility for transitional housing. Funding to provide stipends for volunteers.
009	Funding to purchase a stove, computers and sewing machines. Funding to engage in computer literacy classes. Playground for children e.g. Jungle Gym. Establish a facility for transitional housing.
010	Funding to enrol staff and inmates in personal development programmes. Funding to provide the housemother with a decent salary, pension fund and medical aid. Funding to provide stipends for volunteers.
011	Funding to increase staff members salaries. Funding to expand office space. Office equipment. Purchasing of a trampoline for children.
012	Registration and subsidy by the Social Welfare Department. Funding for a going gardening project.
013	Funding to create more posts at the shelter such as for additional secretaries and a full time childcare worker. Funding for office equipment such as computers. Funding for skills development programmes and work opportunities. Funding to establish transitional housing for abused women before entry to the community.

Table 5.10 illustrates that the majority of shelters in the sample indicated that sustainable funding is a major challenge. If more funds are available it will be utilised for, *amongst other*, office equipment, expansion of office space, creating of posts and better salary packages, stipends for volunteers, transitional housing and developmental programmes.

5.7 Developmental Quality Assurance

The Developmental Quality Assurance is the main focus of this research study and therefore thirteen shelters were visited in Gauteng Province from May to October 2005, to conduct a DQA. (See Annexure D – page 149) The researcher made appointments with the managers prior to the visits. Only a part of the Developmental Quality Assurance was used as the researcher decided to take the Developmental Quality Assurance Practice Principles as a baseline and concentrate on the requirements of the Minimum Standards for

Service Delivery in Victim Empowerment (Victims of Crime and Violence, 2004:23 – 51), and as commented on in more detail below. The shelter managers were requested, during the site visits, to complete their own performance appraisal with regard to the principles as follows:

Next to the *principle*, indicate the average with a circle of how your organization perceived your performance. The rating is 1-5:

- 1= Lots of effort from the team and aims are being achieved
- 2= Lots of effort from the team and aims are almost being achieved
- 3= Aims not being achieved
- 4= Very little effort and aims not being achieved
- 5= No effort and aims not being achieved

The results of the shelter managers self appraisal of performance compared with researcher's evaluation is illustrated in Table 5.11.

Nineteen percent of managers are aware of the Minimum Standards for Shelters and most of them have done their performance appraisal as an internal exercise. The need to report on customer satisfaction was identified in the progress of the research and this issue was taken up with one shelter as reported in Tables 5.12 and 5.13. (See Annexure E – page 152)

5.7.1 Principles for service delivery in victim empowerment

The Principles are reflected in Table 5.11. (See Annexure C – page 146)

Table 5.11 Practice principles

N=13

Take cognizance R=researcher

Principle	001%	R	002%	R	003%	R	004%	R	005%	R	006%	R	007%	R	008%	R	009%	R	010%	R	011%	R	012%	R	013%	R	
Accountability	100	100	80	90	80	80	100	88	80	60	80	50	100	80	100	80	100	80	100	80	100	100	80	80	80	80	80
Empowerment	100	90	80	80	80	70	80	80	100	80	80	70	80	80	100	80	80	80	100	80	100	80	80	70	80	80	90
Participation	100	80	80	60	100	60	80	60	100	60	80	60	80	60	100	60	100	60	100	60	100	100	80	60	80	80	60
Family-centred	100	60	80	40	100	60	100	60	80	20	80	20	80	20	100	60	100	60	100	60	100	60	80	40	80	80	30
Community-centred	100	100	80	80	100	80	100	80	80	80	80	70	80	80	100	80	100	80	80	80	100	100	100	90	80	80	90
Continuum of care	100	90	80	90	80	80	80	80	80	80	80	80	80	80	80	90	80	80	80	80	100	100	80	90	80	80	80
Integration	100	100	80	70	80	70	80	60	80	20	80	50	80	80	80	70	100	80	80	80	100	50	100	50	80	80	70
Normalisation	100	100	80	30	80	70	80	80	80	30	80	40	100	80	80	80	80	70	100	80	100	100	80	50	80	80	80
Effective-ness and efficiency	100	100	80	80	100	90	100	100	100	60	80	50	100	90	100	90	100	80	100	80	100	90	80	60	80	80	70
Person-centred	100	80	80	60	100	40	100	40	100	40	80	70	80	40	100	40	100	40	100	40	100	100	100	80	100	100	50
Rights	100	90	100	80	100	80	100	90	100	80	80	60	100	80	100	90	100	90	100	90	100	100	80	80	80	80	80
Appropriateness	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Average % of shelter performance	100%	91%	83%	72%	92%	73%	92%	76%	90%	59%	82%	60%	88%	73%	95%	77%	95%	75%	95%	76%	100%	90%	87%	71%	83%	73%	73%

Table 5.11 illustrates that shelters in general met most of the principles as perceived by the managers/social workers and social auxiliary workers. Furthermore, although the percentages vary from 59% to 100%, the shelters are expected to perform 100% with regard to these principles.

The reader will reach a better understanding of the practice principles, which are aligned with the minimum standards for shelters, as outlined in Figures 5.1 to 5.48.

5.7.2 Minimum standards for service delivery in victim empowerment

The purpose of Minimum Standards (2004:5) is to establish a set of “bottom line” goals for service delivery in victim empowerment. The function of the Minimum Standards is, *amongst others*, to enable service providers to recognise developmental areas and make the appropriate and specific changes. Evaluation of the programmes and services at shelters were conducted which is illustrated in Figures 5.1 to 5.48 of this study. The criteria utilised was the Department of Social Development Score Cards. Researcher elaborated in the study on developmental areas of the shelters under review.

It is important to highlight the function of Minimum Standards for Service Delivery in Victim Empowerment (2004:6):

- Firstly, minimum standards will enable service providers to recognise developmental areas and make the appropriate and specific changes.
- Secondly, minimum standards will ensure that services are rendered in a specific, planned and effective manner.
- Thirdly, minimum standards will ensure that services are monitored effectively in a manner, which promotes quality and guides change and development in service delivery.

- Fourthly, minimum standards in conjunction with practice guidelines will give specific direction to Human Resource Development initiatives, institutions/-projects and organisations.

**5.7.2.1 Minimum Standard: Entry at the shelter
(Engagement/admission)**

Victims of domestic violence are received in a manner (and into a climate) which is caring and safe, and which minimizes trauma and maximizes developmental opportunities during admission processes.

- Service providers describe measures regarding an orientation programme for victims:
 - An introduction to personnel.
 - Information about and access to their case manager.
 - Information regarding expectations.
 - Information on rights, responsibilities and complaint procedures.
 - Information regarding the shelter.
 - Information regarding the plan for their present placement and immediate future interviews, participant observation, document analysis.

Figure 5.1 Compliance with orientation programme N=13

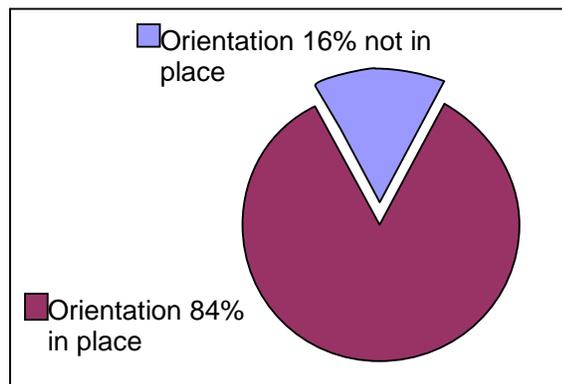


Figure 5.1 illustrates that 84% shelters are well established with an orientation programme for abused women in place. Sixteen percent (16%) shelters need to put measures in place to meet the required minimum standards.

- Service providers describe how victims are engaged in such a manner as to:
 - Acknowledge and contain their feelings and trauma.
 - Demonstrate respect, care and compassion.
 - Acknowledge and respect their relationship with and need for contact with family and or significant other.
 - Facilitate the building of rapport with their caregiver/s.
 - Provide opportunity for choice and decision-making.
 - Meet basic needs.
 - Show respect for their cultural, religious and linguistic heritage.

Figure 5.2 Compliance with engagement N=13

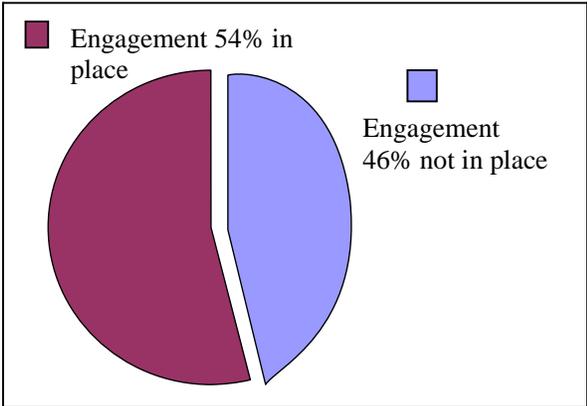


Figure 5.2 illustrates that 54% shelters met the minimum standards with engagement, 46% shelters need to put measures in place to comply with the minimum standard.

- Service providers describe measures to ensure the safety of each victim and the group during engagement.

Figure 5.3 Compliance with safety N=13

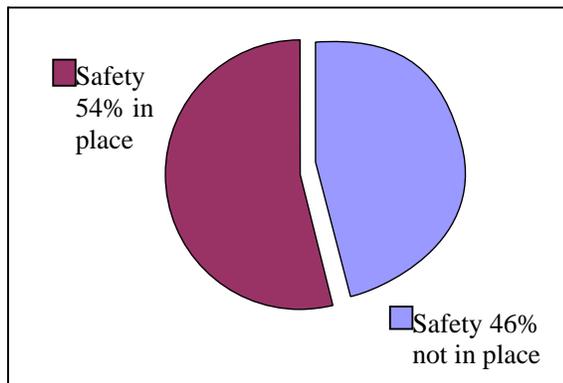


Figure 5.3 illustrates that 54% of the shelters met the safety standard, 46% shelters need to put measures in place to comply with the minimum standard.

- Service providers describe measures to ensure that there is continuity of care for the victims and that the victim understands the link between the previous circumstances, the present placement, and the future plan.

Figure 5.4 Compliance with continuity of care N=13

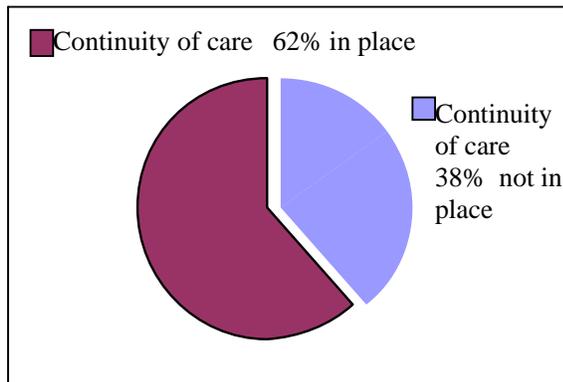


Figure 5.4 illustrates that 62% of shelters met all the minimum standards for continuity of care, 38% shelters need to put measures in place to comply with the minimum standard.

5.7.2.2 Minimum Standard: Safety and Security

Victims of domestic violence receive services in a safe environment in which they are protected from physical, social and emotional harm, or threat of harm, from self and others.

- Service provider ensures that all visitors are screened and monitored and they confirm that fire-arms are forbidden on the premises and that measures are in place to ensure that dangerous weapons are forbidden on the shelter premises.

Figure 5.5 Screened and monitored N=13

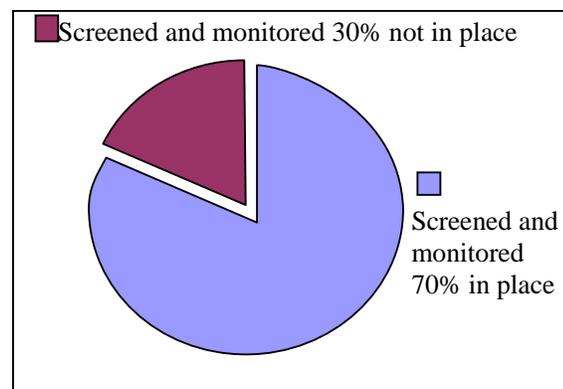


Figure 5.5 illustrates that 70% shelters met all the standards on screening and monitoring, 30% shelters need to put measures in place to comply with the minimum standard.

- Service providers ensure that victims have access to :
 - Emergency numbers.
 - Procedures to report incidents.

Figure 5.6 Rights of victims N=13

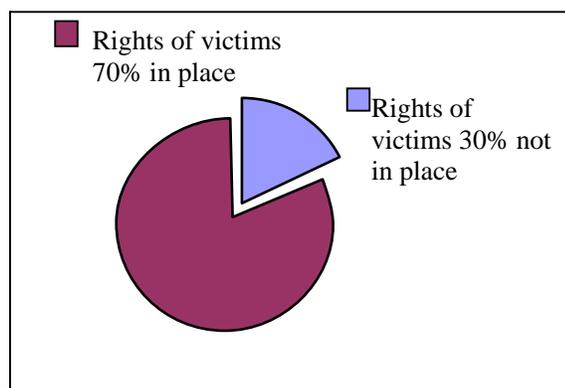


Figure 5.6 illustrates that 70% of all the shelters display emergency numbers, 30% shelters need to put measures in place to comply with the minimum standard.

8.7.2.3 Minimum Standard: Rights of Victims of Domestic Violence

Victims of domestic violence are given information about their rights and responsibilities within the programme, in a manner and form, which takes into account their age, capacity, and linguistic heritage. The following rights been highlighted in the Minimum Standards:

Figure 5.7 Rights of victims (respect and dignity) N=13

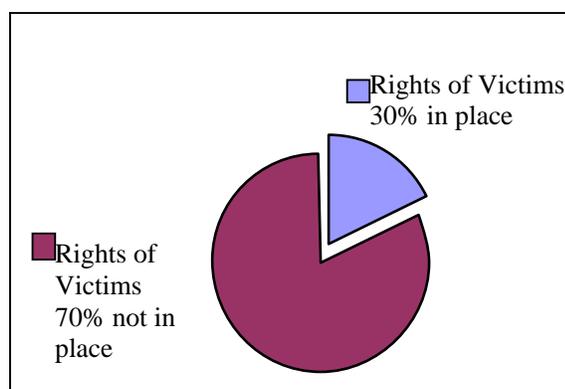


Figure 5.7 illustrates that 30% of all the shelters met the minimum standard on victims rights, 70% shelters need to put measures in place to comply with the minimum standard.

Figure 5.8 Offer information N=13

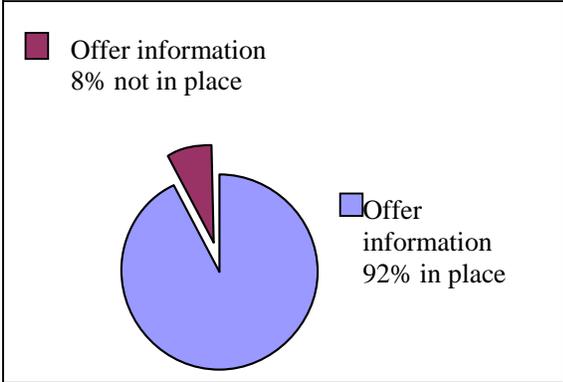


Figure 5.8 illustrates 92% of all the shelters offer information and 8% shelters need to put measures in place to comply with the minimum standard.

Figure 5.9 Legal advice N=13

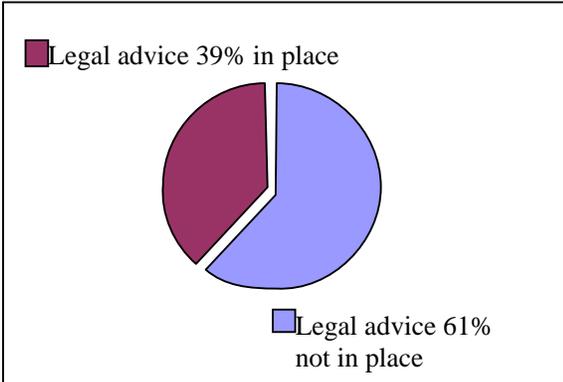


Figure 5.9 illustrates that 39% of the shelters provide direct legal advice from their central offices and or from legal services and 61% shelters need to put measures in place to comply with the minimum standard.

5.7.2.4 Minimum Standard: Complaints

Victims of domestic violence are free to express dissatisfaction with the service provided to them, and their concerns and complaints are addressed seriously, without delay or reprisal.

Figure 5.10 Complaints process N=13

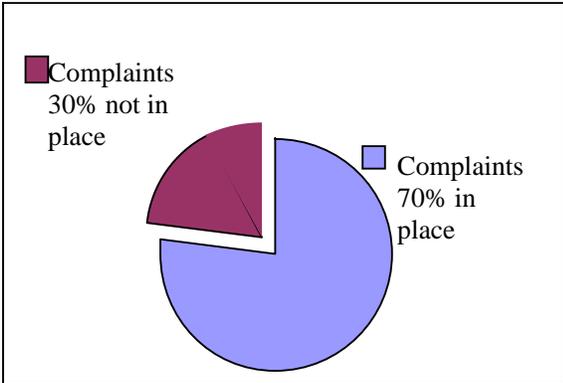


Figure 5.10 illustrates that 70% of the shelters display emergency numbers, 30% shelters need to put measures in place to comply with the minimum standard.

Figure 5.11 Well aware of complaints procedures N=13

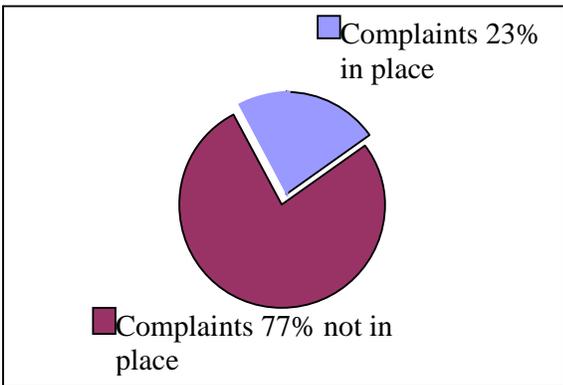


Figure 5.11 illustrates that 23% of the shelters have complaints procedures in place and 77% shelters need to put measures in place to comply with the minimum standard.

6.7.2.5 Minimum Standard: Physical environment

Victims of domestic violence live in a safe, healthy, well-maintained environment, which provides appropriate access to the community (as permitted in terms of restrictiveness) and which meets their needs in terms of privacy, safety and well-being.

Figure 5.12 Safe physical environment N=13

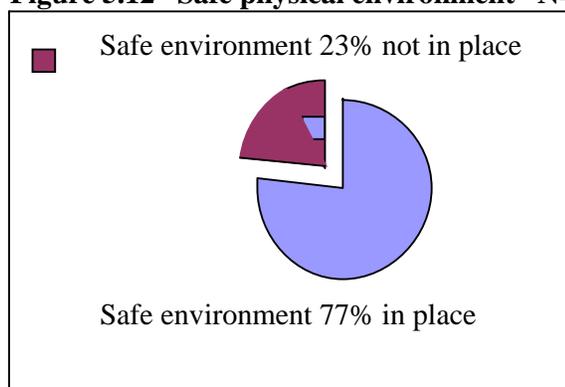


Figure 5.12 illustrates that 77% of all shelters have a safe physical environment, 23% shelters need to put measures in place to comply with the minimum standard.

Figure 5.13 Amenities in working condition N=13

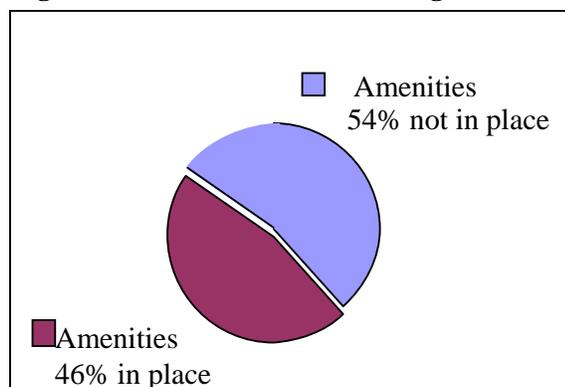


Figure 5.13 illustrates that 46% of the shelters met the minimum standards on amenities, 54% shelters need to put measures in place to comply with the minimum standard.

**Figure 5.14 Victim do have own bed, private space for clothing and possessions
N=13**

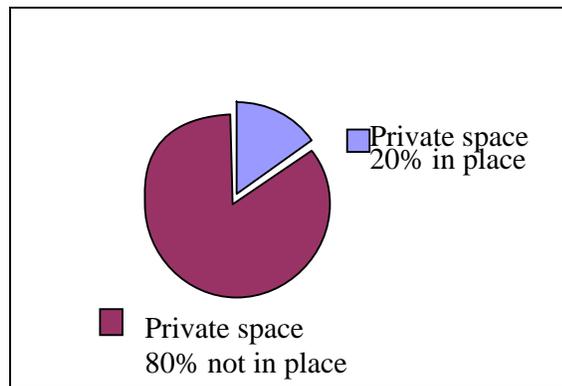


Figure 5.14 illustrates that 20% of the shelters met the minimum standard, 80% shelters need to put measures in place to comply with the minimum standard.

Figure 5.15 Shelter well established N=13

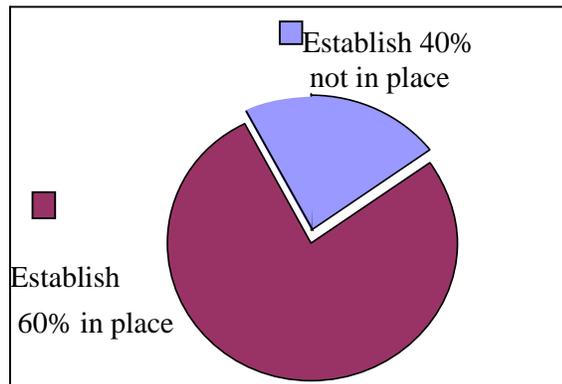


Table 5.15 illustrates 60% of shelters are well established, 40% shelters need to put measures in place to comply with the minimum standard.

Figure 5.16 Part of decision making (arranging and decorating personal space) N=13

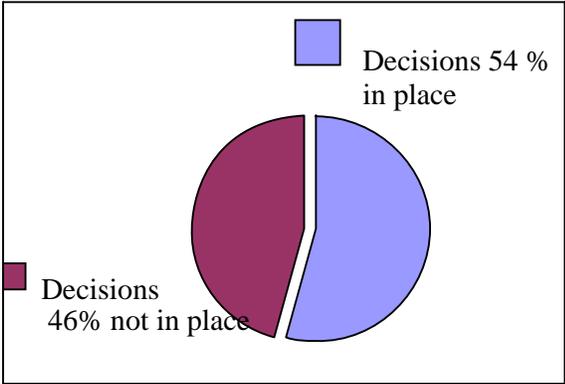


Figure 5.16 illustrates 54% of the shelters met the minimum standard to engage abused women in decision making processes, 46% shelters need to put measures in place to comply with the minimum standard.

Figure 5.17 Possessions and clothing are safe and secure N=13

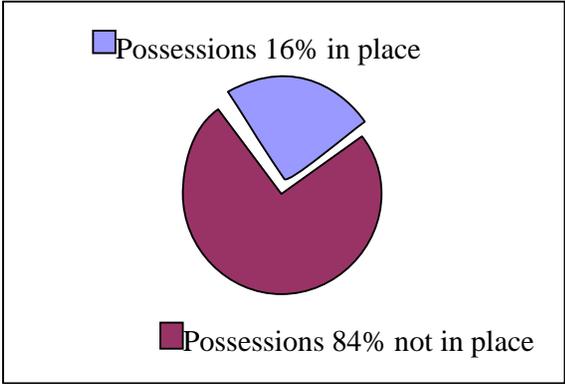


Figure 5.17 illustrates that 16% of the shelters met all the possession and clothing minimum standard, 84% shelters need to put measures in place to comply with the minimum standard.

5.7.2.6 Minimum Standard: Emergency and safety practices

All reasonable provisions are made to ensure that victims and staff are safe from the risk of fire, accidents, and other hazards.

Figure 5.18 Service provider ensures that victims are fully informed and have practiced what to do in the event of fire, accident, or other emergency N=13

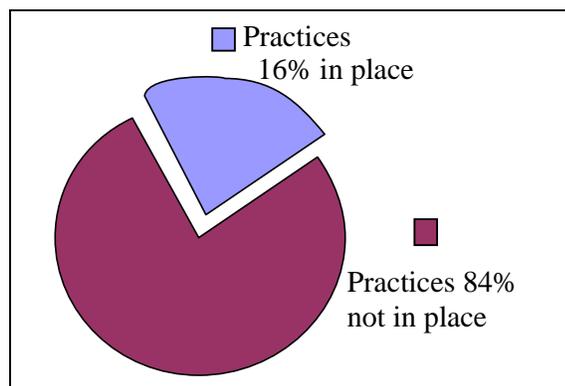


Figure 5.18 illustrates that 16% of the shelters have all emergency and safety practices in place, 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.19 Service provider ensures that victims are fully informed and appropriately taught how to implement universal precautions in relation to Hepatitis B and HIV and Aids N=13

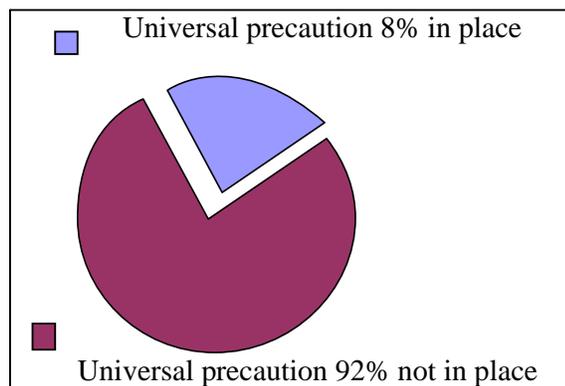


Figure 5.19 illustrates that 8% of all shelters have universal precautions in place, 92% shelters need to put measures in place to comply with the minimum standard.

Figure 5.20 Service provider ensures that victims complaints about safety are addressed timeously and appropriately N=13



Figure 5.20 illustrates that 16% of the shelters met all the minimum standards to ensure that victims complaints about safety are addressed timeously, 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.21 Service provider ensures that victims are regularly assessed to ensure that applicable rules and regulations be followed N=13

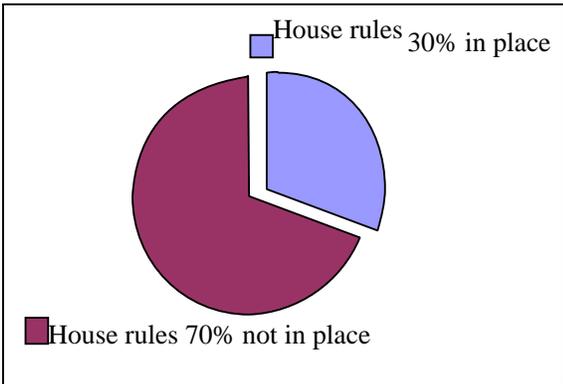


Figure 5.21 illustrates that 30% of the shelters met the house rules minimum standard, 70% shelters need to put measures in place to comply with the minimum standard.

5.7.2.7 Minimum Standard: Health Care

Victims of domestic violence have access to and receive adequate health care.

Figure 5.22 Service providers ensure that victims obtain medical attention when needed and receive caring support when ill N=13

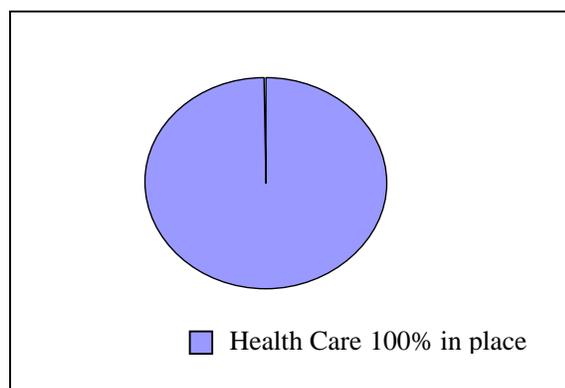


Figure 5.22 illustrates that 100% shelters perceive medical care as a main minimum standard.

Figure 5.23 Service providers ensure that drug control of behaviour, used only in extreme cases, is documented and forms part of the Individual Developmental Plan. Detoxification (when required) is provided under medical supervision N=19

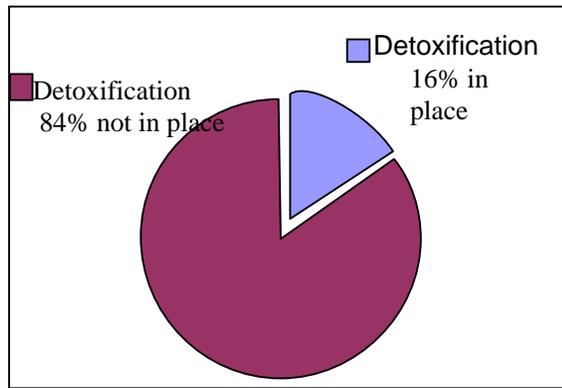


Figure 5.23 illustrates that 16% of the shelters met the minimum standard on drug control and 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.24 Service providers ensure that victims are given appropriate information on sexuality, pregnancy, Hepatitis B and HIV and AIDS and prevention measures appropriate to their age and capacity N=13

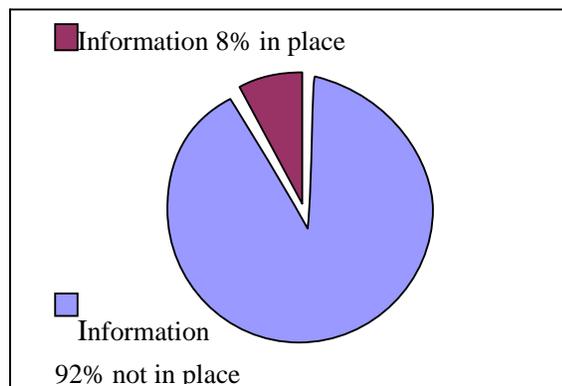


Figure 5.24 illustrates that 8% of the shelters provide information regarding health issues, 92% shelters need to put measures in place to comply with the minimum standard.

Figure 5.25 Service providers ensure that no victim is tested for HIV without appropriate preparation, and pre and post test counselling N=13



Figure 5.25 illustrates that 92% of the shelters provide HIV pre- and post-test counselling and 8% shelters need to put measures in place to comply with the minimum standard.

Figure 5.26 Service providers ensure that health care issues and communicable diseases are treated confidentially N=13

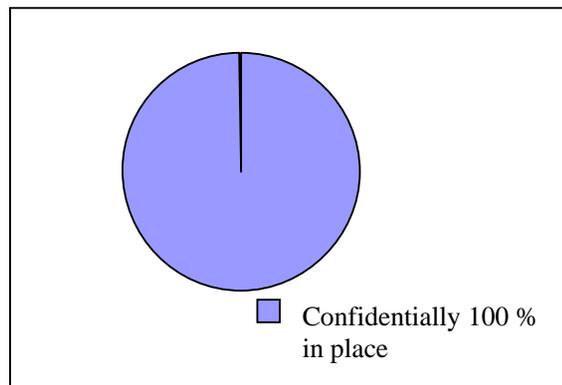


Figure 5.26 Illustrates that 100% of shelters perceive confidentiality as a main minimum standard.

Figure 5.27 Service providers take measure to ensure continued mental health observations, including the identification of possible suicide

attempts and the appropriate medical, therapeutic and developmental services N=13

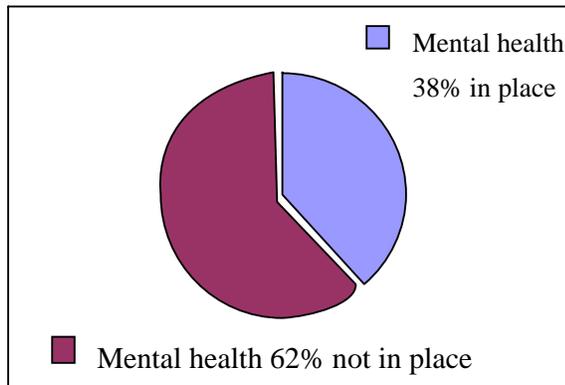


Figure 5.27 illustrates that 38% of the shelters met the minimum standard on continue mental health care, 62% shelters need to put measures in place to comply with the minimum standard.

5.7.2.8 Minimum Standard: Development milieu and climate

Victims of domestic violence experience an environment in which their individuality and development are respected and nurtured.

Figure 5.28 Service providers demonstrate measures taken to identify each victim’s personal strengths and enable them to use their strengths N=13

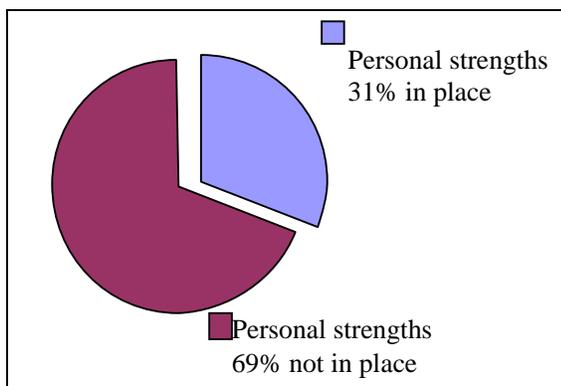


Figure 5.28 illustrates that 31% of the shelters all met the minimum standard on personal strengths, 69% shelters need to put measures in place to comply with the minimum standard.

Figure 5.29 Service providers describe measures taken to victims to participate in decision-making and give feedback about the programme N=13

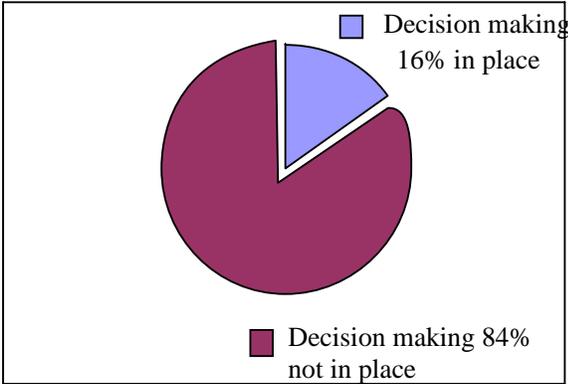


Figure 5.29 illustrates that 16% of the shelters all met the minimum standards to include victims of abused in decision making processes, 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.30 Service providers create the opportunity for victims to build positive and healthy relationships with the service providers N=13

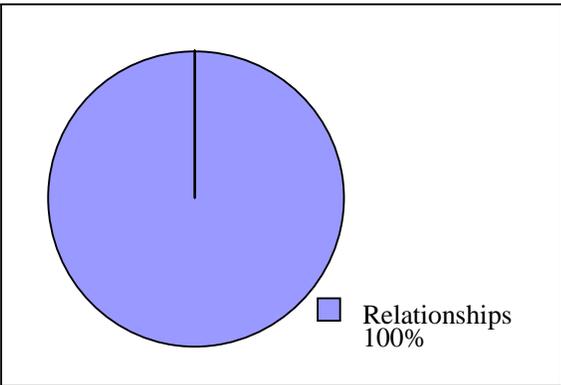


Figure 5.30 illustrates 100% of shelters perceive healthy relationships as a main minimum standard within the shelters.

5.7.2.9 Minimum Standard: Care Plan

Each victim of domestic violence has a Care Plan, which has been developed on the basis of a developmental assessment. This plan aims to provide life-long relationships within their family or appropriate alternative, and re-integration in the community, within the shortest possible time-frame.

**Figure 5.31 Each victim is assessed within the context of the programme
N=13**

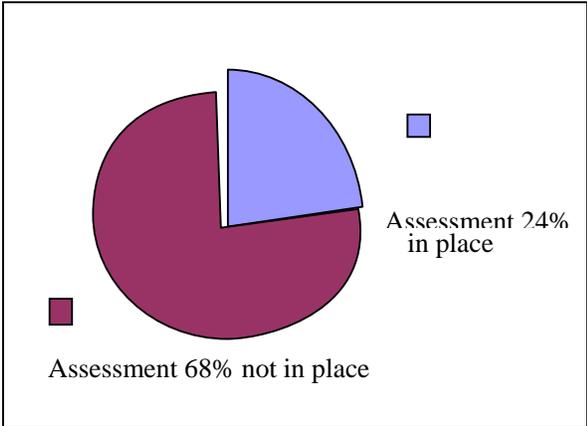


Figure 5.31 illustrates that 24% of the shelters met the assessment minimum standard, 68% shelters need to put measures in place to comply with the minimum standard.

Figure 5.32 Each victim assessment identifies strengths and developmental needs N=13

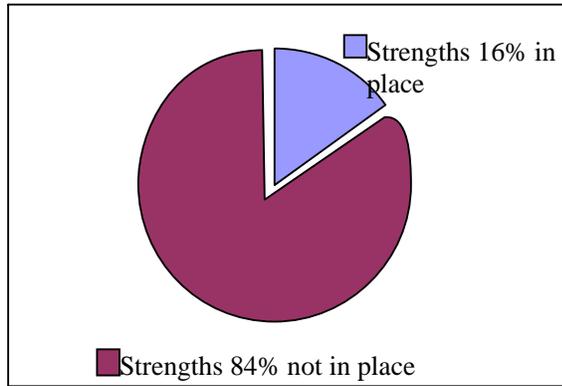


Figure 5.32 illustrates that 16% of the shelters met the minimum standard and identifies strengths and developmental needs, 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.33 Service provider ensures that victims understand the Care Plan, have a copy of it in a form and language that they understand.

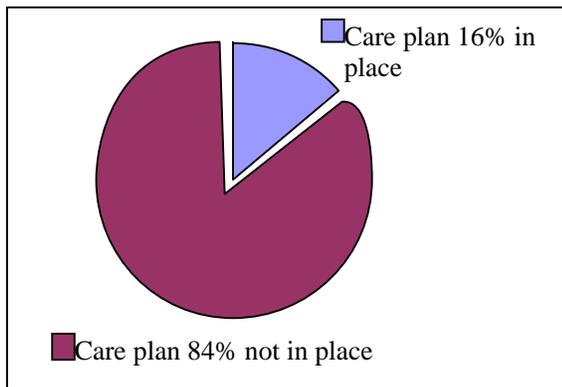


Figure 5.33 illustrates that 16% of the shelters have a Care Plan, 84% shelters need to put measures in place to comply with the minimum standard.

**Figure 5.34 Service provider ensures that the Care Plan is based on the “least restrictive and most empowering” option for the victims at the time
N=13**

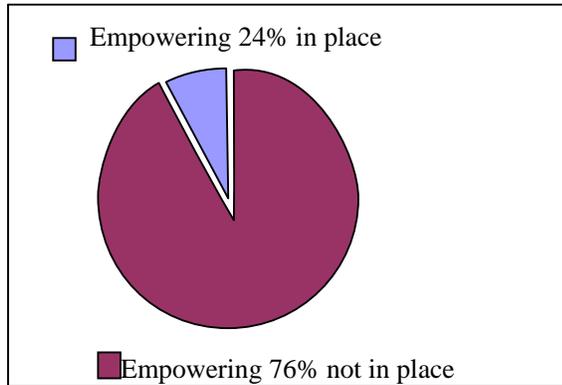


Figure 5.34 illustrates that 24% of shelters have a Care Plan that is based on the “least restrictive and most empowering”, 76% shelters need to put measures in place to comply with the minimum standard.

Figure 5.35 Service provider ensures that the victims’ Care Plan is regularly reviewed in terms of achieving goals and is transferal if the victims should be referred to another service provider be relevant N=13

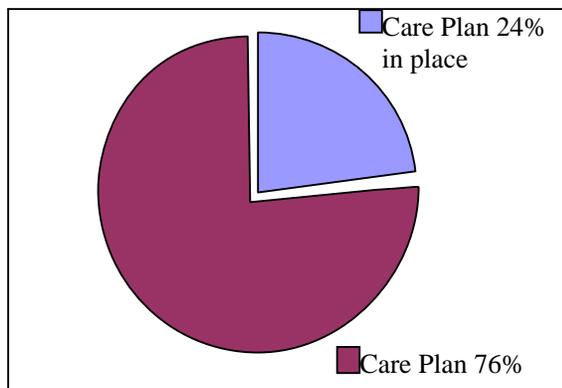


Figure 5.35 illustrates that 24% of the shelters review the Care Plan, 76% shelters need to put measures in place to comply with the minimum standard.

5.7.2.10 Standard: Individual Developmental Plan (IDP)

Each victim of domestic violence has a written individual developmental plan.

Figure 5.36 Service providers ensure that the victim has an individual, written development plan and that the development programme is based on a developmental assessment N=13

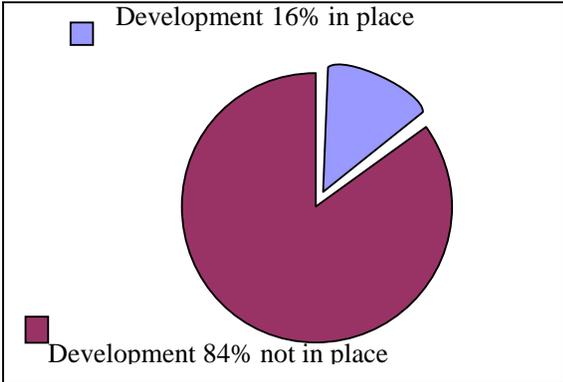


Figure 5.36 illustrates that 16% of the shelters have an individual, written development plan and 84% shelters need to put measures in place to comply with the minimum standard.

Figure 5.37 Service providers ensure that the developmental plan is regularly reviewed and adapted to meeting the changing needs of the victim N=13

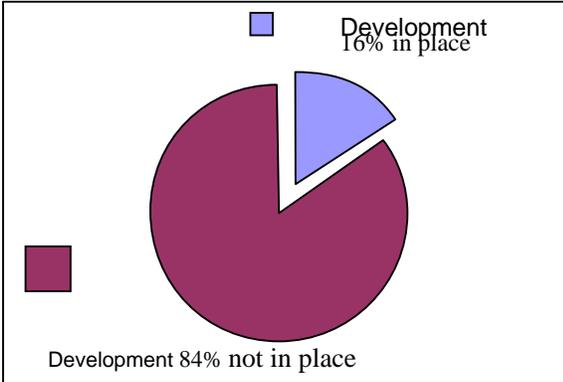


Figure 6.37 illustrates that 16% of the shelters have a developmental plan for each victim that is regularly reviewed and adapted to meeting the changing needs of the victim and 84% shelters need to put measures in place to comply with the minimum standard.

Figure 6.38 Service providers ensure that the developmental programme reflects the goals outlined in the broader Care Plan N=13

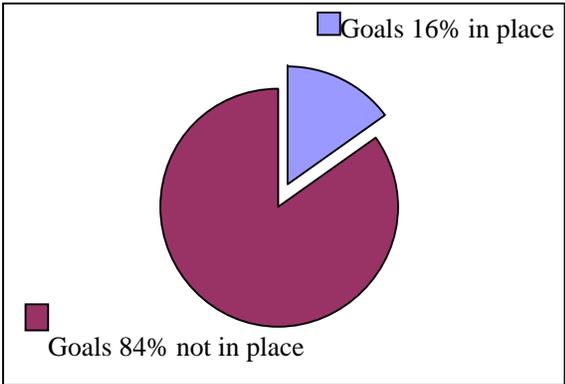


Figure 6.38 illustrates that 16% of shelters have a developmental programme that reflects goals as outline in the broader Care Plan, 84% shelters need to put measures in place to comply with the minimum standard.

5.7.2.11 Standard: Therapeutic Programmes

Each victim of domestic violence in need of additional therapeutic support and/or special services, are unconditionally provided with services and/or programmes and are assisted to make effective use thereof.

Figure 5.39 Service providers ensure that victims feel emotionally and physically safe in all therapeutic situations and the information they share is confidential N=13

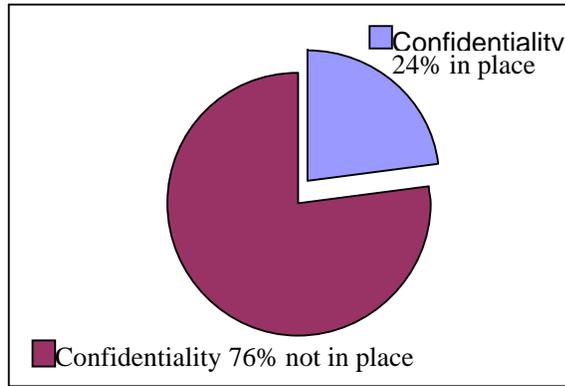


Figure 5.39 illustrates that 24% shelters ensure that victims feel emotionally and physically safe in all therapeutic situations and the information they share is confidential (all discussions occur in privacy), 76% shelters need to put measures in place to comply with the minimum standard.

Figure 5.40 Service providers ensure that victims are given the appropriate information about goals, period of time, and expected outcomes of all therapeutic interventions N=13

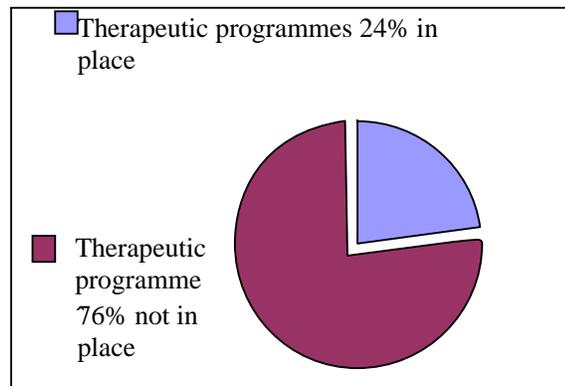


Figure 5.40 illustrates that 24% of the shelters all of the victims are given the appropriate information about goals, period of time, and expected outcomes of all therapeutic interventions, 76% shelters need to put measures in place to comply with the minimum standard.

Figure 5.41 Service providers ensure that victims are given the opportunity to make appropriate decisions and choices with regard to involvement in programmes and or counselling N=13

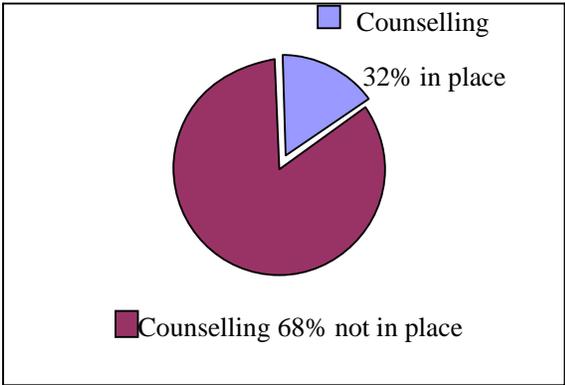


Figure 5.41 illustrates that 32% of the shelters provide appropriate decisions and choices with regard to involvement in counselling and 68% shelters need to put measures in place to comply with the minimum standard.

5.7.2.12 Minimum Standard: Education

Each victim of domestic violence (with special references to their children) is unconditionally provided with appropriate and relevant education.

Figure 5.42 Children attend school N=13

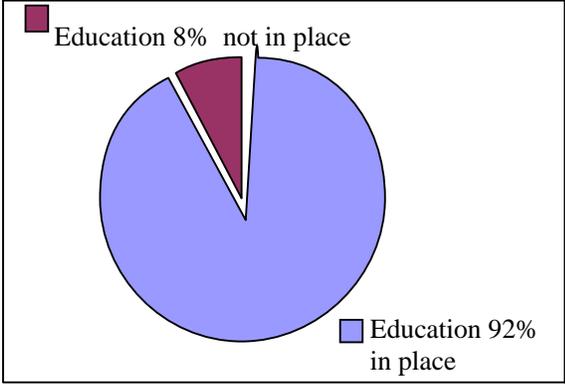


Figure 5.42 illustrates that 92% of the shelters met all the minimum standard of children attending school and 8% shelters need to put measures in place to comply with the minimum standard.

Figure 5.43 Prevention against discrimination at school N=13

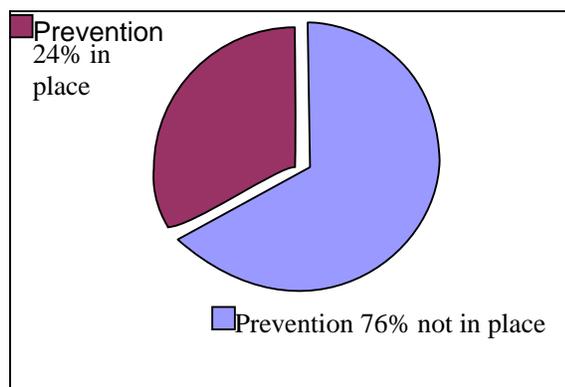


Figure 5.43 illustrates that 24% of the shelters met all the minimum standards in building relationships with schools, 76% shelters need to put measures in place to comply with the minimum standard.

Figure 5.44 Children have adequate resources and space for studies N=13

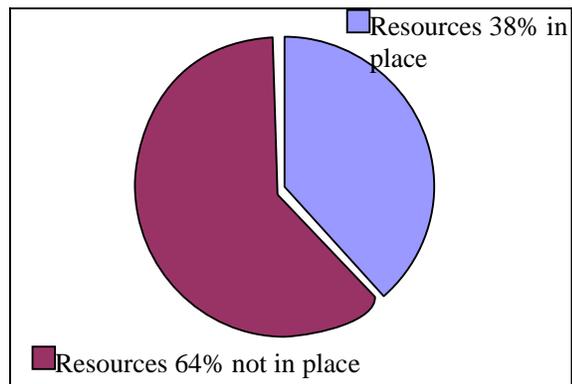


Figure 5.44 illustrates that 38% of the shelters met all the minimum standard in providing children with adequate resources and space for studies, 46% shelters need to put measures in place to comply with the minimum standard.

5.7.2.13 Minimum Standard: Leaving the shelter (Disengagement)

Victims of domestic violence are provided with the appropriate rituals, programmes, and support to enable their effective transformation into their family and community ensuring successful integration.

- Service provider ensures that victims participate in decision making about their immediate and long-term future.

Figure 5.45 Service providers ensure that victims feel physically, emotionally and socially safe and cared for during the disengagement process N=13

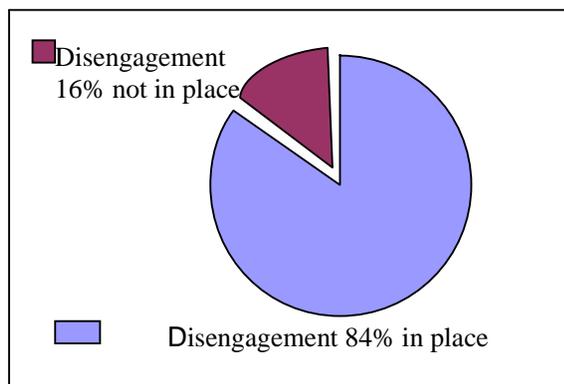


Figure 5.45 illustrates that 84% of the shelters met all the minimum standard to ensure that victims feel physically, emotionally and socially safe and cared for when they leave the shelter, 16% shelters need to put measures in place to comply with the minimum standard.

Figure 5.46 Service providers ensure that victims are given sufficient information about the next step in their Care Plan N=13

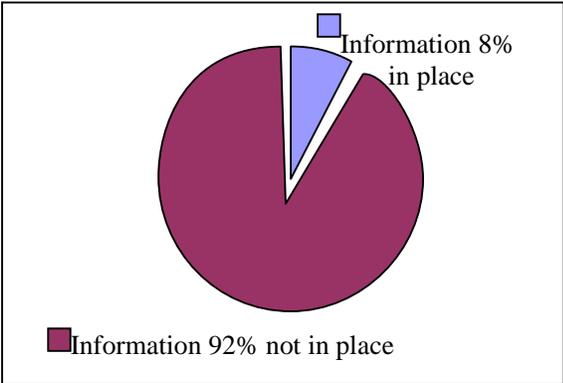


Figure 5.46 illustrates that 8% of the shelters ensure that victims are given sufficient information about the next step in their Care Plan, 92% shelters need to put measures in place to comply with the minimum standard.

Figure 5.47 Service providers ensure that victims have a contact number of a care giver N=13

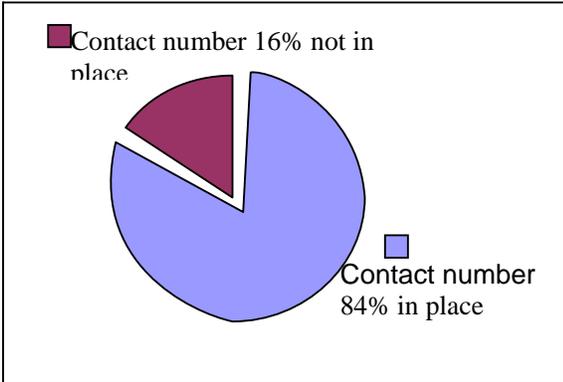


Figure 5.47 illustrates that 84% of the shelters ensure that victims have emergency numbers and 16% shelters need to put measures in place to comply with the minimum standard.

Figure 5.48 Service provider ensure that each victim of domestic violence Care Plan has been transferred to the next placement and that each victim has a copy to take with them N=13

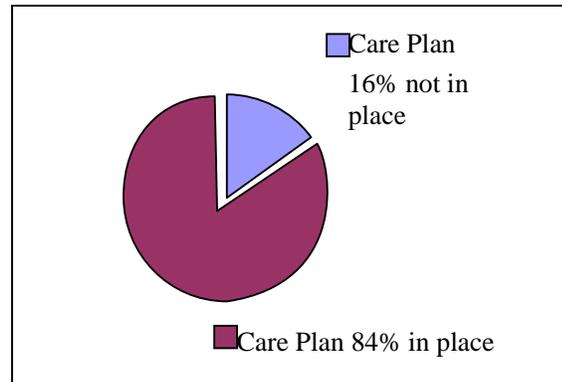


Figure 5.48 illustrates that 84% of the shelters ensure that victims have a copy of their Care Plan and 16% shelters need to put measures in place to comply with the minimum standard.

5.7.3 Summary of the developmental need areas within shelters in Gauteng Province as illustrated above that was identified during the site visits

The following aspects outline the developmental need areas within shelters:

Minimum Standard: Entry at the shelter (engagement/admission)

- Shelters should improve on the shelter environment so that abused women and their children felt cared for and at all times safe.
- Sense of belonging and healthy relationships should be encouraged formal and informal group work can be an effective method to accomplish this need.
- Basic needs should be provided for new clients e.g.: soap, toothpaste, face cloth, toiletry and clothes when needed.

- Proper admission criteria and a structured orientation programme should be developed and implemented at shelters.
- Rules and regulations should be work shopped for staff and residents.
- Children should also be made aware of their rights.
- Complaints mechanisms should form part of the orientation programme within shelters.
- Mothers with children should sign a form of indemnity if another person takes care of her children during her absence. This form should be administrated by the shelter for their own protection.
- Shelter managers should consider a register book to be available where residents' sign in an out to reflect their movements.
- Telkom telephone installation should be considered for resident's use, coupled with a pre-paid card at admission.
- Information sessions could be introduced and form part of personnel development to enable service providers to have a better understanding of domestic violence, human behaviour different cultures and cultural tolerance.

Minimum Standard: Safety and Security

- Free access to the shelters by people from outside is discouraged.
- Shelters that make use of security guards should ensure effective training and preferably no personal contact with the women in the shelters.
- Anybody entering or leaving the shelter should be searched.
- All visitors should sign a register upon entry.
- No males must be allowed to share bathrooms with females.
- All broken windows, open plugs/sockets, broken toilets should be repaired.
- Special precautions should be taken where heaters, or stoves are used as a heater, in the shelters.
- Rooms should be locked at night.

Minimum Standard: Rights of Victims of Domestic Violence

- Shelters should ensure that rights and should be displayed against the walls.
- Staff, women and children should be educated on the rights (mothers should be educated on their children's rights) and responsibility of abused/destitute women and children.
- Rights should be interpreted in the residents' language.
- Support and protection should be given to those residents who want to go home, either to collect some of their belongings, or if they want to go home permanently with the necessary financial assistance for transport and refreshments.
- All emergency telephone numbers should be with them.
- Children should be motivated to enroll in a school programme even if it is a shelter home based curriculum from schools.
- Shelter managers should be encouraged not to under estimate the skills development and empowering of women in preparing meals at the shelter as part of a team.

Minimum Standard: Complaints

- Residents should feel free to lodge a complain within the shelter if and when needed.
- Regular feedback by the senior management should be given on the action taken.
- Complaints should be taken seriously and responded to in time.
- A complaints procedure/system should be developed and implemented.
- Staff and residents should be trained in the protocol for complaints.

Minimum Standard: Physical Environment

- The shelter environment should be safe and should be well maintained

- Privacy of residents should be respected.
- There are in some shelters too many beds in rooms.
- Measures should be put in place to ensure that people's personal possessions are safe in some shelters.
- Rooms should look comfortable and homely.
- Flower boxes should be displayed.
- The entrance of most shelters is disability unfriendly.
- All rooms within shelters should have access to electricity.
- Shelters should have hot water.
- Residents are encouraged to participate often in the preparation of meals.
- Establish space for donated clothes to be in a systematic order according to size.
- Put stricter control measures for the storage of food and clothes.
- Some social/auxiliary workers indicted the need for space for gardening.
- Social and auxiliary workers' offices should be sound protected to embrace confidentiality issues and should be under all circumstances work under the supervision of a registered social worker.

Minimum Standard: Emergency and safety practices

- Measures must be put in place to ensure that staff and residents are safe from the risk of fire, accidents or other hazards.
- An emergency plan should be written down and the plan should be executed with regular exercises.
- There should be regular assessment of staff and residents to ensure that they adhere to rules.
- There should be regular fire drills within shelters.
- One person should be appointed who will be responsible in cases of emergencies.

- Universal precautions should always be implemented.
- A first aid kit should be in place at all shelters. All medication should be stored in a safe place and locked at all times.
- All emergency numbers must be written and put in strategic places. There must also be emergency numbers linked to Life Line, Child Line, AIDS toll free line, hospitals, ambulance services and SAPS.

Minimum Standard: Health Care

- One shelter indicated that they contributed R50.00 per woman, per session towards clinical services that should be investigated.
- Ambulance services are available and two shelters are engaged with Netcare Services.
- The general environment should be conducive so as to maintain good health.
- Confidentiality as a principle for trust and developmental growth should be emphasised amongst staff members and residents.
- Staff and residents should get knowledge and information on sexuality education, more specifically on the link between substance abuse, domestic violence, HIV and AIDS.
- A menu for each day of the week, that reflect a healthy balanced diet.
- Special attention to the health needs of HIV and AIDS residents is applicable.
- Plastic gloves should be available at disposal.
- Medical aid kits should be placed in strategic rooms.
- Staff should be trained in first aid.
- Engagement with a qualified sister or nurse to present basic health practices to residents should be explored.
- Policy should be in place on how to deal with women and or children who are addicted to substance abuse or alcohol. These people should not be excluded from potential programmes.

Minimum Standard: Developmental Milieu and Climate

- The spirit, dignity, individuality and development of residents should be respected and nurtured.
- Shelters should use a strengths based approach when dealing with residents.
- The shelters should get involved in a range of services that address the needs of the abused women.
- Staff and residents should be involved in the decision making process. Transparency in shelters is encouraged.
- There should be training, support and supervision for all staff members.
- Regular assessment and review meetings should be held with staff members.

Minimum Standard: Care Plan

- Individual Care Plan should be developed.
- Training by Government with regard to utilising the Individual Care Plan should be in place.

Minimum Standard: Individual Developmental Plan (IDP) the following developmental areas are important:

- Training in the Individual Development Plan is needed with regard to the requirements thereof.

Minimum Standard: Therapeutic programmes

- Therapeutic services should be strengthened and implemented.

- Some shelters render services without the services of a social worker. Engagement with other service providers to render professional counselling services should be arranged or negotiate. No auxiliary worker/s should be appointed as counsellors without the supervision of a registered social worker.
- Group work services as a method of social work should be established in most shelters. Shelter managers should negotiate with tertiary institutions to engage students in rendering services at shelters as part of their studies.
- Specialized services engaged with the shelter in preparing abused women and their children for court should be recorded on the clients' files within the shelter.
- Some shelters made their social workers available to courts on certain days during the week to offer a service to those in need.
- Confidentiality should always be maintained.
- Most shelters have full time housemothers who provide abused women and their children with special support and or services, depending on the need of the inmate at the time when the need arises.
- Some service providers motivate victims to make use of this opportunity to engage in therapeutic programmes.
- Abused women may feel unaccepted as a result of certain behaviour patterns, such as the use of cigarettes, which is not allowed in some shelters.

Minimum Standard: Education

- Most children are attending school with the exception of two shelters, one shelter indicated that the children felt embarrassed and preferred to stay at the shelter and are not attending school. The other shelter provide home-based education.
- Most shelters experience problems with transport. Funding should be earmarked for transport for women and children.

- Children should be helped regularly with their homework.
- Children should wear clean and neat uniforms.
- School children should be provided with lunch boxes.
- Childcare workers and auxiliary workers should monitor and supervise children's attendance at school, plus any other need that arises from school.
- Ongoing communication with the school is encouraged.
- The establishment of good relationships with heads of pre-schools, primary and secondary schools are encouraged to the benefit of the children, families and the communities.
- Proper reviews should be done to ensure that children are appropriately placed in schools.
- A high level of women are illiterate, with an unknown high level of known educational levels within shelters, it is therefore imperative to engage with the Department of Education in Basic Adult Education Programmes.

Minimum Standard: Leaving the shelter (disengagement)

- All women that leave the shelter should have a safety plan, which reflected steps to go about when in need with contact numbers of service providers as agreed upon during therapeutic counselling sessions.

5.7 Customer satisfaction

Research undertaken at shelter 001 in Bronkhorstspuit among abused women and their children was aimed at determining women's experience of the service. Twenty women were in the shelter on 12 January 2006. The shelter manager provided a list of the names of the women within the shelter and a

random sample of ten women were selected. Researcher provided background to the group with regard to the purpose of the study and guaranteed the group that all the information required will be highly confidential, meaning that no names on the forms, as well as in the research study, will be reflected. Researcher engaged with one of the social workers within the shelter who translated the questions into their mother tongue. Each woman completed her own questionnaire. (See Annexure E – page 152) The results are presented in Tables 5.12 and 5.13.

Table 5.12 Customer satisfaction as on 12 January 2006 N=10

Questions ↓	Strongly agree %	Agree %	Disagree %	Strongly disagree %	Total percentage
1.1 As I entered the shelter I felt comfortable within the shelter	100	none	none	none	100%
1.2 I feel cared for in the shelter	90	10	none	none	100%
1.3 I received the name and contact number/s of my social worker responsible for case management	100	none	none	none	100%
1.4 Emergency telephone numbers are displayed close to the phone	100	none	none	none	100%
1.5 I signed a contract with the shelter for the duration of my stay	90	10	none	none	100%
1.6 I was given responsibility within the shelter	100	none	none	none	100%
1.7 I attend counselling services	100	none	none	none	100%
1.8 I do know what I am good in (strengths)	100	none	none	none	100%
1.9 I am aware of the different stages in the cycle of violence	70	30	none	none	100%
1.10 We develop a safety plan for me to safe guard my life when domestic violence occur again	80	10	none	10	100%
Percentage of responses	93%	6%	none	1%	100%

Table 5.12 illustrates 93% of customers were 100% satisfied with the services. Six (6%) agree and 1% strongly disagree.

In addition to the above information as outlined in Table 6.11, further clarification is needed regarding question 1.8, namely: “I do know what I am good in (strengths). If you strongly agree or agree please name these things”. Respondents gave the following strengths as outlined in Table 5.13.

Table 5.13 Personal strengths as identified by respondents on 12 January 2006 and duration in shelter N=13

Respondents number	Personal strengths as identified by respondents	Duration in shelter in weeks				
		2	4	8	12	52
A	How to apply for a protection order and maintenance Hygiene	◆◆				
B	How to apply for a protection order and maintenance	◆◆				
C	How to start my own business		◆◆			
D	Knowledge with regard to abusive relationships Parenting skills			◆◆		
E	How to start my own business Decision making skills Ubuntu (I am because your are)			◆◆		
F	Independency Job creation			◆◆		

G	How to protect myself from abuse				◆◆	
H	How to protect myself from abuse				◆◆	
I	That I can move on from my abusive relationship				◆◆	
J	Opportunity to be exposed to different cultures					◆◆
Total 10		2	1	3	3	1

Table 5.13 illustrates that the duration that women were in the shelter differ from two weeks up to 52 weeks. The assumption can be made from respondent's answers (as reflected above) that they perceived strengths as an developmental area such as decision making skills, the gaining of knowledge in how to apply for an protection order and maintenance, how to protect themselves from abuse, confidence in considering an own business and the exposure of respondent J who stated that it is an opportunity to be exposed to different cultures within the shelter.

Conclusion

The research study outlined the quantitative findings that illustrate the reason why women seek accommodation in shelters as well as the capacity of shelters, age, race, marital status and education level of abused women. In addition, the qualitative findings of the management, programmes and services were evaluated in line with the Minimum Standards for Shelters for Abused Women. The collective findings followed by recommendations of the research study will be reflected in Chapter 6.

Chapter 6

Conclusions and recommendations

Introduction

The purpose of this chapter is to present the conclusions and recommendations based on the results of the quantitative and qualitative questionnaires that were distributed during 2005, combined with site visits at shelters for abused women and their children. The site visits to shelters in Gauteng Province were evaluated in line with the Developmental Quality Assurance model and with specific focus on Minimum Standards for Shelters for Victims of Domestic Violence as reflected in the Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) (2004: 23-51). This represents a response of 57%.

6.1 Objectives

The researcher is of the opinion that the objectives, as outlined below, have been achieved, for the following reasons:

6.1.1 Objective 1

To provide a literature survey on gender-based violence, the cycle of violence and intervention methods to serve as the background for assessing the service rendering of shelters and find some directions for changes in policy and functioning of shelters.

A literature study has been conducted as background to understand the concept of domestic violence, its causes and consequences and intervention resources such as shelters for abused women and their children as well as services offered and programmes rendering at shelters.

6.1.2 Objective 2

To utilize the existing Developmental Quality Assurance model as a monitoring tool in evaluation of the programmes.

A pilot study was conducted according to the Transformation of the Child and Youth Care System Developmental Quality Assurance Model by a professional team. The research method was modified to accommodate the following:

- An individual approach.
- To include the Minimum Standards for Shelters for Victims of Domestic Violence as reflected in Chapter 5.

The monitoring tool is attached as Annexure D – page 149.

6.1.3 Objective 3

To highlight the strengths and constraints that can promote or undermine the development of shelters by service providers and thereby indicating its feasibility.

The strengths and constraints reflected as developmental areas were tabled in Figures 5.1 to 5.48 in Chapter 5. It also includes customer satisfaction of ten abused women within one shelter in Gauteng Province. The whole study put emphasis on strengths and constraints areas. This evaluation process can be seen as an ideal method to encourage internal evaluations by service providers to measure improvement of services and to develop new goals for their organisational development plan. The assessment tool of customer satisfaction is attached as Annexure E - page 152.

6.1.4 Objective 4

To make recommendations to the Victim Empowerment Management Team that comprises of National provincial Departments of Social Development.

Recommendations were made to the Victim Empowerment Management Team that comprises of National and provincial Departments of Social Development, as outlined under 6.2.

6.2 Recommendations

The following recommendations are made emanating from the research findings:

6.2.1 The information on shelters in Gauteng Province as obtained in this research must be utilised to re-direct policy and to review the Shelter Strategy to improve services and programmes to survivors of domestic violence at a national workshop. A main focus should be to-

- identify challenges and gaps around shelters for abused women and their children in South Africa;
- address the need of transitional housing as identified by shelter managers during the site visits;
- further develop a standardised assessment tool applicable to shelters for abused women and their children;
- develop a standardised shelter model; and
- review the Domestic Violence Act, 116 of 1998, to include the registration of shelters for abused women and their children.

6.2.2 Establish a mechanism to increase networking and to build capacity amongst stakeholders.

6.2.3 Encourage internal evaluations by shelter managers to measure their own improvement of services.

- 6.2.4 Establish an information management system that reflects annual data on the capacity, occupancy and the prevalence of domestic violence incidence, and compile a profile of abused women as well as government contribution towards the financial functioning of shelters.
- 6.2.5 Engage training in marketing skills with regard to shelter programmes and services to equip shelter managers and staff members to engage optimally with the business sector.
- 6.2.6 The Department of Social Development should continue offering training programmes to service providers with regard to the Minimum Standards requirements such as the meaning of a Care Plan and Individual Development Plan.
- 6.2.7 The national Department of Social Development should undertake an upgrade national survey regarding the causes and consequences of domestic violence in South Africa, intervention methods, protocols for case management and client satisfaction. This information as mentioned above will assist policy makers and service providers in planning and prioritising service delivery as well as guide development of strategies for intervention.

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TO: Shelters Managers for abused women and their children

Dear Sir/Madam

**SURVEY ON SHELTERS FOR ABUSED WOMEN AND THEIR CHILDREN IN GUATENG
MARCH 2005**

This letter serves to request your participation in the completion of the attached questionnaire. Official is employed in the national Department of Social Development Pretoria and is enrolled for her Masters Degree in Social Work at UNISA. This questionnaire forms part of the above-mentioned studies.

The purpose of the survey is to determine how your shelter is operating. The information requested from shelter managers will be collated and will give further direction in the development of a Policy Guideline on shelters.

Your co-operation will be highly appreciated. If you need any further information or encounter any uncertainties please do not hesitate by contact me at Tel 012 312 7568 (w) cell 082 447 3634 in this regard.

Please fax your completed form, on or before 29 March 2005, for attention Ms Joan Groenewald to 012 323 3733.

Your endeavour in serving vulnerable groups, such as women and children, is highly appreciated.

Kind regards

**Joan Groenewald
ASSISTANT DIRECTOR: VICTIM EMPOWERMENT PROGRAMME
DATE: 15 March 2005**

**QUESTIONNAIRE A - 1
SHELTER INFORMATION**

PLEASE PRINT

1 NAME OF ORGANISATION

.....

2 PHYSICAL ADDRESS OF SHELTER

.....

TOWN: **CODE:**

3 POSTAL ADDRESS

.....

TOWN: **CODE:**

4 CONTACT DETAILS

4.1 TELEPHONE NUMBER (LAND LINE)

CODE:**NUMBER:**

4.2 CRISIS TELEPHONE NUMBER

CODE:**NUMBER:**

4.3 NAME OF SENIOR CONTACT PERSON

.....

**4.4 E-MAIL ADDRESS:
(IF ANY)**

4.5 THE SHELTER IS REGISTERD AS:

✓ **Whichever is applicable**

Yes	No

4.6 WHEN WAS THE SHELTER REGISTERED?

✓ **Whichever is applicable**

Before Year 2000	2001	2002	2003	2004

If register before 2000, please indicate the year of registration and NPO number

Year NPO

4.7 OWNERSHIP OF THE SHELTER

	✓ Whichever is applicable
Private facility in the community	
Who is legally responsible for the shelter?	Complete block please

4.8 DURATION OF YOUR PROGRAMME

✓ **Whichever is applicable**

Less than 3 months	3 months	Between 3 and 6 months	Other: Specify

ABUSE	✓ Whichever is applicable	Number of abused women at present
<p>6.1.2 <u>Sexual abuse</u> Rape, attempted rape, indecent assault.</p> <p>Forcing the victim to perform sexual acts she is uncomfortable with.</p> <p>On-going verbal abuse with sexual slurs such as bitch, whore, slut, etc.</p> <p>Forcing the victim to watch pornography and/or act out the pornographic material.</p> <p>Forcing the victim to have intercourse or perform sexual acts with friends, colleagues or strangers.</p>		
<p>6.1.3 <u>Economic abuse</u> Selling of shared property amongst others livestock, matrimonial house or any premises without the consent of the victim.</p> <p>Accessing a joint bank account for personal use without the consent of the victim.</p> <p>Preventing the victim from being employed or earning an income.</p>		

ABUSE	✓ Whichever is applicable	Number of abused women at present
<p>Employing the victim without a salary.</p> <p>Not paying maintenance.</p>		
<p>6.1.4 <u>Emotional, verbal and psychological abuse</u></p> <p>Constant insults, ridicule or name-calling.</p> <p>Constant humiliation privacy and/or publicly.</p> <p>Constantly showing obsessive possessiveness or jealousy, which results in a serious invasion of the victim’s privacy, liberty, integrity or security.</p> <p>Sleep deprivation.</p> <p>Ongoing accusations of infidelity.</p> <p>Repeated threats of violence or death to cause emotional pain.</p> <p>Constantly blaming the victim for all his problems.</p> <p>Feelings such as self blamed, tried to hold the marriage together, and continued to love.</p>		
<p>6.1.5 <u>Intimidation</u></p>		

ABUSE	✓ Whichever is applicable	Number of abused women at present
Sending written or verbal death threats to the victim. Sending beheaded dolls, small coffins, dead flowers or dead pets to the victim.		
6.1.6 Trafficking in human beings (sex workers)		
6.1.7 Political refugee		
6.1.8 Destitute/Homeless		
6.1.9 Other: specify		
Total		

6.2 AGE AND RACE DISTRIBUTION OF ADULT WOMEN WITHIN THE SHELTER AS ON 28 FEBRUARY 2005

Race	Years 18 - 26	Years 26 - 34	Years 34 - 42	Years 42 - 50	Years 50 - 60	Years 60 +	Total
Black							
White							
Coloured							
Indian							
Total							

6.3 MARITAL STATUS OF WOMEN WITHIN THE SHELTER AS ON 28 FEBRUARY 2005 (if known)

Married	Divorced	Widow	Estranged	Cohabit	Unmarried	Total

6.4 HIGHEST EDUCATION LEVEL OF WOMEN WITHIN THE SHELTER AS ON 28 FEBRUARY 2005

Illiterate	Secondary school	High school	Matric	Post graduate education	Professional education	Unknown	Total

6.5 WHAT ARE THE AGES OF THE CHILDREN WITHIN THE SHELTER AS ON 15 DECEMBER 2004?

Age groups	Gender		Disability		Other	
	Boys	Girls	Physical	Mental	Chronic	Acute
0-1 years						
1-3 years						
4-6 years						
7-12 years						
13-18 years						
Total						

7 MANAGEMENT INFORMATION

7.1 DOES A MANAGER RUN THE SHELTER?

Yes ✓	No ✗

7.2 HOW MANY STAFF IS WORKING IN THE SHELTER?

YEAR 2002	YEAR 2003	YEAR 2004

7.3 WHICH STAFF ARE WORKING IN YOUR SHELTER?

✓ Whichever is applicable

CAPACITY	YES	QUALIFI- CATION	FULL-TIME	PART-TIME
Counsellor				
Social worker				
Child care worker				
Child-care assistants				
Fundraiser				
Nurse/sister/doctor/ dentist				
Psychologist				
Remedial therapist				
Teacher				

7.4 VOLUNTEERS

Do you have any volunteers rendering services in the shelter?

✓ Whichever is applicable

Yes	No

If Yes, complete the matrix

CAPACITY	HOW MANY VOLUNTEERS

8 SERVICES AND PROGRAMMES AVAILABLE WITHIN YOUR SHELTER

WHICH SERVICES OR PROGRAMMES DOES YOUR SHELTER PROVIDE?

✓ Whichever is applicable or specify your programme

2005

8.1 ADULTS	
Counselling services to women	
Personal developmental programme	
Group therapy for abused women	
Programmes for abused women linked with HIV/AIDS	
Programmes for abused women linked with substance abuse	
Family reunification programme	
Educational programmes: Crime prevention	
Adult Basic Education and Training (ABET)	
Pshyco/social well being	
Skills/developmental training	
8.1 CHILDREN	
Social work services to children and their family members	
Counseling/play therapy to children	
Crèche programme	
Pre-school programme	
Day-care programme	
Holiday programme for children	
Sport programmes for children	
Recreation programmes for children	
Youth programme	
Other: specify	

9 INCOME
9.1 SOURCES FOR SHELTERS

	2003	2004
Corporate: Does the business sector contribute to your shelter?		
International donor funding		
Faith based organization (s)		
Government subsidy		
Special events (Annual concert, golf days, etc) Specify:		
Street collections		
Sale of products		
Fees for services		
Income generating projects (baking, beat work, ect) Specify:		
Other: specify		

9.2 EXPENDITURE ITEMS OF SHELTERS PER YEAR

	2003	2004
Administration (e.g. telephone, stationery. etc.)		
Asset purchases (vehicles, computers, etc)		
Clothing		
Training for staff: Workshops/conferences/seminars		
Training for children		
Food		
Fundraising costs		
Holiday entertainment/sports and recreation		
Insurance		
Maintenance		
Medical/psycho/social services		
Municipal costs (rates, taxes, etc.)		
Other: specify		
Salaries		
Transport		
Rent of property (if applicable)		
Total		

10 PROJECTION/S

10.1 If you can identify three items to enhance your programmes or services, which three would it be?

Number	Item
1	
2	
3	

10.2 If you can identify three items to limited your expenditure on programmes and or services, which three would it be?

Number	Item
1	
2	
3	

Thank you for taking the time to complete this questionnaire.

Kindly fax back to: Joan Groenewald (012) 323 3733 or post to PO Box 36781 Menlo Park 0102

**To: Shelter Managers for abused women and their children
Annexure B**

Name:

Fax:

Tel:

Dear Sir/Madam

**2ND CALL FOR PARTICIPATION IN THE SURVEY ON SHELTERS FOR
ABUSED WOMEN AND THEIR CHILDREN IN GAUTENG**

This letter is a follow-up letter on the letter that was sent to you during March 2005.

There are 24 shelters in Gauteng Province and researcher only received 5 completed Questionnaires, which result that the researcher will not be able to have a holistic view on the shelters in Gauteng. It would be greatly appreciated if you could consider being part of this exercise in completing the attached questionnaire and forwarding it to me at your earliest convenience. Should you have second thoughts regarding the questionnaire please indicate in writing why you do not want to participate in this research because you are a critical role-player.

Please fax your documentation to Joan Groenewald, Fax numbers 012 323 3733 or 012 312 7592.

Warm regards

Joan Groenewald

ASSISTANT DIRECTOR: VICTIM EMPOWERMENT PROGRAMME

DATE: 14 July 2005

Annexure D

ASSESSMENT: MINIMUM STANDARDS FOR SERVICE DELIVERY FOR ABUSED WOMEN AND THEIR CHILDREN IN SHELTERS*Scorecard: National Department of Social Development Policy of Financial Awards to Service Providers (2004)*

Rate the following items according to this scale: 5=Aims achieved 4=Great deal of effort 3= Aims not achieved 2= Little effort 1=No effort					
1	Minimum Standard: Admission to shelter (Intake): Caring and management is one of our highest priorities in the shelter				
1.1	Orientation programme in place at the shelter	5	4	3	2 1
1.1.1	An introduction to the personnel, case manager and or councillor	5	4	3	2 1
1.1.2	Information regarding expectations from the abused women within the shelter (rules)	5	4	3	2 1
1.1.3	Information on - Rights	5	4	3	2 1
	- Responsibilities	5	4	3	2 1
	- Complaint procedures	5	4	3	2 1
1.1.4	Contract between the shelter and abused women with regard to their stay in the shelter	5	4	3	2 1
2	Minimum Standard: Safety and security is a priority at the shelter				
2.1	Emergency numbers are displayed within the shelter	5	4	3	2 1
2.2	Register for incidents in place	5	4	3	2 1
2.3	No firearms or other weapons in premises of shelter (screening)	5	4	3	2 1
3	Minimum Standard: Rights of victims of domestic violence is essential within the shelter				
3.1	Information on victim's rights are communicated and available in information - and electronic material (e.g.: pamphlets and videos)	5	4	3	2 1
3.2	Abused women are given information to access legal advice agencies	5	4	3	2 1
4	Minimum Standard: Complaints are managed within the shelter				
4.1	Complaint procedures are in place	5	4	3	2 1
5	Minimum Standard: Physical environment in good order in the shelter				
5.1	Physical environment offer victims - Safe physical environment	5	4	3	2 1
	- Privacy (e.g.: own bed and own private space for clothing and possessions)				
	- Establishment of shelter	5	4	3	2 1
	- Decision making (personal space)				
	- Possessions (e.g.: clothes)				
5.2	Basic amenities are in good working order (e.g.: ablution facilities in working condition and clean)	5	4	3	2 1
5.3	Basic amenities are clean (e.g.: ablution facilities clean)	5	4	3	2 1
6	Minimum Standard: Emergency and safety practices in place in the shelter				

6.1 Fire precautions and emergency procedures in place (e.g.: fire hose, medications and poisonous are locked)	5	4	3	2	1
7 Minimum Standard: Victims of domestic violence have access to and receive adequate health care within or arrange by the shelter					
7.1 Universal precautions at shelter (Hepatitis B and HIV and AIDS)	5	4	3	2	1
7.2 Victims complaints about safety are addressed (Complaints procedures in place)	5	4	3	2	1
7.3 House rules in place	5	4	3	2	1
8. Minimum Standard: Adequate health care	5	4	3	2	1
8.1 Access to medical care					
8.2 Drug control/supervision	5	4	3	2	1
8.3 Information sessions on sexuality etc	5	4	3	2	1
8.4 HIV Pre and post test counselling	5	4	3	2	1
8.5 Confidentiality regarding health status assured	5	4	3	2	1
8.6 Mental health care	5	4	3	2	1
9. Minimum Standard: Developmental milieu and climate					
9.1 Identify victims personal strengths	5	4	3	2	1
9.2 Victim's participate in decision-making processes and give feedback about the programmes of the shelter	5	4	3	2	1
9.3 Victim's give feedback about the programmes of the shelter					
9.4 Healthy relationships are encourage between victim's and staff members	5	4	3	2	1
10. Minimum Standard: Care plan					
10.1 Assessment	5	4	3	2	1
10.2 Identify strengths and developmental needs	5	4	3	2	1
10.3 Each victim of domestic violence has a Care Plan and a copy thereof	5	4	3	2	1
10.4 Care Plan is regularly reviewed	5	4	3	2	1
11. Minimum Standard: Individual Developmental Plan (IDP)					
11.1 Each victim of domestic violence has a written individual developmental plan	5	4	3	2	1
11.2 The IDP is regularly reviewed and adapted to meeting the changing needs of the victim	5	4	3	2	1
12 Minimum Standard: Therapeutic services and programmes in place					
12.1 Victims are receiving therapeutic support and or special services	5	4	3	2	1
12.2 Victims are given information about the goals, period of time, and expected outcomes of all therapeutic programmes	5	4	3	2	1
12.3 Victims are motivated to make use of therapeutic programmes	5	4	3	2	1

13 Minimum Standard: Education - Victims of domestic violence are provided with appropriate and relevant education					
13.1 Service provider ensure that school going children of victims of domestic violence attend school	5	4	3	2	1
13.2 Shelter management build relationships with schools	5	4	3	2	1
13.3 Shelter management put measures in place to prevent discrimination of children at schools	5	4	3	2	1
13.4 Children within the shelter are provided with adequate resources and space to attend to their school work	5	4	3	2	1
14. Minimum Standard: Leaving the shelter (Disengagement)					
14.1 Service providers involved victim's in decision-making regarding their immediate and longer term future	5	4	3	2	1
12.2 Service provider ensure that victims are given sufficient information about resources within their future community (contact details)	5	4	3	2	1
14.3 Service providers ensure that each victim of domestic violence have a Safety Plan and an Individual Development Plan with contact numbers of services to take with them should they need assistance after disengagement	5	4	3	2	1