

**Practice Guidelines for Designing and Implementing Victim Empowerment
Programmes from the Perspectives of Service Providers and Consumers of
Services**

by

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submitted in accordance with the requirements for the

degree of

DOCTOR OF PHILOSOPHY

in the faculty of

SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

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February 2018

DECLARATION

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I, Athalia Phindile Shabangu, declare that the thesis titled *Establishing Practice Guidelines for Designing and Implementing Victim Empowerment Programmes from the Perspectives of Services Providers and Consumers of Services* is my own work and that all of the sources which I have used or quoted have been appropriately acknowledged by means of complete references.

.....

(Mrs A. Shabangu)

.....

DATE

ACKNOWLEDGEMENTS

I wish first to thank God Almighty for giving me the strength and wisdom which I needed to complete this undertaking. I wish also to express my deepest appreciation and gratitude to the following people and organisations for their invaluable contributions and support towards the completion of this thesis:

- Prof C. (Rinie) Schenck, my promoter, for providing professional guidance.
- Prof A .H. Alpaslan, for his support and encouragement to complete this thesis.
- Dr Luzile Nziyane, for always being willing to share her experience in research and providing professional support.
- Ms Portia Mthembu, my colleague and peer, who provided support and shared information.
- Ms Talita Freed, for independently analysing the data to ensure the trustworthiness of the findings of this study.
- Dr Zodidi Tshotsho, for her encouragement and support.
- Dr Joan Groenewald, for her encouragement and support.
- Dr Tebogo Mabe, for his constant support.
- My family, for patience and understanding while I devoted time to my studies.
- My younger sister, Suzan, who provided constant encouragement to complete this study.
- Advocate Owen, for his support.
- Ms Portia Qondani, for her assistance in facilitating the sampling of participants in the Victim Empowerment Programme to participate in this study.
- The IkhayaIthemba One-Stop Centre, for providing permission to conduct this study.
- The Vanderbijlpark Trauma Centre, for providing permission to conduct this study.
- Ms Milicent, a social worker at the Vanderbijlpark Trauma Centre, for her assistance in facilitating the sampling of victims to participate in this study.
- The Tirisano Shelter, for providing permission to conduct this study.
- The GRIP Shelter, for providing permission to conduct this study.

- The Tarma Shelter for providing permission to conduct this study.
- The participants in the Western Cape Government Victim Empowerment Programme who participated in this study.
- The participants in the Northern Cape provincial Victim Empowerment Programme who participated in this study.
- The participants in the Victim Empowerment Programme of the Mpumalanga Department of Community Safety, Security, and Liaison and the members of the Justice, Crime Prevention, and Security Cluster Forum who participated in this study.
- The members of the National Victim Empowerment Forum who participated in and contributed to this study.
- My colleagues, for providing support when I needed information and assistance in debriefing participants, and for facilitating access to literature which was relevant to this study.
- The victims who participated in this study and shared their traumatic experiences. Without their contributions, this study would not have been possible.
- The service providers who participated in this study and shared their experiences in the field of victim empowerment.
- Ms Zodwa Mahlangu and Ms Mimi Ledwaba, provincial and district coordinators of the Victim Empowerment Programme, for their assistance in facilitating the sampling of participants in the programme to participate in this study.
- The social workers in the provinces of Gauteng, Mpumalanga, the Northern Cape, and the Western Cape who made invaluable contributions to this study.
- The National Department of Social Development and the University of South Africa, for their financial assistance;
- Advocate Patamedi Mogale for the information which he provided from the National Prosecuting Authority concerning the proposed guidelines for practice, particularly with respect to the role of the Thuthuzela Care Centres.
- Mr Siyabulela Tonono of the Methodist Church of South Africa, for his contribution concerning the proposed guidelines for practice from the Faith Based Organisation side of service provision.

DEDICATION

This thesis is dedicated to my children, Mcondisi, Siphesihle, and Njabulo Shabangu, for allowing me to steal their time when they most needed my attention. I became an absent mother to dedicate my time to my studies, with the blessing of my family, owing to our shared understanding that education holds the key for success.

The thesis is also dedicated to my loving husband, (Umnumzane) Dumisani Shabangu, who jokingly always reminded me that he was as good as a person without a wife, because I was either travelling to other provinces or busy on my laptop when I was at home. He motivated me continuously, saying that although our circumstances may appear difficult for now, nothing in life is impossible and that with **God's grace**, I would succeed.

ABSTRACT

Crime is a complex social problem which has a diverse range of socioeconomic and legal consequences. Its effects upon victims are equally wide-ranging. In the cases of both violent and non-violent crimes, the effects and consequences for victims can assume any of a great many different forms. Dinisman and Moroz (2017) confirm that the effects can be deleterious in respects such as the physical health, emotional well-being, financial security, and prospects for employment or higher education. In addition, the intensity of the effects upon victims is influenced by many different factors. Evidence suggests that the nature of crimes which are committed and their seriousness do not in themselves account solely for differences in the severity of the effects which victims experience (Dinisman & Moroz, 2017). In the past, many organisations, including government departments, have been concerned mainly with rendering services to victims of child abuse and domestic violence, often at the expense of victims of serious crimes such as murder, rape, car hijacking, armed robbery and assault.

A qualitative study was conducted, in order to obtain an understanding from both providers of victim empowerment services and victims of violent crimes of the services which are provided to victims. A significant amount of data was collected in the form of suggestions from both groups of participants for improving the effectiveness of existing VE services and diversifying them to make the rendering of services a more holistic endeavour than it is at present. The study was conducted in the provinces of Mpumalanga, Gauteng, the Western Cape, and the Northern Cape and the data was collected from semi-structured face-to face interviews and focus group discussions.

The findings revealed that there were no standardised guidelines for rendering VE services to victims of different categories of crimes and the suggestions of the participants underscored the need for the development of appropriate referral protocols as a component of the guidelines for practice which were to be developed from the findings of the study. Some of the victims who participated in the study maintained that although some of their basic needs were being met in the shelters in which they were housed, in some instances counselling and therapeutic services were not available. Victims who were accommodated in shelters with their children expressed concerns with respect to a lack of educational programmes and facilities

for the children. Many also expressed the belief that programmes which enabled them to develop skills to become financially self-sufficient upon leaving shelters were crucial to both their rehabilitation and empowerment.

From the findings of this study, it was evident that guidelines for practice needed to be developed in accordance with the types of crimes which are committed against victims. From a careful analysis of the suggestions and recommendations of the participants, the researcher developed guidelines for practice for designing and implementing victim empowerment programmes in accordance with the objectives of providers of VE services and the needs of victims. The guidelines take the form of information pertaining to relevant programmes and services, appropriate referral protocols, and monitoring and evaluation framework templates to enable providers of VE services to assess their performance in relation to whether their services fulfil their mandates and whether the victims to whom they are rendered consider them to be sufficiently effective and appropriate. The guidelines are also intended to reduce inappropriate variations in the rendering of VE services and to stipulate standardised practices. The guidelines were circulated to members of the Victim Empowerment Management Forum who are also providers of VE services, for their comments and suggestions, which have subsequently been incorporated into the final draft of the guidelines for practice.

Key words

Guidelines for practice, services, victims, victim empowerment, victim support, providers of VE services, victimisation, rights of victims, needs of victims.

LIST OF ABBREVIATIONS AND ACRONYMS

CARA	Criminal Assets Recovery Account
CBO	Community-Based Organisation
CSO	Civil Society Organisation
CSVV	Centre for the Study of Violence and Reconciliation
CVAA	Crime Victim Assistance Act
DCS	Department of Correctional Services
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
FBI	Federal Bureau of Investigation
GBH	Grievous Bodily Harm
GBV	Gender-Based Violence
ICPC	International Centre for the Prevention of Crime
JCPS	Justice, Crime Prevention, and Security
KZN	KwaZulu-Natal
NCCS	National Crime Combating Strategy
NCPS	National Crime Prevention Strategy
NGO	Non-Governmental Organisation
NPA	National Prosecuting Authority
NPO	Non-profit Organisation
NRF	National Revenue Fund

POWA	People Opposing Women Abuse
POC	Prevention of Organised Crime
SAPS	South African Police Service
VE	Victim Empowerment
VEP	Victim Empowerment Programme
VAWIR	Violence Against Women in Relationships Policy
VOCA	Victims of Crime Act

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Chapter One

Introduction and General Orientation to the Study

1.1. Theoretical background and rationale

The National Policy Guidelines for Victim Empowerment (VE) (2009) of the South African Government stipulate that victims of crimes and violence need assistance from designated service providers to assist them to cope with and overcome their trauma and to prevent them from becoming victims in the future. Consequently, it is the responsibility of all service providers within the victim empowerment sector in South Africa to ensure the safety and protection of victims and also to ensure that the services which are provided meet the specific self-defined needs of victims and are accessible. Accordingly, it is incumbent upon service providers to ensure that they provide services to victims in a manner which promotes the objectives of the South African Bill of Rights, namely, to respect, protect, promote, and fulfil the rights of all people in the country, as they are enshrined in the Constitution of the Republic of South Africa (Act No 108 of 1996). It is imperative that service providers should ensure that the inherent rights of victims to human dignity, equality, freedom, and security are always respected, protected, and promoted.

The findings of research which was conducted by Davies, Francis, and Greer (2007) emphasise that victims of severe trauma do not simply recover from their experiences and that, instead, their experiences are permanently integrated into their perceptions, beliefs, attitudes, and outlooks. According to the South African National Centre for Victims of Crime (2012), victims tend to have a more negative view of the world than those who have never been severely traumatised. Derksen (2009) maintains that as most victims find it extremely difficult to describe their traumatic experiences, they tend to express their frustration in a number of different ways. In some instances, they may suppress their experiences or their responses to them and refuse to discuss them, to the point that they take care to avoid people who are likely to ask them about their experiences or situations in which they may feel obliged to discuss them. Consequently, severe or frequent abuse impairs the ability of victims to manage the painful internal states which undermine their self-confidence and their ability to

comport themselves (Warshaw & Sullivan, 2013). As a result, victims are likely to lack effective coping mechanisms and be highly vulnerable to further harm, as a consequence. Warshaw and Sullivan (2013) explain that victims, particularly those who have experienced repeated or severe abuse, may develop symptoms which severely impair their daily functioning.

Several types of services are offered by service providers in the Victim Empowerment (VE) sector in South Africa, which comprises both government departments and non-governmental organisations (NGOs). The nomenclature which is applied to victims varies considerably. While the Department of Health refers to victims as patients, they are classified as complainants by the Department of Justice and the South African Police Service. By contrast, they are regarded as clients by the Department of Social Development and the NGOs which provide services to them. The types of support services which are provided to victims by the government departments also vary considerably. In some instances, services are not standardised, even among organisations which ostensibly offer the same types of services. In the context of this research study, standardisation refers to treating each victim as unique but providing a uniform level of service.

It emerged from the relevant available literature which was reviewed prior to conducting this study that most of the services which are available to victims of trauma in South Africa concern domestic violence, child abuse, and sexual offences (NACOSA, 2015). Although relatively little information appears to be available pertaining to services for victims of violent crime, the findings of research which was conducted by Wasserman and Ellis (2007) suggest that the assistance which is rendered to them differs in accordance with the nature of the trauma which they have experienced. The Victim Empowerment Programme, which was launched in South Africa in 1998, has been concerned mainly with domestic violence, with the Department of Social Development assuming the responsibility for establishing shelters and providing psychosocial and empowerment services to victims. Owing to the pervasive high incidences of domestic violence throughout South Africa, the programme has been concerned mainly with providing services to victims of domestic violence, who are usually women and children. Its mandate has subsequently been expanded to include all victims of gender based violence, violent crime, and women

and children who are trafficked for sexual exploitation (Department of Social Development Strategy, 2015). The Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences (2005) has declared the lack of uniformity with respect to the services which are provided as being problematic. One of the principal causes for concern which was identified was the tendency for programmes to differ with respect to content, quality, accessibility, scope, use of terminology, structure, focus, or the groups who were intended to benefit from them.

The National Policy Guidelines for VE (2009) emphasise the need to move away from providing services to victims of sexual assault and domestic violence only, but rather to provide services to all victims of crime and violence which accord with the definitions of the Department of Social Development (DSD). Services which are provided to victims should meet the needs of all vulnerable members of the population who are the victims of or exposed to criminal behaviour. It needs to be emphasised that victims are entitled to access all mechanisms of justice and to prompt redress for harm or loss which they have suffered. Victims are also entitled to receive adequate specialised assistance to enable them to overcome the effects of emotional trauma or other forms of distress which their experiences cause them.

The National Policy Guidelines for VE (2009) also acknowledge the large numbers of victims of crime and violence throughout all of the provinces, regions, and communities of South Africa. The high rates of crime in South Africa are evident from the total of 26 802 480 criminal cases, the 51 859 cases of sexual offences, and the 18 673 murder cases which were reported to the South African Police Service in 2016 alone (Institute for Security Studies, 2017). According to Nedombeloni and Oyedemi (2014), it is estimated that a woman is raped every 4 minutes in South Africa, while Aucamp, Steyn, and Van Rensburg (2013) maintain that a child is raped every 3 minutes, with more than 88 percent of child rapes going unreported. A conservative projection, if all instances of rape were to be reported, would require of the order of 530 rape cases to be opened each day in South Africa. Consequently, service providers which provide assistance to victims need to maximise their capacity to provide appropriate support, by identifying the resources and services which are available in the communities which they serve and make optimal use of them. It is essential that programmes which are

implemented to render assistance to victims should consider their mission as comprising two principal components. The first entails enabling victims to regain their physical, emotional, and psychological equilibrium in the aftermath of their traumatic experiences. The second concerns the need to ensure that victims do not undergo similar traumatic experiences in the future. It is for these reasons that it is imperative to standardise services in the VE sector, in order to ensure that all victims have access to services which are of equal quality of service. In addition, standardisation would also strengthen the referral mechanisms of service providers and ultimately encourage integration and the adoption of a holistic approach to providing services in the victim empowerment sector (National Policy Guidelines for VE, 2009).

The draft strategy for the Violence Empowerment Programme of the Department of Social Development (DSD) (2014) identified the need to develop a set of minimum standards for services and standardised training procedures for service providers which provide direct services to victims of crime and violence and to perpetrators of crimes as representing one of the principal priorities for effective victim empowerment in South Africa. The VEP strategy of the DSD places considerable emphasis upon the crucial role which training has to play in the victim empowerment sector and the need to provide it to service providers and relevant government departments. From a similar standpoint, it is stipulated in the Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences (2005) that service providers have a duty to ensure capacity building within their respective organisations, in order to optimise the quality of the services which they provide. In many cases, the training which is provided needs to be specific to the functions which particular departments or organisations perform, such as education and awareness, advocacy, providing medico-legal services, providing support to victims in court, preparing victims for court appearances, providing legal advice, and providing forms of support such as emotional support, practical assistance and information, trauma counselling, psychological support, and in-patient care.

Training should also enable service providers to assist victims to improve their quality of life, by informing victims of services which are available to them and relevant to their circumstances, in order to ensure that victims are supported in a holistic manner. It is also imperative that all service providers should adhere rigorously to the procedures

and guidelines of the policies of their departments and organisations, the Service Charter for Victims of Crime (2004) and the minimum standards which it stipulates, the minimum standards which are specified by the Victim Empowerment Policy (Please see Chapter Four), and other relevant policies (Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences, 2005).

The DSD conducted a victim satisfaction survey in 2011 to assess the levels of satisfaction or dissatisfaction of victims with the services which were provided by cluster departments in the Criminal Justice System (CJS). One of its aims was to assess the various dimensions of satisfaction with the victim empowerment services which were rendered through the Victim Empowerment Programme, in order to improve the services which were provided by the Criminal Justice System. Some of the findings from the focus group discussions which were conducted in the study of 2011 suggested that access to services should be available to victims 24 hours a day and 7 days a week. They also revealed that there was a general lack of human capacity and the desirability of attending to the needs of victims in a holistic manner, irrespective of their ages, colour, gender, or sexual orientation (DSD, 2011).

The findings of the survey underscored the need to develop an evaluation model to assess the effectiveness of the various dimensions of the Victim Empowerment Programme and the practical considerations which service providers or cluster departments need to take into account to ensure that the levels of service which they provide are acceptable. The Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences (2005) requires service providers to observe the following standards in their treatment of victims:

- They should not discriminate against victims on the grounds of race, gender, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, or whether they were born in or out of wedlock.
- They should respect the dignity of victims
- They should uphold the right of victims to privacy.

- They should uphold and respect the right of victims to personal freedom and security.
- They should ensure that the best interests of victims are taken into consideration when they are referred to registered therapists.

The researcher has been employed as a social worker by the Department of Social Development since 1997 and has worked as a statutory social worker for 3 years. She was promoted to the position of senior probation officer, which she held until 2004, when she became a supervisor of statutory social work services, a position which she held for a further 3 years. She was subsequently appointed as a social work policy manager by the National Department of Social Development in 2007.

One of the significant assignments which the researcher received in her new capacity was to develop a position paper and guidelines for victims of transnational and other serious crimes. It became apparent, during the process of developing the guidelines, that the support services which were rendered to victims of crime and violence in South Africa were limited, fragmented, and not standardised. Consequently, they tended to be ineffective in many instances, despite the intentions behind the guidelines and policies which have been discussed. The researcher understood that there was a need to develop guidelines for practice which met the needs of both providers and recipients of VE services. She realised that the guidelines would also need to ensure that victims of violence and crime were not subjected to secondary victimisation. In addition, the guidelines would also need to take properly into account the varying needs of victims of crime in accordance with their personalities and psychological makeups and also the nature of the crimes which have traumatised them.

Serious crimes include hijacking, murder, armed robbery, rape, and assault with intent to cause bodily harm. The Centre for the Study of Violence and Reconciliation (CSV), (2007) also lists these crimes as the most violent categories of crimes which occur in South Africa. Transnational crimes are offences which have an international dimension, in that they entail crossing at least one border before, during, or after they are committed (Chatzis, 2013). Examples include the illicit trafficking of narcotic drugs

and psychotropic substances, money laundering, terrorism, the trafficking of contraband arms and ammunition, the trafficking of people for sexual exploitation, and piracy. Sawadogo (2012, p. 96) explains that although transnational crimes have long constituted a global phenomenon, in recent times, owing to the effects of globalisation, they have assumed alarming proportions and proliferated exponentially. He maintains that one of the ironic consequences of globalisation has been a dramatically increased existing power vacuum which has empowered criminal networks to the extent that their impunity and ability to erode human dignity continue to increase in direct proportion to the spread of globalisation.

By contrast, serious crimes include all criminal acts which threaten the security of individual people, communities, and societies, hinder political and economic reconstruction, or undermine public trust in criminal justice institutions (Rausch, 2006). Although serious crimes range from money laundering to murder, drug trafficking, and terrorism, the only category of serious crime whose victims were of concern for the purposes of this study was that of murder. It is envisaged that the developing of appropriate guidelines will serve as a viable means of empowering providers of VE services sufficiently to ensure that equal protection is afforded to everyone who is affected by violent crimes. The standardisation of procedures is intended to ensure that victims receive all of the benefits of the Victim Empowerment Programme and are comprehensively supported until they are sufficiently empowered to lead fulfilling lives.

The Government of South Africa has realised that failure to treat victims with dignity, respect, and a proper understanding of the dynamics which the offences which have been committed against them entail is likely to result in secondary victimisation. The concept of secondary victimisation refers to judgemental behaviour or attitudes on the part of providers of VE services to victims of crime and violence which, either explicitly or implicitly, apportion some of the blame for their experiences to them, thereby subjecting them to further traumatisation. Secondary victimisation has exerted a severely undermining influence in the South African Criminal Justice System (CJS) (Faull & Mphuthing, 2009) and continues to deprive victims of domestic violence and sexual offences of the legal protection which the constitution and the laws of South Africa afford them.

According to the Shukumisa Campaign (2014), the effectiveness of the CJS continues to be bedevilled by an alarming number of withdrawals of cases by complainants and low rates of reporting by victims. This assessment accords with the findings of a study which was conducted by the Institute for Security Studies (ISS) (2013), which revealed that crime statistics for sexual offences were misleading, owing to low rates of reporting. It was also found that victims were often discouraged from reporting sexual offences which had been committed against them by fear of the secondary victimisation to which they were likely to be subjected by engaging with the criminal justice system. Although several providers of VE services have responded to the need to eliminate secondary victimisation through a number of potentially effective interventions, a lack of consistency and uniformity in their implementation has tended to result in disparities with respect to the assistance which victims receive and also in inefficient service delivery. The Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences (2005) emphasises the need to apply uniform standards in order to achieve objectives such as the elimination of secondary victimisation and ensuring effective service delivery to victims.

It is intended that the implementation of the guidelines for practice which the researcher has been instructed to develop should provide long-term support to victims of crime. They should be considered to represent an initiative both to arrive at a uniform understanding of standards for providing VE services to victims and to capacitate service providers to do so with optimal effectiveness and efficiency. Accordingly, the guidelines are intended not only to establish universally applicable standards, but also to inspire the development of a new ethic and code of practice, which promotes the achieving of optimal levels of service delivery and also ensures the restoration of the dignity, self-respect, integrity, and safety of victims. Once the guidelines have been developed, all providers of VE services throughout South Africa will need to be adequately capacitated to implement them, through appropriate consultative processes.

1.2. Problem statement

According to the National Policy Guidelines for Victim Empowerment (2009:5), a number of different role players, including both government and civil society organisations, offer services to victims of crime at present, although the services appear to be uncoordinated, lacking integration, and not equally distributed throughout the country. There is a particularly great disparity between the services which are offered in urban areas and those which are available in rural and poor communities (Nel & Kruger, 1999:8).

The lack of standardisation is accompanied by a corresponding lack of legislation pertaining to victim empowerment. At present, victim empowerment services are provided under the auspices of the National Policy Guidelines for Victim Empowerment (2009). According to the guidelines, as services for victims of crime are not comprehensively managed or coordinated among government departments and other providers of VE services, they are not provided in a manner which accords with the principles of the Service Charter for Victims of Crime in South Africa (2004). The guidelines for practice for the VEP will be developed with the aim of reducing the negative consequences of traumatisation and providing a holistic means of meeting the diverse needs of victims in an appropriately sensitive manner.

As the VEP of 1996 is an integrated intersectoral programme, the guidelines for practice will be implemented by government departments and other providers of VE services. Accordingly, the guidelines for practice need to accord with the National Policy Guidelines for Victim Empowerment, which are intended to guide the empowerment of all victims of crime and violence. The principal objective of the policy guidelines is to ensure that the rights of victims of crime and violence are acknowledged and upheld and their needs are effectively met within a restorative justice framework (National Policy Guidelines for Victim Empowerment, 2009, p. 3).

1.3. Motivation for the study

As it has been explained, it became apparent to the researcher during the course of endeavouring to develop guidelines for practice for victims of transnational and other serious crimes that it would be necessary to do so in a manner which placed equal emphasis upon the roles of providers of victim empowerment programmes (VEPs) and the rights and needs of victims. As the development of legislation pertaining to the empowerment of victims of crime and violence by the South African Government is a work in progress, appropriate guidelines for practice would contribute to the effective implementation of the legislation once it has been promulgated.

It is imperative that the Department of Social Development should assume a leadership role in planning with respect to the programmes, strategies, and projects by means of which the victim empowerment legislation is implemented. According to the National Policy Guidelines for Victim Empowerment (2009:16-17), each government department or service provider is expected to develop its own policies and strategies to meet the needs of victims, as their services are rendered in different settings and at different levels in communities. Although the guidelines for practice will be informed by the information which is provided by relevant government departments and community-based organisations, in those cases in which providers of VE services are unable to implement them, they should be able to develop their own guidelines, which accord with the standards of the official guidelines for practice. In addition, the guidelines for practice have great potential for expanding the existing body of knowledge pertaining to the optimal assistance and rehabilitation of victims of violence and crime through the practical evidence which the implementation of policy generates.

1.4. Research question, primary goal, and objectives of the research study

This section is devoted to an elucidation of the research question which this study was conducted in order to answer and the primary goal and objectives of the study.

1.4.1. The research question

According to Agee (2009), researchers regard research questions as providing a starting point for qualitative studies. Once researchers have formulated appropriate and relevant research questions, researchers are able to develop research methodologies in order to conduct studies to answer them. Research questions in qualitative research are questions which are formulated in order to generate answers pertaining to particular events, occurrences, or phenomena through insights which are provided by expressions of the subjective perceptions, beliefs, and opinions of individual participants (Holloway & Wheeler, 2010:20; Leedy & Ormrod, 2005, pp. 4-5; Fouché & De Vos, cited by De Vos, Strydom, Fouché, & Delpport, 2005, p.103). They are broad questions which serve to guide researchers concerning the type of data which should be gathered in order to investigate and obtain in-depth understandings of their research topics. Alston and Bowles (2003, p. 51) maintain that qualitative researchers should not begin their studies with 'empty heads', but rather with some initial ideas concerning the direction which their research should take.

The following research question was formulated in order to conduct this study:

Which guidelines for practice should be developed to ensure standardised quality of services provided to victims of crime?

1.4.2. Primary goal of the study

The principal goal of the research study was to develop guidelines for practice to ensure standardised quality services to victims of crime.

1.4.3. Objectives of the study

According to Fouché and De Vos, cited by De Vos, Strydom, Fouché, and Delpport (2005, p. 104) and Babbie (2007:114), objectives are set by researchers to provide

clearly articulated goals for their research studies. In order to achieve the goal of this study, the following objectives were formulated:

- **Objective 1**

To assess and evaluate the experiences of victims of crime and the services which are provided to them.

- **Objective 2**

To determine the guidelines for practice which should be followed or applied by providers of victim empowerment services.

- **Objective 3**

To determine and describe the guidelines for practice which should be applied in order to provide victim empowerment services which meet the needs of victims of crime and violence.

- **Objective 4**

To determine the roles and responsibilities of relevant government departments and NGOs in providing VE services to victims of crime and violence.

- **Objective 5**

To develop and present guidelines for practice which optimise the roles of providers of victim empowerment services and ensure that the needs of victims of crime and violence are effectively met.

1.5. Clarification of key concepts

1.5.1. Victims

The term 'victims' refers to victims of crime and violence as they are defined in the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, namely, people who, individually or collectively, have suffered harm,

including physical and mental injury, emotional suffering, economic loss, or substantial impairment of their rights, through acts or omissions which are violations of national criminal law or of internationally recognised norms in relation to human rights (Department of Social Development, 2005; Kirchengast, 2016).

From a similar standpoint, the National Policy Guidelines for Victim Empowerment (2009, p. 2) define a victim as any person who has directly suffered harm, including physical or mental injury; emotional suffering; economic loss or substantial impairment of his or her fundamental rights, through acts or omissions which are in violation of South African criminal law. In terms of the definition, victims can include, when it is appropriate to do so, indirect victims, such as the immediate family or dependants or even neighbours or colleagues of a direct victim (National Policy Guidelines for Victim Empowerment, 2009, p. 2). A person may be considered a victim, irrespective of whether the perpetrator is:

- Identified
- Apprehended
- Prosecuted or convicted
- A member of the family of the victim or a relative (National Policy Guidelines for Victim Empowerment, 2009, p. 2)

An adequate working definition for a victim of violent crime would be a person who has been confronted, attacked, assaulted, or violated by a perceived predator, with serious consequences, which may inflict either short- or long-term physical or mental injuries upon the victim of the crime.

1.5.2. Victim empowerment

Victim empowerment is an approach to facilitating access to and providing a range of services to people who, individually or collectively, have suffered harm, trauma, or material deprivation, through violence, crime, natural disasters, human accidents, or socioeconomic conditions, with the intention of restoring dignity and health and facilitating the development of a healthy, peaceful, and economically viable society (Department of Social Development, 2005; Draft Victim Empowerment Strategy Plan, 2006-2008). The concept denotes a philosophy which underlies providing care and

assistance and also a specific approach which is adopted by service providers, irrespective of the state departments or sectors which they represent, to providing services to victims of crime. Among its fundamental tenets is the belief that instead of victims being solely dependent upon the expertise of professional practitioners for assistance, the specific strengths, skills, and competencies which individual victims possess should be appropriately harnessed to enable them to overcome their traumatic experiences as active agents who have been adequately empowered to do so (Nel, Koortzen, & Jacobs, 2001).

Although 'victim support' and 'victim assistance' have featured prominently in international discourse pertaining to the rendering of services to victims of crime and violence, the term 'victim empowerment' was coined in 1996 at the first national workshop which was convened by the South African Police Service and the Institute for Security Studies to discuss topics which were relevant to providing effective and meaningful assistance to victims of crime. During the workshop the need was expressed to expand the concept of victim support by aligning it with crime prevention, in order to break cycles of violence and prevent victims from being subjected to it in the future (Camerer & Nel, 1996; Snyman, 2005).

1.5.3. Victim support

The purpose of victim support is to assist victims and survivors of crime or tragedy through emotional support, practical aid, information, and advocacy. Its objectives are to reduce the psychological shock and trauma which victims may suffer by providing emotional support and practical assistance, either immediately after traumatic incidents or shortly afterwards, to identify symptoms of post-traumatic stress and to refer victims for trauma counselling or other professional services when it is necessary to do so, to prevent or reduce the likelihood of victims being subjected to secondary victimisation by the criminal justice system by providing information concerning matters such as the status of investigations, the functioning of the court system, and the rights of victims within it, to prevent recurrences of victims being subjected to crime or violence by advising and guiding them towards preventative lifestyles, and to create awareness among the public of the risks which crime entails for individual people and communities (Themba Lesizwe Organisation, 2005).

1.5.4. Service providers

According to the Joint Committee on Human Rights (2006), a service provider is an agency which provides types of services such as consultancy, legal advice, assistance with matters pertaining to real estate, education, communications, storage, and processing to organisations. Although the term 'service provider' can refer to sub-units of organisations, it is more generally used to refer to third parties or outsourced suppliers. A service provider can be an individual person or a group of people who provide specific services according to certain requirements or terms of reference. Focacci, Mockler, and Gartenfeld (2005) maintain that a company which acts in the capacity of a service provider should provide a contractual service to host, manage, and provide service to its customers. The definition of 'service provider' is a broad one, which includes most organisations which deal directly with members of the public. Although a manufacturer whose goods are sold only through retailers would not be considered to be a service provider, the retailers through which the products are distributed to the public would. Similarly, while an investment bank which deals only with other companies and business organisations and not with the public would be excluded from the definition, a high street bank would be included in it. Services also include public amenities such as parks, public buildings, leisure facilities, and railway stations, irrespective of whether they are run by government departments or private companies, although public authorities and those who act on their behalf have additional responsibilities.

1.5.5. Guidelines for practice

Peters and McKeon (1998, p. 168) explain that guidelines are formulated to guide activities by recommending courses of action in the practice of care which can be rendered to defined groups in defined situations. Guidelines for practice are intended to improve the quality and effectiveness of care by employing uniform standards to reduce variations in the quality of care which is provided. For Alston and Bowles (2003, p.69), 'practice' refers to activities and projects which together constitute particular professional roles. Guidelines for practice provide service providers with the means to develop and implement strategies to combat particular social problems through

activities and projects. For the purposes of the guidelines which the researcher intends to develop from the findings of this study, a strategy articulates the procedures which are to be followed to combat social problems and the techniques which are to be used (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2006).

Although guidelines are intended to provide those who implement them to overcome particular problems or implement particular strategies, formal guidelines for some interventions have been known to cause practitioners to overlook crucial factors and considerations in their assessments (Bhattacharyya, Reeves, & Zwarenstein, 2009). It needs to be emphasised that guidelines need not necessarily be followed blindly, as they are not commands and service providers should always be able to draw from their own experience and exercise their own judgement when they make decisions concerning individual clients (Bhattacharyya *et al.*, 2009, p. 500). Because guidelines need to be sensitive to complexity, considerable time and flexibility need to be allowed in their implementation, which enables service providers to optimise their diagnoses of the problems of individual clients while they take the contexts in which they occur properly into account.

1.5.6. Consumers

A consumer is a person who receives specific services from service providers, in accordance with his or her preferences (Howells & Weatherill, 2005, p. 1). According to the Longman Dictionary of Contemporary English, when the word 'customer' is used in an economic context, it refers to a person who purchases products or services for personal use and not to manufacture other products or for resale. Consumers are able to make decisions whether or not to purchase particular items from retail stores and their decisions can be influenced by marketing and advertisements. Every time someone goes to a store and purchases a toy, shirt, beverage, or any other item, the decision to do so is made by the person concerned in his or her role as a consumer. Although the decisions of victims of violence and crime to avail themselves of the services which are available to them may not be the result of the cynical manipulation which is associated with the messages of advertisers, the degree of satisfaction which they feel concerning the services which they receive is of no less significance than

that which customers and consumers feel in relation to the purchases which they make.

1.5.7. Counselling

Counselling is a process by means of which clients meet with therapists in order to come to terms with problems which they are experiencing by attempting to discuss them in an objective manner with an empathetic professional counsellor. A fundamental premise of counselling is that as everyone is potentially capable of resolving their own problems, the experience and skills of therapists facilitate the process of recovery by enabling clients to perceive their problems within the contexts of their ability to overcome them. Counselling is essentially a strictly confidential process and no information which is provided during counselling sessions is divulged to anyone else, unless a therapist believes that a client poses a danger to himself or herself or others. Otherwise, no information can be divulged without the written permission of a client. Counselling entails assistance which is concerned with the needs of individual clients with respect to their psychological health and adjustment.

1.6. Structure of the thesis

This thesis is divided into nine chapters, the content of each of which is summarised in this section.

- **Chapter 1: Introduction and General Orientation to the Study**

The introductory chapter took the form of a general overview of the research topic and the development of the research problem. The motivation, aim, and objectives of the study were discussed. The qualitative nature of the study was introduced and in-depth clarifications of the concepts to which frequent references are made during the course of the thesis were provided.

- **Chapter 2: Dynamics of Crime and Victimization in South Africa**

The second chapter is devoted to a review of the relevant available literature pertaining to the dynamics of crime and victimisation in South Africa. The discussion endeavours to identify the reasons for the high levels of crime which are prevalent in the country. It also provides an overview of the types of serious and violent crimes which are committed, their consequences, the trauma which serious and violent crimes inflict upon victims, the needs of victims, and initiatives to prevent crime which are needed in order to combat the social ill which the plight of victims represents.

- **Chapter 3: Responses to Crime**

The third chapter takes the form of an overview of the organisations which render VE services and a discussion of the concept of victimology. It also reviews some of the responses to crime which have been initiated by government departments and civil society organisations.

- **Chapter 4: Legislation, Policies and Programmes**

The fourth chapter is devoted to a discussion of national and international legislation and policies. The discussion also covers the services which are provided to victims of crime and violence, which take forms such as intervention strategies and programmes which are implemented by service providers in order to render appropriate assistance to victims.

- **Chapter 5: Research Methodology**

The discussion of the research methodology covers the approach which was adopted to conduct the study, the research question which was developed to guide it, the principal aim and the objectives of the study, the research design and methods which were used to collect the data, and the ethical standards for research in the social

sciences which were scrupulously adhered to at all times during the conducting of the study.

- **Chapters 6 and 7: Research Findings**

The sixth and seventh chapters are devoted to a presentation, discussion, and analysis of the findings of the study. The findings are also evaluated in relation to those of studies which were reviewed in the literature review, particularly with respect to guidelines for practice concerning the roles of providers of VE services and the specific needs of victims.

- **Chapter 8: Suggested Guidelines for Practice for Designing and Implementing Victim Empowerment Programmes with Respect to the Roles of Service Providers and the Needs of Victims**

In the eighth chapter proposed guidelines for practice are presented for designing and implementing victim empowerment programmes, with respect to the roles of service providers and the needs of victims.

- **Chapter 9: Summary, Conclusions, and Recommendations**

In the final chapter, the findings are summarised, conclusions are drawn from the findings, and recommendations are made on the basis of the conclusions. The implications of the findings for providers of VE services are discussed and recommendations are made concerning the providing of services to victims of crime and violence.

1.7. The dissemination of the findings of research studies

According to Yegidis and Weinbach (2002:244), one of the principal reasons for conducting research is to contribute to the knowledge bases of practice of the disciplines in which it is conducted. Consequently, the findings of studies need to be interpreted and communicated to organisations and individual people in relevant communities of practice to enable them to improve the services which they render to

clients. The researcher decided from the outset of this study that the findings would be presented in the form of a report to the people who assisted with the conducting of the study and to people in the community of practice. The intention behind the decision was to assist them in their work, to contribute to improving the quality of services which are rendered to victims of crime and violence, and to ensure that improved and standardised services are provided to them, in accordance with the provisions of the Service Charter for Victims of Crime. The findings of the study will also be disseminated through presentations at professional conferences and symposia. The researcher intends to write and submit articles concerning the research project and the findings which emerged from it for review and possible publication in professional journals. The following chapter is devoted to a comprehensive review of the relevant available literature pertaining to the dynamics of crime and victimisation in South Africa.

Chapter Two

Dynamics of Crime and Victimization in South Africa

2.1. Introduction

This chapter is devoted to an evaluation of the effects of crime upon victims, specifically violent crime. It is particularly concerned with the specific needs of individual victims who have been traumatised by crimes and their implications for effective crime prevention initiatives. Walsh and Ellis (2007) define a crime as an intentional act, without justification or legally acceptable defence, in violation of criminal law, for which a punishment is prescribed. The concept is defined in legal terms by individual states and, owing to the implications of crime for societies, the phenomenon is subjected to a great deal of scientific scrutiny.

Criminology is a scientific discipline which is devoted to studying the phenomenon of crime with respect to its causes, effective responses by law enforcement agencies, and methods of prevention (Siegel, 2015). Among the phenomena pertaining to crime which concern criminologists are the changing nature of crime over time, cultural conceptions and manifestations of crime, criminal activity with respect to factors such as gender, race, and ethnic groups, differences with respect to the criminalisation of harmful acts, and the measures which can be taken to prevent and reduce incidences of crime (Schutt & Bachman, 2014).

2.2. The phenomenon of crime

Throughout the world crime is not the sole preserve of any single race or class of people. Instead, crimes are committed by people from all strata of society and backgrounds and their effects are felt by all members of societies, as opposed to being confined to criminals and victims of crime (Hanson, Sawyer, Begle, & Hubel, 2010). In addition, crimes can take many different forms and have an equally diverse range of

consequences. In the United States alone, almost every citizen is exposed to at least one form of crime during their lifetimes, even if they do not engage in criminal activity themselves (Hanson *et al.*, 2010). Although states endeavour to prevent and control crime through the promulgation and enforcing of laws, its effects upon societies and the people of whom they are comprised are nonetheless both profound and far-reaching (Bloom, 2013).

According to the Report of the Thirteenth United Nations Congress on Crime Prevention and Criminal Justice (2015), at the global level, violent crimes for which police-recorded data is available have decreased significantly over the past decade. The decrease has been particularly marked for crimes which concern property, such as motor vehicle theft and burglary, both of which have been reduced by more than a quarter. Criminal offences pertaining to drug trafficking have remained relatively stable over time, while offences pertaining to possession of illegal narcotics have increased significantly since 2003. The apparent decreases were also discerned with respect to reported cases of rape, an offence which is generally characterised by very low levels of reporting. Conversely, increases in numbers of reported cases could be driven by increased awareness of the pernicious and insidious nature of particular crimes and result in correspondingly increased rates of reporting by victims and detection by law enforcement authorities (Report of the Thirteenth United Nations Congress on Crime Prevention and Criminal Justice, 2015).

From 2003 to 2013, in the United States the rates of the crimes which have been discussed in this section either fluctuated moderately or declined slightly, with a notable exception being provided by a sharp decline in motor vehicle theft. Although there have been noticeably declining rates for several categories of crime in Europe, rates for offences pertaining to drug possession and rape have increased. In Asia and Oceania, drops in property-related crimes have not always been paralleled by similar trends in violent crimes, while drug trafficking offences have surged in recent years (Report of the Thirteenth United Nations Congress on Crime Prevention and Criminal Justice, 2015).

Distributions of rates for categories of crime are somewhat different in South Africa and many people believe that incidences of violent crime began to rise significantly in 1994 and have continued to escalate since then. According to Kriegler and Shaw (2016), these perceptions are erroneous. They explain that their research, which traces national murder rates of over a century, reveals that the physical safety of most South Africans has improved significantly during the previous two decades. By contrast, they maintain that many South Africans tend to express concerns pertaining to crime as a means of avoiding confronting more pressing concerns pertaining to reconciliation, the fabric of social life, and the success of South Africa in its post-apartheid future. They use murder statistics to support their contention, by explaining that from 1994 onwards, the murder rate has fallen by an average of 4 percent a year. Raw figures have fallen from of the order of 74 murders a day in 1994 to 49 a day in 2015, despite a population growth of in the region of 40 percent during the same period. They maintain that the pronounced downward trend after 1994 is confirmed by both mortuary records and the findings of crime victimisation surveys. The findings of the surveys also reveal that rates of non-fatal assault, including common assault, serious assault, and attempted murder, dropped by similar margins. Conversely, although fear of crime continues to be widespread among South Africans and rates for particular types of robbery appear to have increased, they conclude that the likelihood of people being physically assaulted or killed has been effectively halved by comparison with 20 years ago.

According to Shaw and Camerer (2004), the overall levels of recorded crimes in South Africa began to increase during the 1980s, a trend which continued into the early 1990s. Crime statistics in South Africa reflect that 57 victims for every 100 000 members of the population die violently in crime-related incidents every year. The findings of the Victims of Crime Survey of 2010 revealed that since 1994 crime trends in the larger cities of South Africa have followed a similar pattern to those of developed countries such as the United States, the United Kingdom, Germany, France, Russia, and Japan. During 2011, 11 877 218 criminal cases were reported in the United States, by comparison with 2 683 849 cases in South Africa. A comparison of crime rates among South African cities reveals that Johannesburg has the highest rate for serious crimes, followed by Pretoria, Cape Town and Durban (Victims of Crime Survey, 2010;

Centre for the Study of Violence and Reconciliation, 2013). Although it is not possible to make meaningful direct comparisons between crime statistics for the United States and those for South Africa, during 2011 a similar spread of crime rates could be observed among the states. The state of Maine had the lowest rate for violent crime of 123.2 per 100 000 residents, while Tennessee had the highest with 608.2 per 100 000. According to the FBI Uniform Crime Report (2016), in 2016 the state of Louisiana had the highest homicide rate of 11.8 per 100 000.

During 2011 in South Africa, an average of 4769 crimes were reported per 100 000 residents throughout the country, with the average for cross boundary crimes standing at 1913. A quarter of the crimes were property crimes and almost another quarter were violent crimes. Only about 4 percent entailed robbery. These three categories of crimes accounted for approximately 50 percent of all of the reported crime in the South African administrative data for 2011 (Bhorat, Lilenstein, Monnakgotla, Thornton, & Van der Zee, 2017).

In 2013, violent crime remained alarmingly high, with 827 children being murdered during the 2012/2013 financial year. During the same period, 2266 adult women were murdered and 141 130 were victims of attempted murder, grievous bodily harm (GBH) assault, or common assault (Gould, 2014). According to Statistics South Africa (Stats SA, 2016), there were 14 602 reported cases of car hijacking during the 2015/2016 financial year, which is higher than the 12 773 cases which were reported during the 2014/2015 financial year.

Table 2.1 summarises the serious crimes which were committed in the provinces of Gauteng, Kwazulu-Natal, and the Western Cape from 2005 to 2006.

Table 2.1.: Serious crimes committed in three different provinces from 2005 to 2006 (CSV, 2010)

Areas	Murder	Rape	Assault (*GBH)	Robbery	Car hijacking
Gauteng (Seven policing areas)	3434	48 205	49 784	6890	5909
KZN North	971	2103	5788	9424	979
KZN South	1047	1935	5843	6538	1317
KZN Umfolozi area	770	1423	5074	3660	467
KZN Midlands	841	1566	4569	2292	142
Western Cape (West metropolitan)	861	1601	6228	7230	593
Western Cape (East metropolitan)	995	2191	8086	4846	358
Sub-total	8919	22 381	83 793	83 774	10 746
National	18 528	54 926	226 942	119 726	12 825

The provinces which appear in Table 2.1 were considered to be the most severely affected by violent crime in South Africa from 2005 to 2006, although rates of violent crime have subsequently increased dramatically in the province of the Eastern Cape, particularly in Port Elizabeth. According to crime statistics of the South African Police Service (SAPS) (2017), the highest numbers of murders in South Africa are consistently reported in Gauteng and KwaZulu-Natal. Although the statistics may be little cause for surprise, owing to their large populations, the provinces of the Eastern Cape and Western Cape could be said to be vying with each other for the next position in the rankings.

In addition, it can be seen in Table 2.1 that robbery and other violent crimes are heavily concentrated in the metropolitan and surrounding areas of the provinces. Although only seven policing areas in Gauteng are reflected in the table, the high rates of the categories of crimes which are summarised illustrate their alarming levels in the province quite unequivocally.

The Government of South African responded in 2004 by setting a target to reduce incidences of serious crimes by from 7 to 10 percent each year, for a period of 10 years. Since the introduction of the programme, each year a report is compiled to assess the progress and status of combating crime as a component of its overall goal. In 2010, combating crime was identified as a priority of the outcomes approach which the government began to implement and a number of different government departments started working towards the attainment of Outcome 3 of the Medium Term Strategic Framework, namely, 'All people in South Africa are and feel safe,' (Guide to the Outcomes Approach, 2010). It is envisaged that the twelve key outcomes should be achieved through specific outputs and indicators. Output 1 for Outcome 3 concerns reducing overall levels of crime and reducing incidences of contact crimes and Trio Crimes. Trio Crimes is a term which is used by the South African Police Service to cover house robbery, vehicle hijacking, and business robbery. By contrast, Output 4 is concerned with managing perceptions of crime among the population.

Outcome 3 of the Medium Term Strategic Framework (MTSF) for 2014 to 2019, **All People in South Africa Are and Feel Safe**, encapsulates the objective of the government to increase the safety of members of communities in South Africa. The MTSF lists five sub-outcomes which the criminal justice system needs to achieve in order to accomplish Outcome 3:

- Reduce incidences of contact crime.
- Develop an efficient and effective criminal justice system.
- Ensure that the borders of South Africa are effectively defended, protected, secured, and well managed.
- Ensure that cyberspace is secure in South Africa.
- Ensure domestic stability.

2.3. Possible reasons for high levels of crime in South Africa

According to Snodgrass and Bodisch (2015), the findings of a study which was conducted by the Washington-based World Justice Project (WJP) revealed that South Africa was ranked 34th of 35 countries with respect to providing its citizens with safe living environments. In relation to other post-conflict societies, the WJP Rule of Law Index score of South Africa was higher only than that of conflict-ridden Liberia and lower than those of Nigeria and the former war zones of Columbia and El Salvador.

The Justice, Crime Prevention, and Security (JCPS) Cluster in South Africa consists of government departments which are responsible for achieving Outcome 3 of the MTSF, namely, the South African Police Service, the Department of Justice and Constitutional Development, the National Department of Health, the Department of Social Development, the Department of Correctional Services, and the National Prosecuting Authority. The cluster was re-constituted in June of 2014, with the Minister of Defence and Military Veterans being appointed to the chair (Tracker, 2014). The JCPS Cluster departments work collectively to combat crime in South Africa and to ensure that the priorities which have been articulated in this discussion are achieved. Although the government endeavours through these measures to ensure that people are and feel safe in their homes, in the streets, and other public spaces, the perceptions of many South Africans of the ability of the government to ensure their safety are often undermined either by personal experiences or fears of crime.

According to the findings of national quantitative tracking research (Tracker, 2014) which has been conducted by the Department of Communications, only a third of South Africans perceived that the government was effectively reducing levels of crime in the country. From this finding it can be inferred that of the order of two thirds of the population believe that more needs to be done by the government to reduce crime, irrespective of the work which has been done to date. By contrast, more than half (52%) of the citizens who were polled acknowledged that the government was performing well with respect to keeping public spaces safe, while 56 percent acknowledged the efforts of the government to raise the visibility of the police in their

communities and to increase the extent to which members of communities feel safe (Department of Communications (DoC) Tracker, 2014).

The departments in the JCPS Cluster work alongside other clusters of departments, with a shared vision of fostering an integrated approach to governance in order to improve planning, decision making, and service delivery. In this respect, the integrated coordination of the activities of the JCPS Cluster has continued to reinforce the work which has been done to increase the safety of communities. According to the Human Development Report of the United Nations of 2010, the Human Development Index (HDI) of South Africa, which is classified as a developing country, resulted in the country being ranked at 110th of 169 countries with respect to human development. Although the question of why South Africa, as a relatively successful developing country, should be characterised by high levels of crime is a difficult and complex one to answer, several factors could contribute to the development of a plausible explanation.

Snodgrass and Bodisch (2015) maintain that humiliation is a significant driver of extreme violence. They explain that the experience of feeling humiliated is an intensely unpleasant emotion, which has been identified as being significantly more profound than anger or happiness. They characterise humiliation as an obstinate, punishing violence which has severely adverse implications for the fragile emerging democracy of South Africa, owing to its deep-rooted history of apartheid. In the analysis of the Centre for the Study of Violence and Reconciliation (2013), the combined effects of a prevailing culture of violence, criminality, and the use of weapons lie at the core of the problem of violent crime in South Africa. According to the analysis, the factors which contribute to a culture of violence and criminality in South Africa include:

- Inequality, poverty, unemployment, social exclusion, and marginalisation.
 - Prevailing perceptions and values with respect to violence and crime.
 - The vulnerability of young people, owing to inadequate child rearing and inappropriate socialisation among the youth.
 - Weaknesses of the criminal justice system and aligned systems.

(Centre for the Study of Violence and Reconciliation, 2013)

Snodgrass and Bodisch (2015) maintain that the high levels of violence and crime in South Africa result directly from the legacy of apartheid-induced material inequality, discrimination, exclusion, poverty, and associated political and socioeconomic conditions. According to the Centre for the Study of Violence and Reconciliation (2009), although South Africa appears to be one of a relatively small number of countries in which particularly high levels of violence are rife, the factors which distinguish South Africa from other countries in which there are high levels of violence include:

- The legacy of apartheid and colonialism which include the effects of apartheid legislation upon families and the education system.
- Racism, firearms, and impunity in township areas.
- Changes in the demographic composition of the country and the consequences of a poorly performing criminal justice system.

By contrast, Schonteich (2000), cited by Ikejiaku (2009), summarises the factors which could have contributed to high levels of crime in South Africa as follows:

- The political and socioeconomic transition which South Africa continues to undergo.
- The causal relationship between the violence which characterised the apartheid era and contemporary criminal behaviour.
- The growth of organised crime as a possible consequence of widespread poverty.
- Demographic, socioeconomic, and geographical changes.
- The consequences of a poorly performing criminal justice system.

Moller (2012) maintains that high crime rates result in widespread feelings of insecurity and fear, which undermine popular confidence in the process of democratisation in South Africa. Although it is evident from the discussion in this section that there are no simple explanations for the high levels of crime and violence which prevail in post-apartheid South Africa, the International Centre for the Prevention of Crime (ICPC), a United Nations-affiliated body, has compiled a summary of factors which encourage the spread of crime in South Africa and other parts of the world:

- High levels of child poverty.
- Blocked or limited opportunities for the youth.
- A lack of public services, particularly in poor communities and low-cost housing areas.
- Alienation from education among the youth.
- Economic recession.
- Substance abuse.

(ICPC, 2010)

All of the factors which are cited by the ICPC are relevant to South African crime rates and are discussed in relation to factors such as political transition, a prevailing culture of violence, poverty, organised crime, rapid urbanisation, the large youthful population, and the ineffective criminal justice system, in an endeavour to explain the ever-increasing crime statistics.

2.3.1. Political transition

According to Schonteich and Louw (2001), there is a definite positive correlation between the political transition which has been taking place in South Africa during the previous three decades and the increasing crime rate. As the processes of change and democratisation proceed, society and its instruments of social control are reshaped and new domains for criminal activities are established. The transition in South Africa brought about the restructuring of the criminal justice system, the abolition of a number of laws, and the promulgation of new ones. As a consequence, many of the functions of the criminal justice system have been operationally weakened (Schonteich & Louw, 2001). It needs to be emphasised that the poor performance of

a criminal justice system is not the cause of increased levels of criminal activity, but instead contributes to backlogs and increased workloads, owing to failure to prosecute the crimes which are committed in a sufficiently timely and efficient manner. For a criminal justice system to be successful, it needs to apprehend, convict, and punish most of the core group of repeat offenders who pass through it. As Schonteich and Louw (2001) explain, the failure of the South African criminal justice system in this respect is reflected in the statistic which reveals that not even one in ten offenders whose crimes are recorded is convicted. The experienced personnel of the justice system who were trained in accordance with the policing methods of the old authoritarian order are now unsure of how to function effectively within a new legal framework which is based on the rule of law and a constitutionally entrenched Bill of Rights (Schonteich & Louw, 2001). Consequently, their lack of resolve and confidence retards the process of apprehending and prosecuting criminals in a decisive manner and contributes to perceptions of crimes being likely to go unpunished.

2.3.2. The culture of violence in South Africa

Considerable periods of the political history of South Africa have been characterised by violence. Families have suffered from institutional violence for decades and their lives have been disrupted by mass removals and the migrant labour policies of the apartheid regime. As a direct consequence of the policies of the apartheid government, the coherence of family units was weakened in black communities, thereby opening the way for the emergence of a culture of criminal behaviour among the youth, owing to a lack of parental control and guidance (Schonteich & Louw, 2001).

Violence became a common currency of the apartheid years in South Africa. Repressive violence was used to crush and demoralise any attempts to resist a political dispensation which most of the world regarded as unjust and abhorrent. In turn, violence became a means of resisting apartheid and effecting change. As a response to the violence which was meted out to them by the state and a lack of recourse to protection under the rule of law, activists began to take the law into their own hands. Consequently, violence was considered to represent both a legitimate and

the only available means of effecting the social and political change which the world believed needed to take place in South Africa (Schonteich & Louw, 2001). According to a report which was published by the Centre for the Study of Violence and Reconciliation (CSVR) in 2009, the ability of people to operate and achieve credibility within a culture of violence is strongly related to their readiness to resort to extreme violence, which can include the use of a weapon. A culture of violence is still discernible in post-apartheid South Africa. Many South Africans believe that the only effective means of giving voice to their grievances entails either striking or destroying property. When the government is perceived either to fail or delay in providing essential services, the responses of communities are often likely to take the form of service delivery strikes, which are frequently violent. The prevailing culture of violence is also often characterised by racial tensions which arise from occurrences such as the ill treatment of black domestic workers or acts of violence against black farmworkers by white employers (CSVR Report, 2009). Even government employees have been known to take similar action to demand increased salaries (Mail & Guardian, 2010). Jansen (2010) endeavours to place the phenomenon of violence in a meaningful context by maintaining that 'Every act of violence has a detailed and complex history that precedes it' (<http://news.stanford.edu/pr/92/921110Arc2038.html>).

2.3.3. Poverty

According to Louw (2007), poverty, unemployment, illiteracy, a severe shortage of skills, child poverty, and the division of society into classes are contributory factors to high crime rates. Poor communities are seldom perceived by societies as the predominant victims of crime, although they have fewer resources than their more affluent counterparts to cushion themselves against the effects and costs of crime. In his State of the Nation address in February of 2011, President Jacob Zuma emphasised the extent to which poverty undermined the social fabric of South African society. When people perceive themselves to be mired in abject poverty with no prospect of their circumstances improving, many will inevitably resort to crime as a means of eking out an existence. Patel (2002) and Wade (2009) also maintain that poverty continues to represent one of the greatest obstacles to socioeconomic development in South Africa and that poverty and social marginalisation are forms of violence to which governments and societies subject segments of populations.

In addition, the people who are the most severely oppressed by crime are often the most severely oppressed by poverty, with the poor being disproportionately victimised, particularly by violent crimes. Schenck and Louw (2009) characterise oppression through poverty as being manifested in a lack of knowledge, a lack of awareness, and a culture of silence. They explain that in relation to the concept of Human Scale Development, the poor are trapped in a cluster of disadvantage, whose negative attributes include physical weakness, material poverty, isolation, vulnerability, and powerlessness (Schenck & Louw, 2009:357).

Bhorat *et al.* (2017) cite unemployment, poverty, and inequality as common drivers of high rates of crime. They explain that the high levels of unemployment effectively preclude a great many from earning legal incomes and that the greater the proliferation of unemployed people, the higher is the likelihood that they will engage in criminal activities. The reality which needs to be confronted is that large numbers of people in South Africa struggle to meet their basic needs to survive. In addition, the more inequality is perceived with respect to earnings from legal employment, the more people are likely to commit crimes as an alternative to expending all of their energy to earn a pittance. It is undeniable that the majority of employed people in South Africa earn extremely low incomes, which effectively condemns them to living in poverty. According to the Gauteng Quarterly Bulletin (2010), it is acknowledged in most countries that rates of unemployment and crime are closely related. As unemployment deprives people of incomes, in the absence of income, people are particularly likely to commit crimes in order to survive.

According to the CIA World Factbook (2009), 50 percent of the population of the African continent lives below the international poverty line. Machethe (2008) explains that it is estimated that of the order of 14 million people are vulnerable to food insecurity and 43 percent of households suffer from food poverty. Poverty severely undermines the ability of people to progress in an equitable or fair manner, as their choices with respect to access to education are severely limited and they have little opportunity to uphold their basic human rights and enjoy the security of political and social freedom (Louw, 2007:267). Impoverished victims of crime inevitably have the

fewest resources with which to withstand victimisation and often have limited access to the criminal justice system. The effects of victimisation are often further aggravated by the inadequacy of the services which are provided to many poor communities and the limited access which they have to them, particularly in rural areas (Holtmann, 2001; Schonteich & Louw, 2001).

2.3.4. Organised crime

Organised crime refers to any continuing unlawful activity by people, either as members of an organised crime syndicate or acting on behalf of one, through the use of violence, the threat of violence, intimidation, coercion, or any other unlawful means, with the objective of gaining financial benefits or undue economic or other advantages for themselves or any other person, or promoting insurgency (Hauck & Peterke, 2010). In many instances, syndicates which engage in organised crime operate in the domains of illegal arms trading, dealing and trafficking in illegal narcotics, or human trafficking for sexual exploitation.

The crimes which are committed by crime syndicates are classified as serious owing to the organised nature of the criminal activities. Organised crime syndicates are responsible for significant numbers of car hijackings, armed robberies, burglaries, vehicle thefts, and commercial crimes. Although it is evident that incidences of organised crime have escalated in South Africa since 1994, no accurate figures are available (Schonteich & Louw, 2001). The factors which could contribute to the growth of organised crime include inadequate border controls, efficient for transporting goods, markets for and sources of contraband such as endangered species and illegal narcotics, and a ready supply of trained recruits (Schonteich & Louw, 2001). As organised crime tends to flourish and proliferate during periods of transition which are characterised by high levels of violence, states are often obliged to concentrate their allocations of resources to specific priorities (Department of Social Development, 2010).

Gangsterism is another facet of organised crime. Bowers Du Toit (2014) explains that in the context of South Africa it represents a pandemic which emerges almost exclusively from conditions of severe deprivation which are characterised by poverty, marginalisation, isolation, unemployment and, ultimately, powerlessness. Gang activity in the urban ghetto of the Cape Flats is deeply rooted in particular sociohistorical conditions and reflects the contrasts which are inherent in a city which is characterised by great social and economic disparities. The urban wasteland had been earmarked for the relocation of people who had been forcibly removed by the legislation of the Group Areas Act (1950) from newly declared 'white areas' such as Lower Claremont, Windermere, Newlands, Plumstead, Simon's Town, Tramway Road, and District Six (Field 2001:13). According to Mncube and Madikizela-Madiya (2014:43), the gangs range from bands of scavengers who commit petty crimes, to well-organised territorial gangs which have initiation rites, to well-structured corporate gangs, which engage in illicit activities and are identified by means of specific names and symbols.

2.3.5. Rapid urbanisation

Crime rates tend to be particularly high in cities. With the abolition of influx control, urbanisation accelerated rapidly in South Africa, particularly in the larger metropolitan areas, to which people are drawn in search of employment. Factors such as overcrowding, unemployment, and increased demands and expectations among consumers are often associated with high crime rates (Schonteich & Louw, 2001). Consequently, as increases in population density owing to increased concentrations of people result in fierce competition for limited resources, increased stress, and increased conflicts of interest, crime is likely to become rampant (CSV, 2009).

2.3.6. High unemployment among the youth

In South Africa the youth are defined as people who are between the ages of 15 and 35 years (Republic of South Africa, 2009). By contrast, the age range which both the

International Labour Organisation and the United Nations use to define youth is from 15 to 25 years. It is estimated that over half of all South Africans between the ages of 15 and 35 years are unemployed and actively searching for employment. As it is estimated that the youth comprises 57 percent of the population of South Africa, it should be unsurprising that a great deal of the crime is committed by unemployed youths (Statistics South Africa, 2011). Although there are no national figures concerning the numbers of crimes which are committed by young people in South Africa, figures for convictions reveal that young males are considerably more likely to be convicted for a wide range of crimes than older males or females (CSV, 2009).

Although it is beyond the remit of this thesis to make an exhaustive study of crimes which are committed by the youth of other countries, a significant finding which emerged from the literature review was that India has the largest youth population in the world. The youth, or people who were 35 years of age or younger, comprised 65 percent of the overall population of 1.25 billion in 2013 and half of the overall population was younger than 25 years of age (Konch & Borbora, 2013). Konch and Borbora (2013) maintain that the rates of crime among the youth in India are increasing rapidly.

The attitudes of the youth of individual countries towards crime tend to differ from one another, usually owing to differences in socioeconomic circumstances. In South Africa, the rate of unemployment among the youth decreased to 52.20 percent in the third quarter of 2017 from 55.90 percent in the second quarter. It stood at 51.95 percent in 2013, dropped to 48.80 percent in the fourth quarter of 2014, and reached an all-time high of 55.90 percent in the second quarter of 2017. Consequently, the consistently high rates of unemployment among the youth would inevitably have a very significant bearing upon the numbers who resort to crime in order to survive. According to Patel (2005:182), young people are frequently either victims or perpetrators of crime and the majority of perpetrators and victims of lethal crimes are young, black, men of between the 18 and 35 years of age. Verrinder (2013) found that young people between the ages of 15 and 35 years were more likely to engage in criminal activities than members of older age cohorts. In addition, Jonck, Goujon, Testa, and Kandal (2015) found that the age distribution of imprisoned people differed from that of the general population

and that the proportion of people from 15 to 49 years of age in the prison population was greater than it was in the general population. This finding suggests that young people in communities which are characterised by high rates of employment are more likely to be incarcerated than their older counterparts (Bhorat *et al.*, 2017).

Ward, Van der Merwe and Dawes (2012) also maintain that in contemporary South Africa, both the victims of violence and the perpetrators of criminal acts are most likely to be young people. They contend that violence which is perpetrated by and inflicted upon young people and other forms of criminal behaviour occur against an environmental background of significant structural inequality, a dysfunctional education system, and an increasing youth population, within which significant numbers are ill-equipped for the demands of an increasingly technologically-oriented workplace and, as a result, are unemployed and living in poverty. Wilkinson and Pickett (2010) emphasise that the relationship between rates of violence and inequality in societies is well established. Irrespective of the attainment of democracy in South Africa, the majority of young people live in communities which are plagued by high rates of poverty, unemployment, substance abuse, and weak social cohesion (Wilkinson & Pickett, 2010). As a direct consequence, they are at a particularly high risk of being exposed to or encountering acts of violence.

2.3.7. The poor performance of the criminal justice system

The performance of the South African criminal justice system is widely considered to be poor and not to represent an effective means of combating crime. It is also believed that many police officials and even some officials in other departments of the criminal justice system are corrupt and that the system lacks credibility and authority (The Centre for the Study of Violence and Reconciliation, 2013). The criminal justice system also appears to lack the capacity to carry out proper investigations and to prosecute the perpetrators of crimes (The Centre for the Study of Violence and Reconciliation, 2013). In addition, the procedures of the criminal justice system are process based, in that they rely upon the consistent application of basic investigation procedures and techniques and on the police and prosecutors to investigate cases and prosecute

perpetrators successfully. Although the securing of judgements and convictions entail lengthy procedures, many convicted criminals spend relatively short periods in prison. Whether perpetrators are arrested or incarcerated, the degree of interaction which they have with the criminal justice system is insufficient. Consequently, as the interactions which offenders have with the criminal justice system exert little influence with respect to discouraging them from re-offending, they are often perceived to contribute to incidences of re-offending (CSV, 2007). In addition, criminal justice officials themselves may contribute to a culture of violence. If they are negligent with respect to responding appropriately to crimes which are reported by individual people or communities, they can contribute directly to the perpetuation of criminal activities (Lab, 2007; Schonteich & Louw, 2001).

As is the case in many developed and developing countries throughout the world, rates of criminal activity are steadily increasing in South Africa. Although many contributory factors are cited, none is more significant than continuing escalations in rates of unemployment (Bhorat *et al.*, 2017). Owing to accompanying escalations in the cost of living, rising crime rates become inevitable (Gould, 2014). Although the committing of crimes can never be condoned, the unique history of South Africa has given a particular structure to the contexts in which they are committed in the country. The apartheid policies concentrated poverty and many other risk factors in marginalised black communities, thereby establishing preconditions for the social diffusion of violence (Altbeker, 2007).

Researchers such as Gould (2014) have endeavoured to determine the reasons which underlie the committing of crimes. Gould (2014) concluded that psychological, biological, economic, and social factors all played a role and that a combination of these different factors usually exerted a decisive influence. Baird (2015) has identified poor parenting as a significant factor which promotes inclination to engage in criminal activity among children. He maintains that harsh discipline, a lack of parental control, monitoring, and supervision, or the presence of a criminal or alcoholic parent, are all likely to have severely adverse effects upon the developing psychological constitutions of children. The use of drugs or alcohol by children and adolescents can also exert a

severely undermining effect upon their ability to develop the means to make moral and ethical choices. Although other factors can influence people to commit crimes, Baird (2015) explains that the urge to commit a crime to support a drug habit exerts a decisive influence upon the choices which people make. There is a great deal of evidence to confirm the ability of both alcohol and drugs to reduce inhibitions, which in many cases, in combination with other factors, could supply sufficient impetus to engage in criminal activity. The influence of peers can also exert a decisive influence in choosing to engage in criminal behaviour. Youths who receive little or no positive reinforcement at home may join criminal gangs in order to earn respect and credibility within them by engaging in anti-social behaviour and criminal activities without compunction or remorse. Criminal gangs are usually motivated by material gain and through mutual reinforcement, their members usually act with no fear because they have the advantage of numbers when they commit crimes (Konch & Borbora, 2013).

2.3.8. Substance abuse

Substance abuse afflicts people and communities throughout the world. In South Africa, strong positive correlations have been found between substance abuse and violent behaviour, various forms of crime, and other forms of anti-social behaviour (Soul City Report, 2017). Statistics which have been released by the United Nations World Drug Report of 2014 reveal that 7.06% of the population of South Africa abuse at least one type of illegal narcotic substance and that one in fourteen people is a regular user. According to the report, which was published under the auspices of the World Health Report of that year, the average age for adolescent drug dependency was lower than twelve years. The report also revealed that South Africa was ranked among the ten countries in the world in which the abuse of narcotics and alcohol was most prevalent. It has been suggested that for every one hundred people in South Africa, fifteen have drug problems and for every R100.00 in circulation, R25.00 circulate in the domain of substance abuse (Christian Addiction Support, 2016). It was concluded from the findings of a study which was conducted in the Western Cape province of South Africa by Nyabudza and Coetzee (2017) that the debilitating effects of substance abuse were complex and wide-ranging and were frequently manifested

in the form of drug-related crimes in communities. This conclusion also suggests that there is a strong positive correlation between substance abuse and crime.

By contrast, it has been found in the United States that alcohol, more than any illegal drug, is associated with violent crimes which include murder, rape, assault, and child and spousal abuse. It is estimated that of the order of 3 million violent crimes occur each year in which victims perceive that the offender has consumed alcohol. In addition, statistics concerning the abuse of alcohol by violent offenders reveal that in the region of half of all homicides and assaults are committed when the offender, the victim, or both, have been consuming alcohol (Rafaiee, Olyaei, & Sargolzaiee, 2013).

2.4. Types of serious and violent crimes

Any type of crime can be regarded as serious, depending upon the circumstances in which and the intensity with which it is committed. Violent crime entails either the direct use of force or threatening to use force upon a victim, with assault with the intent to inflict grievous bodily harm representing an extreme form of violent crime (Bhorat *et al.*, 2017). Evans (2009:269) explains that violent crimes can be committed with or without weapons and can entail violent acts as intentions, in instances such as murder, and crimes in which violence is an outcome, such as robbery. According to Bhorat *et al.* (2017), violent crimes constituted the second largest category of crimes in the overall crime figures for South Africa in 2011, with an average of 1025 violent crimes being reported for every 100 000 people in each police precinct.

The Annual Report of the South African Police Service (2012:6) lists murder, attempted murder, sexual offences, assault with intent to cause grievous bodily harm, common assault, aggravated robbery in the form of bank robbery, cash-in-transit robbery, and ATM bombings, and common robbery as serious crimes. According to the factsheet which summarises crime statistics in South Africa for 2016/17, 19 016 murders were investigated, which amounts to 34.1 per 100 000 people. In addition, 39 828 cases of rape were reported, a smaller number than the 41 503 cases which were

reported during 2015/16. The 140 956 cases of robbery which were recorded represented an increase of 6.4 percent from 2015/16. The Trio Crimes, namely, carjacking, house robbery, and business robbery, all fall under the general category of robbery.

The categories of crimes which are relevant to this study are rape, robbery, assault with intent to cause grievous bodily harm, carjacking, and murder. As minimum sentences have been prescribed for these offences, convictions usually result in lengthy terms of imprisonment (O'Donovan & Redpath, 2005:10). The offences fall under Schedule 2 of the Criminal Law Amendment Act (No. 105 of 1997). Section 51 of the act prescribes the minimum sentences for each type of offence. A sentencing court may add a maximum of five years to a prescribed minimum.

Table.2.2.: Summary of minimum sentences for offences (Schedule 2)

Part I	Part II	Part III	Part IV
Life	15 years	10 years	5 years
Some murders	Murders not covered in Part I	Rapes not covered in Part I	All offences in Schedule 1 of the Criminal Procedures Act, when committed with a firearm
Some rapes	Some robberies with aggravating circumstances, including hijacking	Some indecent assault	
		Some assault, with GBH	

Source: Adapted from the Criminal Law Amendment Act, 1997

According to O'Donovan and Redpath (2005), offences such as premeditated murder and gang rape fall under Part 1 of Schedule 2 of the Act and are usually considered to warrant life imprisonment. Murder, rape, and certain terrorist offences are the only offences for which a minimum sentence applies, irrespective of the circumstances in which the offence was committed. In addition, the courts impose life imprisonment as

the minimum sentence for offences which fall under Part 1 when there are aggravating circumstances, such as:

- Premeditation in a murder case.
- The murder victim is a law enforcement officer or a witness.
- Aggravating circumstances pertaining to robbery.
- Common purpose or conspiracy is found in a robbery case.

The categories of rape which are covered by Part I include those in which the offence was aggravated by repeated acts of rape or the vulnerability of the victim (O'Donovan & Redpath, 2005).

Table 2.3.: Schedule 2 offences and the circumstances under which minimum sentences are imposed

Part I Life	Part II 15, 20, 25 years
<ul style="list-style-type: none"> • Murder, when– (a) it was planned or premeditated; (b) the victim was– (i) a law enforcement officer performing his or her functions as such, whether on duty or not; or (ii) a person who has given or was likely to give material evidence with reference to any offence referred to in Schedule 1 to the Criminal Procedure Act, 1977 (Act No. 51 of 1977), at criminal proceedings in any court; (c) the death of the victim was caused by the accused in committing or attempting to commit or after having committed or attempted to commit one of the following offences: (i) Rape; or (ii) robbery with aggravating circumstances as defined in section 1 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977); or (d) the offence was committed by a person, group of persons or syndicate acting in the execution or furtherance of a common purpose or conspiracy. • Rape– (a) when committed– 	<ul style="list-style-type: none"> • Murder in circumstances other than those referred to in Part I. • Robbery– (a) when there are aggravating circumstances; or (b) involving the taking of a motor vehicle. • Any offence referred to in section 13 (f) of the Drugs and Drug Trafficking Act, 1992 (Act No. 140 of 1992), if it is proved that– (a) the value of the dependence-producing substance in question is more than R50 000,00; (b) the value of the dependence-producing substance in question is more than R10 000,00 and that the offence was committed by a person, group of persons, syndicate or any enterprise acting in the execution or furtherance of a common purpose or conspiracy; or (c) the offence was committed by any law enforcement officer. • Any offence relating to– (a) the dealing in or smuggling of ammunition, firearms, explosives or armament; or (b) the possession of an automatic or semi-automatic firearm, explosives or armament. • Any offence relating to exchange control, extortion, fraud, forgery, uttering, theft, or an

<p>(i) in circumstances where the victim was raped more than once whether by the accused or by any co-perpetrator or accomplice;</p> <p>(ii) by more than one person, where such persons acted in the execution or furtherance of a common purpose or conspiracy;</p> <p>(iii) by a person who has been convicted of two or more offences of rape, but has not yet been sentenced in respect of such convictions; or</p> <p>(iv) by a person, knowing that he has the acquired immune deficiency syndrome or the human immunodeficiency virus;</p> <p>(b) where the victim–</p> <p>(i) is a girl under the age of 16 years;</p> <p>(ii) is a physically disabled woman who, due to her physical disability, is rendered particularly vulnerable; or</p> <p>(iii) is a mentally ill woman as contemplated in section 1 of the Mental Health Act, 1973 (Act No. 18 of 1973); or</p> <p>(c) involving the infliction of grievous bodily harm.</p>	<p>offence in Parts 1 to 4, or section 17, 20 or 21 (in so far as it relates to the aforementioned offences) of Chapter 2 of the Prevention and Combating of Corrupt Activities Act, 2004–</p> <p>(a) involving amounts of more than R500 000,00;</p> <p>(b) involving amounts of more than R100 000,00, if it is proved that the offence was committed by a person, group of persons, syndicate or any enterprise acting in the execution or furtherance of a common purpose or conspiracy; or</p> <p>(c) if it is proved that the offence was committed by any law enforcement officer–</p> <p>(i) involving amounts of more than R10 000,00; or</p> <p>(ii) as a member of a group of persons, syndicate or any enterprise acting in the execution or furtherance of a common purpose or conspiracy.</p>
<p>Part III 10,15,20 years</p>	<p>Part IV 5,7,10 years</p>
<p>Rape in circumstances other than those referred to in Part I.</p> <ul style="list-style-type: none"> • Indecent assault on a child under the age of 16 years, involving the infliction of bodily harm. • Assault with intent to do grievous bodily harm on a child under the age of 16 years. 	<p>Any offence referred to in Schedule 1 to the Criminal Procedure Act, 1977 (Act No. 51 of 1977), other than an offence referred to in Part I, II or III of this Schedule, if the accused had with him or her at the time a firearm, which was intended for use as such, in the commission of such offence.</p>

Source: Adapted from the Criminal Law Amendment Act, 1997

2.4.1 Rape

Eileraas (2011) defines rape as non-consensual sexual intercourse which entails the use of force. She explains that the definition can be expanded to include sexual intercourse with people who are legally incapable of consenting owing to mental illness, impairment, or intoxication. This definition accords with the Criminal Law

(Sexual Offences and Related Matters) Amended Act No. 32 of 2007, which defines rape as intentional, unlawful sexual intercourse without the consent of the other party. The act also includes any sexual act which is performed on a child or a person with a mental disability. Although all violent crimes traumatise their victims, the sense of violation which victims of rape experience is often so devastating that they lose all sense of self-worth and withdraw into themselves completely. People who commit rape sometimes use weapons to subdue their victims and often cause them severe bodily harm. Although rape offenders are usually male, males can also be victims of sexual assault. Consequently, the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007 is designed to ensure that all victims of sexual assault are protected by its provisions.

Walsh and Ellis (2007) explain that rape statistics vary considerably from country to country and that differential reporting makes it difficult to compile accurate international statistics. Burgess, Regher, and Roberts (2010) also maintain that there are inherent difficulties in endeavouring to arrive at accurate statistics pertaining to incidences of rape. They emphasise that owing to the under-reporting of instances of rape, the majority of rape offenders are never arrested or convicted. The South African Police Service recorded a total of 30 069 rapes from April to December of 2016, a decrease from the 32 161 which were recorded during the same period in the previous year. Between these two time frames, the rape rate decreased from 58.5 to 53.8 per 100,000 people. From April to December of 2016, an average of 109.3 rapes was reported to the police each day in South Africa (Bhorat *et al.*, 2017).

According to the Rape Crisis Cape Town Trust, South Africa has the highest per capita rate of reported rape cases in the world. Although many cases of rape are not reported, the Rape Crisis Cape Town Trust maintains that 50 percent of its clients report their rape cases to the police. Marital rapes are also not reported in a great number of instances (CSIR and MRC Study, 2001). The findings of a study of women in antenatal clinics in Soweto revealed that 9.7 percent had reported having been raped by an intimate partner during the year prior to the conducting of the study and that 20.1 percent had been raped by a partner at least once during their lives (Vetten, 2007).

According to the National Anti-Rape Strategy (2007:4), over 54 000 instances of rape are reported each year by victims, over half of whom are considered to be minors, as they are under 18 years of age. Although the rates of reported rapes are high, less than one third of reported cases of rape and crimes which entail sexual offences reach the courts or result in successful prosecutions.

Other countries whose high incidences of rape resemble those of South Africa are Sweden, the United States, England, Wales, India, Canada, New Zealand, Australia, Denmark, and Zimbabwe. Sweden is ranked second in the world for its high incidences of rape-related crimes. In 2014, 6 620 cases of rape were reported, by comparison with 421 cases in 1975. According to the Swedish National Council for Crime Prevention, 63 cases of rape were reported for every 100 000 members of the population in 2010 and one out of every three women reported that she had endured a forced sexual encounter even before she had reached her teenage years.

In the United States, an average of 293 000 victims are sexually assaulted each year. This grim statistic amounts to a sexual assault every 107 seconds each day. Of the average of 85 000 rape crimes which take place in England and Wales, it is estimated that 73 000 victims are female and 12 000 are male (Ministry of Justice (MoJ), (2017); Office for National Statistics (ONS), 2017). The Rape Crisis Cape Town Trust revealed that while more than 2700 rape survivors had sought direct support from 2010 to 2011, the number increased to more than 5 000 from 2011 to 2012. Although some of the survivors had reported their cases to the police, others had not done so. In many instances, those who did report their cases formed a favourable impression of the justice system and found officials to be helpful. In some cases, they rated their treatment as excellent, as dedicated officials made special efforts on their behalf and gave them to understand that their cases were being accorded the seriousness which they deserved. By contrast, even in instances in which victims received excellent professional treatment, it was also evident that the contributions of the individual components of the criminal justice system, namely the police service, healthcare facilities, and the courts, were sufficiently well coordinated to ensure successful convictions. This assessment accords with the findings which emerged from research

which was conducted by Johnson and Mahlalela (2017). The participants in their study expressed overall satisfaction with the treatment which they had received at rape crisis centres and acknowledged the good rapport which they had enjoyed with members of staff, the quality of the services which had been provided to them, and the value of the information which had helped them to recover from their traumatic experiences.

The Rape Crisis Cape Town Trust attributed the failure of victims to report their cases of rape to feelings of not being sufficiently empowered to do so, owing to a number of different shortcomings on the part of the justice system, which are summarised as follows:

- The way in which the system is constituted affords those who are accused of rape more rights and greater levels of representation in court than their victims.
- Victims of rape often know little or nothing concerning the intricacies of the complex criminal justice system before they encounter it and tend to find them almost incomprehensible at times.
- The system does little or nothing to inform survivors of the progress of their cases and the types of action which they are expected to take with respect to subsequent steps.
- No provision is made for survivors to receive any form of psychosocial care inside of the justice system.
- Officials are often biased against survivors and treat them insensitively or inappropriately, thereby causing them to suffer secondary trauma.
- The system is fragmented and there is a lack of cohesion and coordination among the functions of each department, from the police service, to the forensic unit, to the courtroom. As a direct consequence, in many cases defendants who are guilty are acquitted or cases are substantially weakened.
- Relevant government departments are unable to collaborate effectively to tackle the social ill which rape represents at higher levels of influence.

- Survivors are often unaware of their right to complain when they believe that they have been inadequately served by the system or the channels which are available to them to do so.

According to People Opposing Women Abuse (POWA, 2010), and the South African Police Service (2009a), a woman is raped every 26 seconds in South Africa. In addition, one in two women is at the risk of being raped in her lifetime and one in four men in Johannesburg has raped a woman. The plight of children and adolescents is borne out by statistics which reveal that a child is raped every 24 minutes in South Africa and one in four girls and one in five boys under the age of 16 years have been sexually abused. It is estimated that 85 percent of rapists are armed, usually with knives, and most rapes which are reported have been gang rapes.

As the Pan American Health Organisation (2012) has explained, although violence against women occurs in all cultures and societies, its frequency varies from country to country. Among the factors which influence incidences of rape are gangsterism, alcohol or drug abuse, antisocial personalities, exposure to interparental violence or histories of physical or sexual abuse during childhood, a lack of educational attainment, the normalisation of violence, perceptions which are informed by gender inequality, traditional gender and social norms which emphasise male superiority, and weakly enforced sanctions against violence by communities and law enforcement agencies. The report which Equality Now (2017) released concerning legislation against rape has revealed that the inadequacy of laws to protect women and girls against sexual violence contributes significantly to incidences. The report also emphasises that it is incumbent upon governments to amend the laws, policies, and law enforcement practices of their countries to render them effective in preventing sexual violence, increasing access to justice for victims, including the provision of specialised services, and punishing crimes of sexual violence.

2.4.2. Sexual offences

According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, the term 'sexual offences' refers to any form of penetration of the body of a person by another person, an object, or an animal, or any physical contact or directed sexual behaviour towards a person by another person or persons, verbally, physically, by means of an intermediary, or any other means. It covers all forms of violent crimes in relation to human sexual behaviour. The law was formulated and promulgated by the South African government in order to protect victims of sexual offences, particularly women, children, and people who have mental disabilities.

2.4.2.1. Essential provisions of the Sexual Offences Act:

- The age of consent for both men and women is 16 years.
- Rape victims are entitled to antiretroviral drugs to prevent or suppress HIV infection.
- Rape victims may request courts to have alleged rapists tested for HIV infection.
- All sexual crimes are covered by a single act.
- Several new categories have been created for sexual crimes, particularly those which affect children and people who have mental disabilities.
- All forms of sexual abuse or exploitation are classified as crimes.
- It is acknowledged that both men and women can be victims or perpetrators of rape.
- The National Register for Sex Offenders has been established, which prohibits people who have been convicted of sexual offences against children or people with mental disabilities from working with either.

The sexual offences which are covered by the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 include rape, compelled rape, sexual assault, incest, bestiality, statutory rape, and the sexual grooming of children. During the 2015/16 period, 51 895 sexual offences were recorded, an average of 142.2 per day. Although rates for sexual offences decreased by 3.2% between 2014/15 and 2015/16, the Institute for Security Studies (2017) concluded that the apparent

decrease did not bode well, as it was becoming increasingly apparent from the findings of research studies that there was a significant decline in reporting sexual offences.

2.4.3. Robbery

According to Van Dyk, Kesteren, and Smith (2007), weapons had been used to commit 39 percent of the robberies which had been committed in the main cities of the world in 2007. They explain that knives were used to commit one in every two of the robberies, while guns were used to commit one in four cases. They estimate that 19 percent of the robberies which were committed in the main cities of the world entailed the use of knives and 12 percent the use of guns. Among the cities in which the highest proportions of robberies were committed at gunpoint were Phnom Penh (66%), Rio de Janeiro (56%), Sao Paulo (51%), Johannesburg (47%), and New York (27%). These statistics demonstrate the widespread nature of armed robberies in large cities throughout the world.

Herrmann (2015) defines robbery as the unlawful appropriation of goods or property, by force or intimidation, with the intention of permanently depriving their owners of them. Conversely, Davis (2005) and Walsh and Ellis (2007) characterise acts of robbery as taking or attempting to take anything of value from the care, custody, or control of another person or persons, by means of either force or the threat of force or violence. Armed robbery is categorised as violent owing to the danger which is posed by resisting robbers or attempting to do so. It has been found throughout the world that most robberies are committed by males. In instances in which females are offenders, it is likely that they share a common street culture with their male counterparts (Walsh & Ellis, 2007).

Newham (2015: 2), writing in a publication of the Institute for Security Studies, maintains that a strong positive correlation can be found between increases in numbers of murders and robberies in South Africa in recent years, because perpetrators are usually armed and willing to use force. He explains that most robbers

begin by robbing people on the streets and then graduate to larger targets such as houses, trucks, or banks. The Centre for the Study of Violence and Reconciliation (2009) maintains that incidences of robberies in South Africa have risen since the mid-1990s and remain at high levels, despite a substantial decrease. The factsheet of official crime statistics in South Africa (2013) reveals that incidences of robberies increased during the 2012/13 financial year. It also emphasises that robbery is a crime whose incidences the police are able to reduce significantly by implementing effective strategies.

The CSVR (2009) explains that most perpetrators of robberies tend to operate in groups. Robberies can take a number of different forms, in that they can be planned, organised, or carried out with the use of weapons. In many cases, robberies are premeditated, planned in detail, and carried out by two or more perpetrators with a common purpose. In most instances, robberies by gangs are committed either through the use of violence, or threats to use violence, in order to deter victims from attempting to resist being stripped of possessions (National Crime Prevention Council, 2017). Crimes which are committed by gangs are classified as instances of organised crime, as they necessitate cooperation by two or more perpetrators. Organised crime, in the form of crimes which are committed by both crime syndicates and gangs, has proliferated in South Africa. The spread of transnational organised crime is often considered to represent a side effect of globalisation (Hauck & Peterke, 2010).

Robberies can result in severe trauma, injury, or even the deaths of victims. According to the factsheet of official crime statistics for 2016, 107 445 robberies with aggravating circumstances were reported to the police from April to December of 2016, a significant increase from the 101 252 which were reported during the same period in 2015. The rate of robbery with aggravating circumstances increased from 184.1 to 192.2 per 100 000 people. From April to December 2016, an average of 390.7 robberies with aggravating circumstances were reported each day in South Africa.

2.4.4. Assault with intent to cause grievous bodily harm

Both the Federal Bureau of Investigation (FBI) (2005:37) and Walsh and Ellis (2007) define assault as an intentional act by one person for the purpose of inflicting severe or grievous bodily harm. Assault with intent to cause grievous bodily harm is regarded as a violent crime, irrespective of whether or not weapons such as knives and guns are used. Bodily harm is defined as any form of severe hurt or injury which compromises the health or comfort of another person, which can be inflicted by using the hands and feet as weapons (Walsh & Ellis, 2007).

Domestic violence is a form of assault which usually entails a male perpetrator assaulting his partner. It can occur in same-sex relationships (CSV, 2007). The great majority of victims in cases of domestic violence are women. Black, Basile, Brieding, Smith, Walters, and Merrick (2011) characterise domestic violence as violence which is inflicted upon an intimate partner. They describe the phenomenon, which is known as intimate partner violence or IPV, as a widespread and devastating phenomenon which entails millions of women being assaulted by intimate partners and ex-partners throughout their lives. Although many couples engage in mutual or low-level violence which does not change the power dynamics within their relationships, the larger social problem of 'battering' is a form of gender-based violence which is characterised by particular patterns of behaviour. It is usually inflicted by men upon women and used to gain an advantage in terms of power and control over their victims (Warshaw & Sullivan, 2013).

According to Borat *et al.* (2017), from 2015 to 2016, 182 933 assaults with intent to inflict grievous bodily harm were recorded in South Africa. The official rate for this category of assault decreased marginally from 337.2 per 100 000 people from 2014 to 2015 to 332.5 per 100 000 people from 2015 to 2016. Nonetheless, the slightly lower average entailed an average of 501.2 cases of assault with intent to commit grievous bodily harm being recorded each day (Bhorat *et al.*, 2017).

2.4.5. Hijacking and carjacking

Hijacking refers to the crime of seizing a vehicle while it is in transit, either to steal goods or to seize control of the vehicle through the use of force (Davis, 2005). The hijacking of cars is known as carjacking, which accounted for 12 percent of the 7214 cases of hijacking which were reported in South Africa during the first semester of the period from 2007 to 2008. Carjacking usually occurs at the gates or driveways of houses. Although the car is usually the primary target of perpetrators, victims may be forced into their homes and robbed of their valuables. Carjacking trends reveal that the crime is particularly prevalent in middle class residential areas (SAPS, 2007). According to the National Hijack Prevention Academy (NHPA) (2001), although hijackings, like some instances of armed robbery, can entail victims being injured by perpetrators and subsequently dispossessed of property while they are physically incapacitated, victims are not always subjected to violence. In many cases, the threat of violence against the victim, irrespective of whether it is expressed or implied, is sufficient to discourage any attempt to resist.

Hijacking and carjacking are categorised as violent crimes because weapons are used to commit the crimes. As the NHPA (2001) explains, the use of firearms makes the hijacking of vehicles one of the easiest types of crime to commit and by far the quickest way for perpetrators to generate substantial amounts of money. A total of 12 743 cars were hijacked and reported to the police in South Africa from April to December of 2016, by comparison with 11 086 for the same period during the previous year. An average of 46.3 cars were hijacked each day during the period, with half of the crimes being committed in the province of Gauteng (Bhorat *et al.*, 2017).

2.4.6. Murder

The FBI defines murder as the wilful killing of one human being by another. From a similar standpoint, Masuku (2002) characterises murder as the unlawful and intentional killing or causing the death of another human being. He maintains that the

numbers of cases of murder and attempted murder provide accurate indications of levels of violent crime, as cases of murder are generally consistently reported by comparison with other categories interpersonal crimes. The numbers of reported murders have been declining since the period from 1994 to 1995.

According to the CSV (2007), cases of murder accounted for approximately 1 percent of all recorded crimes and 2 percent of recorded violent crimes. There is substantial evidence to confirm that only a small portion of the murders which are committed are deliberate and premeditated, including those instances in which people hire others to carry out murders on their behalf.

Figures which have been released by the SAPS (2009a) reveal that of the order of 50 people are murdered each day in South Africa, which amounts to an estimated 18 148 murders per annum. The SAPS has also revealed that a woman is killed by her partner every 6 days. The factsheet of official South African crime statistics for 2013 reveals a significant increase during the 2012/13 financial year in rates for murder and other violent crimes which cause the most fear and trauma to the general public. Both the numbers and frequencies of murder cases increased during the period. According to the factsheet, murder statistics are of particular significance, as they represent the most accurate barometer of violent crime and are perceived throughout the world to provide an accurate measure of the stability of individual countries.

The following summarised police statistics illustrate the increases in numbers of murder cases between the 2011/12 and 2012/13 financial years:

- Incidences of murder increased from 15 609 murders in 2011/12 to 16 259 in 2012/13.
- Consequently, the increase in murder cases between the two financial years amounted to 650 or 4.2 percent.
- The increase amounts to an average of almost two additional murders per day during the 2012/13 financial year.
- The national murder rate increased from an average of 43 to 45 murders per day.

The crime statistics for the period from April to December of 2016 reveal that 14 333 murders were committed, a very small decrease from 14 343 for the same period during the previous year. The murder rate also decreased from 26.1 to 25.6 per 100 000 people. From April to December of 2016, an average of 52.1 murders were reported each day in South Africa (Factsheet, 2016). From 2015 to 2016, 18 673 murders were recorded, an increase of 4.9 percent from the period from 2014 to 2015. The murder rate increased from 32.9 per 100 000 people during the period from 2014 to 2015 to 33.9 during that from 2015 to 2016 and a murder was recorded at an average rate of 51.2 times a day (Factsheet, 2016).

2.5. The effects of violent crime

According to a report of the United Nations Office on Drugs and Crime (2010), crime is both a symptom and a cause of violence, conflict, and instability. It drives away business and employment, lowers the quality of life of citizens of countries, erodes public trust, and undermines the rule of law. When the rule of law is inadequately upheld, it becomes increasingly difficult for the institutions of societies to ensure security, protect their citizens, provide social welfare, promote economic growth, and safeguard legitimate political institutions. As criminal influence has a tendency to precipitate further acts of violence and even to affect political events, it almost always engenders further conflict in a downward cycle which feeds upon itself. The CSVR (2007) explains that the negative effects of violent crime can include death, physical injury or pain, psychological harm, and possible loss of property. In addition, the effects of violent crime extend beyond individual victims by creating a culture of living in fear of crime, mutual distrust among citizens, and undermining the potential of countries for investment.

Perceptions concerning crime and feelings of safety can affect the way in which members of societies behave, socialise, and interact with the world. In societies in which crime is perceived to be rife, people are often afraid to use public transport or to allow their children to play in the streets or in the parks of their towns and cities.

According to Standing (2006:27), crime and the fear of citizens of becoming victims of crime can turn areas into 'no-go zones', disrupt the functioning of institutions such as schools, and feed widespread feelings of fear and distrust. It was concluded from the findings of a study which was conducted by Zedner (2002:429) that the effects of particularly serious crimes such as rape and sexual abuse are even more debilitating. Many victims of rape and sexual abuse during childhood suffer from the persistence of adverse effects such as emotional disturbances, sleeping, eating, and interpersonal disorders, low self-esteem, and insecurity for many years after their traumatic experiences, if not for the rest of their lives (Wolhuter, Olley, & Denham, 2009:45).

The findings of the longitudinal study which was conducted by Shapland and Bell and cited by Wolhuter *et al.* (2009:46) revealed that of 276 victims of violent crimes such as physical assault, robbery, and sexual assault, only 9 percent maintained that they felt completely free of any trauma in the aftermath of their traumatic experiences. The interviews which were conducted revealed that 75 percent of the participants experienced unexpected effects such as aches and pains or inhibitions with respect to movement and socialising with others, long after their physical injuries had healed. Consequently, it can be concluded that although victims of violent crime may appear to have overcome their traumatic experiences, the trauma often lingers and full recoveries can take years.

Although there are no consistent findings concerning the role which demographic characteristics play in the ability of victims to cope in the aftermath of experiences of crime, it is evident that the ability of individual victims to cope can be influenced by a variety of different factors (National Institute of Mental Health, 2002), which are summarised as follows:

- A history of victimisation is likely to increase the trauma which results from a subsequent experience of crime.
- A history of problems pertaining to mental health is likely to increase the trauma which victims of crime experience, particularly a history of post-traumatic stress disorder or major depression.

- The degree of threat to life or physical injury to which victims are subjected when crimes are committed against them influences the risk of difficulty in coping with trauma.
- Victims of violent crimes usually have greater difficulty in coping than those of property crimes.
- Research suggests that two principal factors can increase the likelihood of victims suffering from poor mental health, namely:
 - A lack of or poor social support systems.
 - The degree of exposure to the criminal justice system which victims have prior to their traumatic experiences.

2.6. Victimization

Victimization can be classified into two categories, namely, primary and secondary victimisation. Primary victimisation refers to the experience of victims of crimes which are committed directly against them, while secondary victimisation refers to experiences which result from the treatment which victims receive from the criminal justice system and other agencies (Wolhuter *et al.*, 2009: 33). A victim can be subjected to secondary victimisation if they are questioned by police officers in an insensitive manner. Aggressive cross-examination in court can also be a form of secondary victimisation. Stansfeld (2002:24) explains that secondary victimisation can be caused by hearing or knowing about a traumatic event, even if the person who is affected did not witness it.

2.7. Trauma and crime

The trauma which victims of crime undergo is a direct reaction to their experiences and resulting levels of physical and psychological trauma can be intense (National Center for Victims of Crime, 2012). Trauma is both a medical and a psychiatric term. In medical contexts it can refer to serious or critical bodily injuries, wounds, or shocks, while in psychiatric contexts it can refer to experiences which are emotionally painful, distressful, or shocking. The mental and physical effects of trauma can be enduring

and include immediate or short-term reactions, long-term reactions, or post-traumatic stress disorder (Musket, 2013).

Service providers who render assistance to victims of crime are expected to:

- Understand the dynamics of trauma and the vital role which service providers have to play in responding to trauma and upholding the rights of victims.
- Remember that every victim is unique.
- Refrain from making assumptions concerning how individual victims are likely to react.
- Recognise that the reactions of individual people to the trauma of individual victims will be influenced by a variety of factors.
- Try to identify the specific needs of individual victims and formulate appropriate strategies to meet them.
- Be aware of and use the wide range of cultural resources and those of communities and the justice system to meet the many different types of needs of victims.
- Become familiar with the culture and traditions of the populations which are served (Musket, 2013; National Centre for Trauma-Informed Care, 2011).

2.7.1. Phases of trauma

Several different phases are entailed in coping with the effects of trauma. The phases may not follow any particular sequence and their durations may differ. The phases are characterised more by the behaviour of victims in response to their traumatisation than the lengths of time for which they endure. The phases are the impact phase, the recoil phase, the recovery phase, and the reintegration phase.

The impact phase occurs immediately after experiencing a traumatic event and can last from a few seconds to several days. During this phase, victims are likely to appear emotionally numb, disorientated, confused, irrational, or disorganised. Some people

exhibit a variety of emotions, which can include crying and screaming, while others may appear to be completely calm, as though nothing had happened.

The recoil phase entails recoiling from the traumatic event and the commencement of initial rescue activities. Emotional reactions during this phase may vary. Victims may appear confused or demonstrate high levels of anxiety. Expressions of feelings such as anger, despair, sadness, and denial are common (Department of Social Development, 2009).

The third stage concerns the active pursuit of social reconnection. In the process of establishing mutual, non-exploitative peer relationships, victims may reassess and renegotiate long-standing relationships with friends, lovers, and members of their families. During this phase, victims may explicitly begin to set boundaries for the first time since their traumatic experiences. Victims of sexual offences may wish to describe their experiences of sexual assault to people to whom they feel close. As a new level of transformation of traumatic experiences are attained, new meanings are ascribed to them. Having come to terms with their traumatic past, victims feel the need to create new futures for themselves. The National Centre for Victims of Crime (2012) explains that after they have endured their initial traumatic reactions to their experiences, victims at this stage are most likely to undertake the task of regaining their stability and personal equilibrium. Although they may acknowledge that their lives may never be the same, they begin to regain a degree of control over their destinies and a sense of confidence. In the reintegration phase, victims begin to live with their trauma as a memory and to live with their experiences in a functional way.

2.8. Reactions of victims after crimes have been committed against them

The reactions of victims to crimes which are committed against them can vary considerably. There are immediate, long-term, and post-traumatic reactions to experiences of crime. Immediate or short-term trauma occurs during or immediately

after the event and usually lasts for of the order of 3 months (Kilpatrick, Saunders, & Smith, 2003). Some common responses to short-trauma are summarised as follows:

- Victims often experience severe physical fatigue and wish to spend most of each day sleeping. It is not unusual for victims to awaken, feel confused, and become emotionally upset all over again. Consequently, it is necessary that victims should understand that they have no control over how their bodies react after a traumatic experience and that their bodies are merely behaving as they need to behave in order to survive.
- As few victims of violent crimes anticipate being violently assaulted while the crimes which are committed against them are playing out, most are shocked, surprised, and terrified when they are assaulted.
- Some victims of crime experience a sense of unreality while the crimes are being committed and feel that they could not possibly be in the circumstances which have overtaken them.
- People who have been victims of crime in the past are at a greater risk of developing emotional problems by comparison with people who have not had crimes committed against them. Victims do not become inured to victimhood.
- Many victims of violent crime describe experiencing extremely high levels of physiological anxiety, which can be manifested in responses such as rapid heart rates, hyperventilation, and stomach distress.

Victims of crime tend to experience cognitive symptoms of anxiety, such as feeling terrified, helpless, guilty, or out of control (NOVA, 2001). Such physiological and emotional reactions are normal 'fight or flight' responses which occur in dangerous situations. During the days, weeks, and the first few months after their traumatic events, the victims of violent crimes often continue to experience high levels of fear, anxiety, and generalised stress. The following manifestations of stress could disrupt the ability of victims of violent crimes to perform simple mental tasks which require concentration:

- Victims become preoccupied or obsessed with the crimes which have been committed against them and tend to think and talk about them constantly, to experience flashbacks, and to dream about the crimes.

- They often become excessively anxious concerning their own safety and that of the members of their families.
- They tend to worry that other people will not believe them or will think they are to blame for their misfortune.
- Many victims also experience negative changes in their belief systems and often no longer consider the world to be a safe place or that other people can be trusted.
- For some victims, such as those of child abuse or domestic violence, their traumatic experiences are repeated many times, over a period of weeks, months, or even years. In these cases, victims often experience compounded traumatic effects and tend to be always anxious concerning the imminence of the next attack.

Many victims of violent crimes are able to cope with the trauma which they have undergone in the long term, particularly if they receive counselling, other supportive services, and relevant information concerning the procedures of the justice system and their rights in relation to their cases. Both Gintner (2001) and Schneider (2001) maintain that social support can help victims to cope with the effects of their traumatic experiences, as they inevitably suffer from psychological distress. Gintner (2001) explains that the availability of a positive support structure can help victims to overcome grief and regain their emotional functioning. Conversely, if the trauma of victims is not recognised and emotional support is not provided, initial and short-term reactions can be exacerbated and ultimately result in long-term reactions such as major depression, thoughts of suicide and suicide attempts, the use and abuse of alcohol and drugs, problems in intimate relationships, anxiety disorders, manifestations of paranoia in relation to perceptions of the world as a safe place, and an increased risk of being subjected to further acts of violence.

As Levin, Kleinman, and Adler (2014) explain, the DSM-5 classification system entails the use of several diagnostic criteria for assessing trauma- and stressor-related disorders, including post-traumatic stress disorder (PTSD). The first of the criteria is Criterion A, which is known as the gatekeeper criterion, by means of which traumatic

stressors are identified. Two principal criteria are applied, the first of which concerns whether or not a stressor necessarily needs to entail a victim being subjected to a life-threatening or serious injury or sexual violence or the threat of death, serious injury, or sexual violence. The second concerns whether or not a stressor needs to entail direct exposure to a traumatic event, such as witnessing it, or whether the trauma which is caused by indirect exposure, such as learning that a close relative or friend has undergone a traumatic experience, is sufficient to classify it as a traumatic stressor. For indirectly experienced trauma to constitute a traumatic stressor, the actual or threatened death which caused the traumatic event would need to have resulted from either violence or a serious accident. In addition, repeated indirect exposure to either the effects or the consequences of extreme trauma, usually in the course of professional duties, such as those of first responders, people who are tasked with collecting body parts at crime scenes at which grisly murders have been committed, and professionals who are repeatedly exposed to unsettling details of child abuse, can also result in severe instances of secondary trauma. This category of secondary trauma does not include indirect non-professional exposure through electronic media, television, films, or pictures (Levin *et al.*, 2014).

According to the National Institute of Mental Health (2006), PTSD is a highly disabling condition which is associated with extremely high rates of requiring either medical assistance or assistance from mental health practitioners. It is diagnosed among many categories of victims, including those of child abuse and the mothers of chronically ill children. Its symptoms can be exhibited by victims of crime, witnesses of crimes, victims of physical or emotional abuse, people who are threatened, and even by people who merely perceive that they have been threatened. As the vulnerable hippocampus and other portions of the limbic systems are exposed to trauma, the brain undergoes change. Some people are more vulnerable to trauma than others. Coping mechanisms, age, forms of social support, and appropriate medication can all act as mitigating factors. Anyone can be severely adversely affected by PTSD, as it is a normal response to abnormal occurrences (Foa, Keane, Friedman, & Cohen, 2009).

2.9. The needs of victims in the aftermath of traumatic experiences

Owing to the many different consequences of falling victim to crimes, victims can have widely differing needs. Their specific needs can differ owing to factors such as individual personality differences, the types of crimes which have been committed against them, and the timing of the assistance which is offered to them. The categories of needs of victims are discussed in the sections which follow.

2.9.1. The need for protection

Victims of violent crimes need and desire to be protected from reprisals, threats, and harassment by the perpetrators of the crimes which have been committed against them. Among the needs which fall into this category are:

- Information concerning the measures which are being taken to insure that they do not become victims of similar crimes in the future.
- Relocating to new homes in order to avoid contact with the perpetrators of the crimes which have been committed against them.
- Police protection.
- Assurance that the perpetrators of the crimes which have been committed against them are under the control of relevant authorities.
- Information concerning the anticipated dates on which the perpetrators of the crimes which have been committed against them are due to be released (Department of Social Development, 2009; Beloof, 2012).

2.9.2 The need for reparation

Among the forms of reparation which victims need to alleviate the aftereffects are:

- Compensation for financial losses.
- Professional help to overcome emotional trauma.

- Medical treatment to help them to regain their physical well-being.
- Compensation for lost workdays (Department for Social Development, 2009; Wemmers, 2014).

2.9.3 The need for victims to participate actively in the prosecution of the perpetrators of crimes which have been committed against them

Among the needs of victims with respect to participating in the prosecution of those who have committed crimes against them are the need to:

- Be kept updated concerning the progress of their cases.
- Be consulted and have their contributions heeded at all stages of the criminal proceedings, the trial, sentencing, and specific parole conditions.
- Be treated with courtesy.
- Have their rights respected and upheld, such as the right to be heard, the right to compensation, and the right to be informed (Department of Social Development, 2009).

2.9.4. The need for information

Victims of crime need to be informed of their rights, the recourse which the law affords them, and their obligations with respect to the law. The categories of information which victims of crime require include information pertaining to:

- The legal recourse and services which are available to them, such as the right to initiate civil actions and services to assist victims.
- Legal procedures.
- The obligations of victims, in respects such as cooperating with the police and testifying in court.
- Measures which are implemented to prevent crime.

- Normal reactions of victims to violent crimes, in order to reassure them that their responses to their traumatic experiences are not unusual or abnormal (Department of Social Development, 2009).

2.9.5 The need for timely assistance

The types of assistance which victims may require can range from assisting them to relocate to financial assistance. In addition, they may need to be accompanied to court or to hospital. All of these forms of assistance can be provided by referring victims to appropriate agencies, such as crisis centres, one-stop centres, or trauma centres (Department of Social Development, 2009).

In both section 2.9.1 and this section reference has been made to the possible need for victims to be relocated. It is pertinent to mention that the government of South Africa is widely acknowledged to have formulated excellent policies with respect to social services which lack adequate implementation. Although the Domestic Violence Act of 1998 (116 of 1998) makes provision for the establishment of shelters in South Africa, there are few shelters to accommodate the victims of violent crime, other than those which are specifically designated to accommodate victims of domestic violence.

2.9.6 The need for psychosocial assistance

The type of psychosocial assistance which is provided to victims of crime depends to a large extent upon the nature of the crimes which are committed against them. The assistance which is rendered to a rape victim would be expected to be significantly different from that which is rendered to a victim of armed robbery. Consequently, a distinction needs to be made between victims who have suffered emotional problems before crimes were committed against them and those who have not. It is crucial to provide psychosocial assistance as soon as possible after a traumatic event, as its effectiveness diminishes over time.

As it should be evident, the specific needs of each victim need to be evaluated individually. As some victims find it difficult to express their needs, service providers should be aware of the general needs of victims of crime, in order to make accurate assessments and recommend appropriate interventions (Department of Social Development, 2009).

2.10. Crime prevention

According to Lab (2007: 23), crime prevention is an intervention to identify the causes of criminal and disorderly events, in order to reduce the risks of their occurrences and the potential seriousness of their consequences. Burger (2007) maintains that crime prevention also entails the activities of all relevant role players, including the criminal justice system. It includes any action which is designed to reduce levels of crime and it also represents an attempt to prevent crimes from being committed. Approaches to crime prevention can be categorised as primary, secondary, or tertiary.

Primary crime prevention entails identifying conditions in the physical and social environment which provide opportunities for or precipitate criminal acts. As it includes an acknowledgement of broader social contexts for crime and deviance, it is sometimes referred to as social crime prevention. Various different government departments have roles to play in primary prevention. The SAPS may elect to maintain a regular presence in areas which have been identified as being at high risk with respect to particular types of crimes, in order to reduce the fear of local residents. The Department of Justice and Correctional Services can also influence primary prevention by increasing the penalties which are meted out to the perpetrators of particular types of crimes. Public education and awareness campaigns can also help to equip communities to combat crime (Lab, 2007:25).

Secondary prevention begins with the identification of potential offenders and is concerned with interventions which are implemented in order to prevent the committing of particular types of crimes. Situation analyses are conducted to identify existing problems and implement prevention programmes in response to problems which have been identified.

The ambit of tertiary prevention is diffuse and extends to meeting the needs of entire communities (Burgess *et al.*, 2010:67). It is concerned with both the apprehending and prosecuting of offenders and the implementation of interventions to deter offenders from re-offending. Tertiary prevention is the domain of the criminal justice system, as it is responsible for arresting, prosecuting, incarcerating, and attending to the needs of offenders, and also for rehabilitating them.

2.11. Crime prevention initiatives

After the official demise of apartheid and the attainment of a democratic dispensation in 1994, the Constitutional Court of South Africa declared some laws unconstitutional and invalid. The Group Areas Act of 1915 had been promulgated to enforce the policies of apartheid and to keep black people out of white urban areas by moving them into newly created black townships and confining other non-white groups to designated areas (McGregor, 2005). The Bantu Education Act had imposed severe restriction upon the quality of education which black people could receive (Walt, 2006). The Public Safety Act created a raft of new laws to suppress dissenting voices against the apartheid regime, such as the Treason Act, the Suppression of Communism Act, and the Criminal Law Amendment Act (Deane, 2005).

Conversely, the new government formulated and began to implement policies and laws which were urgently required for the development of the new democratic order. Special priority was given to the development of a comprehensive and effective crime prevention strategy. Legislation to cover specific types of crime was developed to complement the broader crime prevention initiative of the government. Crime prevention is predicated upon two principal approaches, namely the crime prevention

approach and the law enforcement approach (Integrated Social Crime Prevention Strategy, 2011).

The crime prevention approach is premised upon the assumption that crime is caused by social, economic, and environmental conditions and that only by removing the conditions which foster crime can crime be effectively combated and eradicated. The approach draws upon the National Crime Prevention Strategy (NCPS), an overarching crime prevention policy which was intended to provide a guiding framework for a wide range of interdepartmental programmes to increase public safety. The priorities of the NCPS were to improve the functioning of the criminal justice system, environmental design, educating and instilling positive values in communities, and combating transnational crime (Du Plessis & Louw, 2005).

The law enforcement approach prioritises reducing levels of crime by arresting and convicting criminals (Leggett, 2004) and informs the National Crime Combating Strategy (NCCS), which was developed by the SAPS and has never been issued as a public document. The NCCS was adopted by the security cluster of government departments, with the aim of improving the efficacy of policing in areas which had been identified as having high prevalences of criminal activity. Once levels of crime had been stabilised, the brief of the NCCS was to initiate medium-term social crime prevention programmes. The NCCS also prioritised organised crime and investigations into crime syndicates by task teams of experienced detectives. The implementation of the strategy has been concentrated in parts of the country where most crime occurs (Du Plessis & Louw, 2005) and rates of reporting crimes by victims have increased significantly as a consequence. The success with which the strategy has been implemented has been borne out by the findings of an independent study which was conducted by Pelsler, Schnetler, and Louw (2002) in 45 police stations during the second half of 2000, which revealed that 76 percent of the respondents who had had contact with the police were satisfied with the service which they had received.

Chapter Three

Responses to Crime

3.1. Introduction

This chapter takes the form of an overview of the organisations which render victim empowerment (VE) services, a discussion of the concept of victimology, and a review of the responses of both the government and civil society organisations to crime at present. No discussion of responses to crime would be adequate without an understanding of the concept of victimology, which is the study of victims and the patterns according to which victimisation occurs (Myrstol & Chermak, 2015). According to Walsh (2015), any person whose basic human rights or legal rights have been nullified by acts of crime or violence falls within the ambit of victimology. It entails the study of events which result in victimisation. In addition, it endeavours to provide insights into how the phenomenon can be avoided, and to evaluate the treatment which victims receive when they exercise the recourse which they have through the criminal justice system. It is the considered opinion of the researcher that a rigorous evaluation of the criminal justice system with respect to its ability to ensure justice for victims of crime and violence and to facilitate their recovery represents good practice and an optimal means of improving the efficacy of the system in these respects. Turvey (1999) explains that victimology is concerned with all relevant characteristics of victims, including lifestyles, personality, and behaviour. In addition, although it concerns evaluations of the responses of the criminal justice system to the plight of people who are either directly or indirectly affected by criminal behaviour, the responses of other relevant government departments and other categories of organisations are also of great relevance (Mawby, 2016).

3.2. An overview of providers of VE services in South Africa

The national Victim Empowerment Programme (VEP) has its origins in the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, which was adopted by the General Assembly of the United Nations in 1985, to which South Africa

is a signatory. The VEP and the roles which are played by providers of VE services are essential components of the concerted strategy of the South African government to demonstrate its commitment to the protection of victims of violence through the ratification of international instruments and the development of appropriate policies, strategies, and legislation. As it was explained in Chapter One, the aim of the VEP is to develop, monitor, and facilitate the implementation of the integrated policies and the providing of essential services with respect to victim empowerment, in partnership with civil society. In order to achieve this objective, the VEP has placed a great deal of emphasis on the strengthening of partnerships with civil society and other stakeholders, which has helped to expand and improve relevant structures and services.

The roles and responsibilities of stakeholders in the domain of victim empowerment are performed and fulfilled by providing services to victims at a number of different levels, such as through government departments at the national, provincial, and local government levels, and also through many civil society organisations. The institutions and organisations which are responsible for providing services to victims of crime and violence include:

- Courts of law
- The South African Police Service
- Crisis centres
- One-stop centres
- Shelters
- Hospitals and clinics
- Schools, colleges, and homes
- Other JCPS cluster departments
- Organisations which provide VE services

Their responsibilities include:

- Overseeing intakes of clients by performing duties such as obtaining demographic information, providing information concerning the roles of

employees and the services which their organisations provide, assisting clients to complete admission forms, and explaining the confidential nature of the assistance which victims receive.

- Providing emotional support to clients who have been victims of crime through active listening, debriefing, and validating their emotional responses.
- Assessing the need which clients may have of other services and providing them with information concerning relevant organisations and professionals such as community service agencies, counsellors, legal aid lawyers, physicians, and mental health services and making appropriate recommendations.
- Providing appropriate responses and interventions in cases of crisis when it is necessary to do so.
- Defending the interests and rights of clients by performing duties such as liaising on their behalf with the police and Crown Counsel and obtaining information concerning their cases in respects such as their status and the dates of hearings.
- Providing information to clients concerning assistance which is available from the police and legal and medical systems with respect to their cases and advice to enable them to avoid falling victim to crime and violence in the future.
- Providing support services to enable clients to participate in court proceedings, such as explaining court processes and trial procedures and providing necessary orientation and preparation to enable them to present their cases in court.
- Accompanying or providing clients with transport for purposes such as appearing in court, consulting with the police, and keeping medical appointments.
- Assisting clients to complete legal forms such as applications for compensation for criminal injury and victim impact statements.
- Participating in public education to raise awareness of physical and sexual assault and abuse.
- Consulting and liaising with service agencies in communities to keep updating information concerning available resources and develop community relations.

- Maintaining and providing statistics and reports concerning service delivery (The Second Victim Satisfaction Survey, 2017).

3.3. The VEP and victimology

The VEP is grounded in a victimology-centred and human rights perspective (The Second Victim Satisfaction Survey, 2017). Consequently, it prioritises the needs of victims and, from a conceptual standpoint, endeavours to understand the patterns of behaviour which are prompted by their traumatic experiences and their effects upon their subsequent participation in the criminal justice system (The Second Victim Satisfaction Survey, 2017). The discipline of victimology entails analysing and interpreting phenomena which are influenced by crime, the law, and the behaviour of perpetrators of crimes and their victims from a structuralist standpoint. It emphasises transforming the harm which is caused to victims of crime and violence by obtaining an understanding of the responses of agents of the criminal justice system and their working relationships with victims. It represents an indivisible pairing of criminology and an absolute commitment to upholding human rights, in that it advocates protecting the rights of both victims and perpetrators of crimes. Dillenburger (2007:433) explains that victimology also entails studying particularly vulnerable groups of people. It endeavours to determine prevalences of violent incidents, develop profiles of victims and perpetrators, assess the effects of violence on victims, discern patterns of self-disclosure, and determine the status of both victims and perpetrators in relation to the norms and values of their societies and with respect to their working and living conditions and socioeconomic circumstances. Although this study is not specifically concerned with patterns and prevalences of crime, victimology nonetheless provides an effective and appropriate means of evaluating the experiences of victims within the criminal justice system.

According to Dillenburger (2007:435), most of the theories which inform victimology borrow concepts from three specific sources, namely, psychopathology, feminism, and traditional learning theory. From the perspective of psychopathology, in many instances violent crimes would be interpreted as the consequences of the mental

disorders of their perpetrators. By contrast, from a feminist standpoint, victims are often considered to be historically socialised into accepting violence, while traditional learning theory holds that acceptance of violence is thought to be either enabled by mutual demonstrative cycles between victims and perpetrators or encouraged by learned helplessness.

Although the theoretical orientation of victimology provides crucial insights into the nature of victimhood, the VEP requires a theoretical basis which emphasises the empowerment of victims, to guide the work of providers of VE services, including shelter organisations. An appropriate empowerment theory would be grounded in the belief that victims of crime and violence should have access to information, education, and other necessary social and economic support to make informed decisions which best serve their interests and meet their needs. It should also facilitate the dissemination of relevant information, training, and counselling to create a set of services which meet the specific needs of victims in respects such as assistance which is rendered in the aftermath of traumatic experiences and the implementation of strategies to minimise risk (Dey, Thorpe, Tilley, & Williams, 2011).

3.4. Responses to crime

Since 1994, there have been significant changes in providing services to victims of crime in South Africa, owing mainly to the policies and legalisation which the post-apartheid government has developed. Although they are discussed in detail in Chapter Four, for the present it is sufficient to explain that the policies and legalisation articulate the responsibilities of each relevant government department, such as the South African Police Service, the National Prosecuting Authority, and the departments of Health, Justice and Constitutional Development, Social Development, and Correctional Services, with respect to providing services to victims of crime and violence through public institutions such as courts, police stations, and hospitals (Service Charter for Victims of Crime in South Africa, 2007). Although commendable efforts have been made to develop appropriate and effective policies and legislation,

concerns have been raised concerning the efficacy with which they have been implemented (Hwenha, 2014). The sub-sections which follow provide an overview of the programmes and responses to crime which are being implemented in South Africa at present.

3.4.1. Strategies for preventing gender-based violence

According to Brothers for Life South Africa (2013), gender-based violence (GBV) can take many forms and can occur throughout the lives of individual people. It constitutes both a violation of human rights and a form of discrimination against people on the basis of gender. The violence may be physical, sexual, psychological, economic, or sociocultural in character. It has been observed throughout the world that most acts of GBV are perpetrated by men against women and girls. Consequently, GBV is usually characterised as violence against women. In addition, it also constitutes an infringement of the rights of people who do not conform to mainstream definitions of masculinity and femininity in societies, such as people whose sexual orientations are classified as lesbian, gay, bisexual, transgendered, or intersexed (LGBTI). People are often victimised on the basis of sexual preferences which diverge from dominant gender identities.

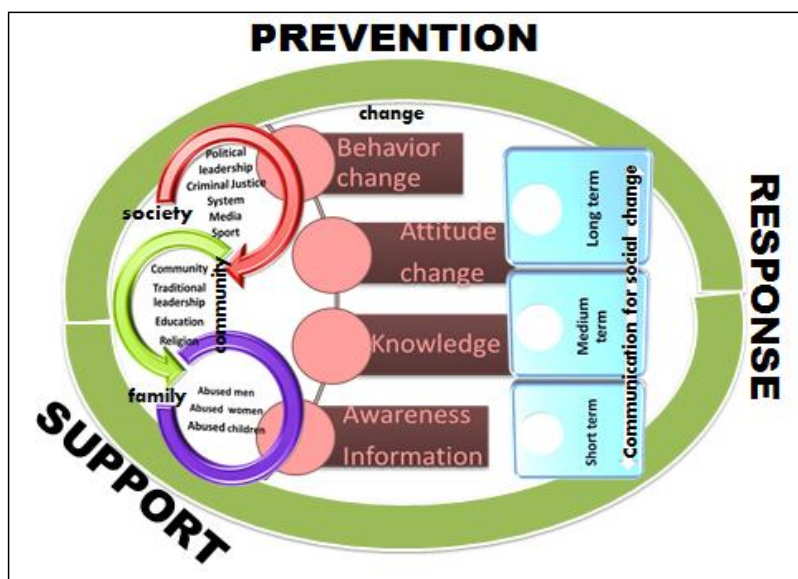
3.4.2. The South African Integrated Programme of Action Addressing Violence Against Women and Children

The urgent need for action at the national level to protect women and children from all forms of violence which is evident from ever-escalating levels of violence against them and the devastating and lasting effects which violence has on survivors has prompted the government of South Africa to acknowledge its legal obligations with respect to the human rights of women and children. The Department of Social Development, which plays a leadership role in the implementation of victim empowerment programmes, responded to the crisis by establishing an Inter-Ministerial Committee (IMC) to tackle the problem. The Minister of Social Development, Ms Bathabile Dlamini, was tasked with developing a strategy to prevent GBV, which was subsequently articulated through the drafting of the National Integrated Programme of Action Addressing Violence against Women and Children (POA: VAWC) (2013-2018).

One of the principal aims of the programme was to develop strategies to move beyond reactive approaches to preventing GBV. It also provided a framework for a comprehensive and systematic endeavour to achieve substantial and lasting change. Ending the highly prevalent and deeply entrenched pandemic of violence against women and children requires strong political will, clear accountability, and the allocation of adequate resources and funding, together with the active participation, in the form of practical action, of all segments and levels of society. The programme comprises a set of mutually reinforcing initiatives, namely:

- Prevention and protection
- Response
- Care and support (DSD, 2014).

Figure.3.1: The three pillars of the National Integrated Programme Addressing Violence against Women and Children (2013-2018)



Source: Adapted from the GBV Action plan (DSD, 2013)

The prevention and protection pillar emphasises identifying the root causes which underlie violence against women and children, in order to prevent it from occurring. Particular emphasis is placed upon transforming attitudes, practices, and behaviour to

ensure that all South Africans reject the use of violence against women and children. The objectives which are represented by the pillar entail working with a range of different social groups, including local communities and schools, and also working at the individual level, particularly among men and boys. The types of activities and initiatives through which the objectives could be achieved include:

- Supporting continuous communication campaigns and mobilising communities to combat violence against women and children.
- Increasing the reach of the Everyday Heroes programme of the VEP in 1300 wards through dialogue, mobilising communities, and the use of community radio stations, with the support of the Government Communication and Information System (GCIS).
- Increasing awareness through dialogue in communities concerning harmful cultural and traditional practices such as *ukuthwala*, which entails the abduction of girls or young women, often with the consent of their parents, to force them into marriage.
- Providing support to strengthen and capacitate families, particularly in relation to fulfilling parenting responsibilities and decreasing the vulnerability of children to abuse, neglect, and exploitation.
- Prioritising safety in the planning of urban and rural municipalities to enable local governments to play an active role in the planning and implementation of programmes to prevent violence, through measures such as the establishment of safe parks, sporting, and recreational facilities, declaring firearm free zones, clearing overgrown areas, and providing adequate lighting on buses, at taxi ranks, in streets, public toilets, marketplaces, clubs, and taverns, and on pathways on which children walk to and from schools.
- Developing a national prevention strategy which is derived from a rigorous analysis of the root causes of violence and informed by all existing government strategic frameworks to combat all forms of violence, particularly gender-based violence and violence against children.
- Systematic and evidence-based advocacy and initiatives to raise awareness, through action campaigns such as Orange Day, institutions such as the Soul City Institute for Social Justice, and films such as *Intersexion*, which are made

by activists, in order to identify and expose the underlying causes of violence against women and children and to promote positive, respectful, and non-violent behaviour.

- Strengthening school-based and afterschool programmes to promote human rights, gender equality, healthy interpersonal relationships, peaceful conflict resolution, and to eliminate undesirable phenomena such as peer-to-peer violence and cyberbullying.
- Providing training to provincial trainers, school-based officials, and all relevant stakeholders concerning the prevention and management of bullying in schools.
- The implementation of the National School Safety Framework, which was developed by the Centre for Justice and Crime Prevention (CJCP) and the Department of Basic Education (DBE) at the provincial and district levels, and also in schools.
- Expanding life skills and life orientation programmes in order to increase the awareness of boys and girls of healthy gender relationships and their rights with respect to them, and also of the need to ensure their safety in a world in which it can be threatened.
- Developing, strengthening, and providing positive parenting courses through early childhood development (ECD) programmes, to promote the healthy development of children and encourage nurturing, non-violent parenting.
- Encouraging dialogue in communities and promoting initiatives to engage local authorities and civil society organisations in measures to eliminate violence in communities.
- Raising awareness among journalists and other media professionals concerning violence against women and children through best practices guidelines, specifically with respect to the manner in which the phenomena should be portrayed in the media without causing further harm to victims and contributing to secondary victimisation.
- Establishing and implementing a national police outreach programme in schools and local communities to encourage and assist survivors to report instances of violence to the police.

- Incorporating violence against women and children into policy initiatives which are formulated and implemented to combat associated factors such as alcohol and drug abuse, access to firearms, and socioeconomic inequalities.
- Establishing a structured programme to ensure the safe transporting of children to and from schools, particularly children with disabilities, and deploying traffic officers at pedestrian crossings.
- Improving procedures with respect to the timely issuing of papers to identify undocumented children who have crossed borders to enter South Africa, in accordance with Section 32 of the Refugee Act (No. 130 of 1998).
- Educating communities concerning ethnic and cultural diversity and the human rights which the constitution accords to all, in order to militate against ethnocentric attitudes and xenophobia among citizens.
- Conducting studies to investigate the relationship between incidences of unaccompanied children and those of trafficking children for sexual exploitation (DSD, 2014).

In addition, the Department of Social Development also conducts, celebrates, and commemorates other public education and advocacy campaigns, some of which are discussed in the sections which follow.

3.4.3. The International Day of Families

The International Day of Families is observed on the 15th of May every year. It was proclaimed by the General Assembly of the United Nations in 1993 and reflects the value which the international community ascribes to the role of families in societies. It provides an opportunity to promote awareness of the social, economic, and demographic factors which can affect the sustainability of the family unit as the fundamental building block of cohesive societies. The United Nations (2015) emphasises that the aim of the International Day of Families is to underscore the necessity of developing the knowledge and skills which are needed to promote sustainable development and sustainable lifestyles, human rights, gender equality, a culture of peace and non-violence, global citizenship, and an appreciation of cultural

diversity and the contributions which individual cultures make to sustainable development.

The significance of the International Day of Families for the VEP lies in the effects which crime and violence have upon the families of victims. Consequently, owing to the crucial role which the well-being of families plays in the overall health and well-being of societies, the services which are rendered to victims need to be rendered in a manner which strengthens family ties to facilitate recovery and caters adequately for the needs of the members of the families of victims.

3.4.4. Child Protection Week

The Child Protection Week campaign was launched in 1997 in South Africa by the Minister of Social Development and is observed each year under the auspices of the Department of Social Development. Its aim is to create awareness amongst South African communities that it is the duty of all citizens to play a role in protecting children and creating a safe and secure environment for them. In order to reaffirm the commitment of the government to creating a sense of communal responsibility for protecting children, the unifying theme of 'working together to protect children' has been adopted by all of the government departments and organisations which participate in Child Protection Week.

3.4.5. The Orange Day campaign

Orange Day is commemorated throughout the world on the 25th day of each month. The campaign was launched in July of 2012, in the run-up to the 57th session of the Commission on the Status of Women in March of 2013. The aim of the campaign is to raise public awareness of and increase political will to take concrete steps to end the global pandemic of violence against women and girls. The vision of the campaign is to achieve a world which is free from both violence and the threat of violence. As the goal can be achieved only through the active participation of all governments, non-governmental organisations and all citizens of each nation, people are requested to mark each Orange Day by wearing orange, the colour which is designated by the

UNiTE campaign to symbolise a brighter future without violence. All members of the staff of the Department of Social Development are encouraged to commemorate the day by wearing the orange T-shirts which the department purchased and distributed to them.

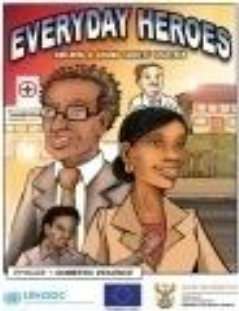
3.4.6. The Crime Victims' Rights Week campaign

Crime Victims' Rights Week is commemorated each year to promote awareness of the rights of victims and to advocate for appropriate services to be provided to them. It is a project of government departments within the criminal justice system and the Department of Education. Its aim is to provide information concerning the interventions and services which are provided by government departments to victims of crime. In addition, the week provides government departments with an opportunity to respond in a coordinated manner to the concerns of victims of crime and the general public. The activities which take place during Crime Victims' Rights Week are guided by the Service Charter for Victims of Crime in South Africa (2004).

3.4.7. The Everyday Heroes comic series

The Everyday Heroes comic series is a project of the Department of Social Development, in partnership with the United Nations Office on Drugs and Crime (UNODC). The series is presented by the VEP and, as it can be seen in Figure 3.2, each of the six issues is devoted to explaining the undesirable consequences of a specific social ill.

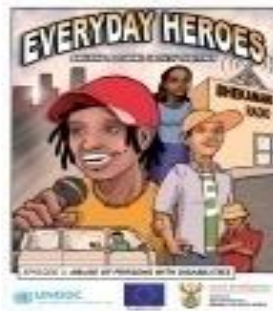
Figure 3.2.: Covers of the Everyday Heroes comic series



Comic 1 - Domestic violence



Comic 2 - Human trafficking



Comic 3 – Abuse against people with disabilities



Comic 4 - Abuse of the elderly



Comic 5 - Sexual assault



Comic 6 - Sexual abuse of children

BE AN EVERYDAY HERO FOR VICTIM EMPOWERMENT – BHEKANANI!



3.4.8. National Human Trafficking Awareness Week

National Human Trafficking Awareness Week in South Africa takes place during the first week of October each year. The Missing Migrants Project was launched in 2006 by the International Organisation for Migration. National Human Trafficking Awareness Week falls within its ambit and has been observed in South Africa since 2008, in an effort to increase awareness of human trafficking throughout the country.

3.4.9. The Men as Positive Male Role Models campaign of the DSD

The Men as Positive Role Models campaign for preventing GBV stems from the Integrated Programme of Action Addressing Violence against Women and Children of the Department of Social Development. The campaign aims to end the stereotype of men as participants in secondary and tertiary interventions as perpetrators only and to enlist them as partners in preventing GBV. It envisages men as participants in education programmes, targets of social marketing campaigns, as formulators of policy and gatekeepers, and as activists and advocates. It advocates that men should not only be educated concerning gender equality and violence against women, but also be mobilised through activism for collective and social change.

3.4.10. International Men's Day

International Men's Day (IMD) has been commemorated since 1992 and it is celebrated in more than 80 countries. It was never intended to compete with International Women's Day, but rather represents an initiative by men throughout the world to strive for gender equality and to overcome the negative images of masculinity which have been engendered by male dominance in many societies. Each year, secondary themes are introduced, such as peace in 2002, men's health in 2003, healing and forgiveness in 2007, and positive male role models in 2009. In 2010, the theme for International Men's Day was 'Our Children, Our Future', while in 2011 it was

'Giving Boys the Best Possible Start In Life', in 2012 'Helping Men and Boys Live Longer, Happier, and Healthier Lives', in 2013 'Keeping Men and Boys Safe', in 2014 'Working Together for Men and Boys', in 2015 'Working to Expand Reproductive Options for Men', in 2016 'Stop Male Suicide', in 2017 'Celebrating Men and Boys in all Their Diversity', and in 2018 'Positive Male Role Models'. International Men's Day is celebrated each year on the 19th of November (Thompson, 2017)

3.4.11. 16 Days of Activism for No Violence against Women and Children

The 16 Days of Activism for No Violence against Women and Children campaign is mounted each year from the 25th of November, (International Day for the Elimination of Violence against Women) to the 10th of December (International Human Rights Day). Universal Children's Day and World AIDS Day are also celebrated during the 16 days. Through the campaign the South African government expresses its commitment to making people aware of the severely negative consequence of violence for women and children and urging them to act against abuse, by leading a coordinated effort to sustain the campaign into the next decade. Each year, the government, civil society organisations, and the business sector collaborate to broaden the scope of the campaign. By giving their support to the campaign, thousands of South Africans have also helped to increase awareness of abuse and engender support for victims and survivors of abuse.

3.4.12. The National Council Against Gender-Based Violence

The National Council Against Gender-Based Violence (NCGBV) is a multi-sectoral body which includes members of civil society and is responsible for coordinating multi-sectoral responses to GBV.

The responsibilities of the council include:

- Driving the implementation of the 365 Days National Action Plan (NAP) to end gender-based violence.
- Advising the government concerning policy and intervention programmes.
- Strengthening national partnerships to combat gender-based violence.
- Fostering and strengthening international partnerships.
- Monitoring and reporting progress concerning initiatives which are implemented to combat gender-based violence.

The launching of the awareness campaigns accords with the contention of Nelson Mandela that education represents the most powerful weapon which can be used to change the world. The aims of the public education campaigns include changing behaviour, promoting awareness of the rights and responsibilities of individual citizens, and raising awareness of the debilitating consequences of violence and abuse for victims and their families (Joyce, 2010). By contrast, it needs to be acknowledged that despite the concerted campaigns to raise awareness, levels of crime and violence remain unacceptably high. The response pillar of the programme concerns the support services which are provided to victims in order to enable them to recover from their traumatic experiences of crime and violence and regain control of their lives.

3.4.13. The response pillar

The response pillar represents a comprehensive, integrated system to provide consistent, coordinated, and timely support services to women and children who have been victims of violence. It also comprises the measures which have been taken to provide emergency physical and mental healthcare, safe accommodation, counselling, and access to justice for survivors of crime and violence. The activities and initiatives through which the objectives of the response pillar are to be achieved are summarised as follows:

- The establishment of a coordinated and integrated national toll-free 24/7 helpline and an effective helpline service which makes optimal use of existing helpline systems.

- Coordinating online counselling platforms with helpline services by means of free instant messaging applications such as MiXit in collaboration with the telecommunications sector.
- Introducing panic buttons and location-specific services through mobile technology and expanding the remit of the 'Please call me' service to provide contacts for victims to call in cases of GBV.
- The establishment of the Gender-Based Violence Command Centre (GBVCC) under the auspices of the Department of Social Development.
- Strengthening the coordination of prevention and early intervention programmes, by effectively combining the contributions of initiatives such as neighbourhood watch, associations of residents to combat substance abuse, and policing.
- Ensuring access to justice for women and children, particularly those who have disabilities, through legal empowerment which is provided by victim support workers (VSW) and other categories of community workers, in the 1300 wards which have been found to be most in need of assistance (cf. section 3.4.2).
- Developing and implementing a single integrated service model to provide expert services to survivors and increase the effectiveness of the responses from the criminal justice system, through the implementation of short- and longer-term interventions. The inter-sectoral nature of future centres to act against gender-based violence needs to be informed by a coherent legal framework in order to ensure sustainable joint accountability.
- Ensuring the effective coordination of existing services, in the form of 1132 police stations and more than one thousand healthcare facilities, social work agencies, and shelters, through weekly case management forums which are devoted not only to criminal cases, but also to strategies for early interventions.
- The re-establishment of Sexual Offences Courts, in order to ensure the timely and efficient handling of cases of violence against women and children.
- Upscaling and expanding the powers of existing family courts with respect to early intervention and to ensure effective responses to child protection cases.
- Harmonising, streamlining, and coordinating specialised expert services, in the form of 176 SAPS Family Violence, Child Protection, and Sexual Offences units, 253 dedicated healthcare facilities for cases which concern violence

against children, 52 Tuthuzela Care Centres, 4 Khusuleka One-Stop Centres, and the Sexual Offences Courts, and ensuring the coordinated deployment of one-stop services by making use of the existing dedicated capacity.

- Developing a single model for one-stop services centres and planning the launching of centres in an integrated manner, with provisions for increased capacity and human, financial and infrastructural resources.
- Mobilising communities, by enlisting the assistance of ward committees, community development workers, community policing forums, and community safety forums to implement local programmes to protect women and children, according to established guidelines, through:
 - The establishment of local shelters, safe houses, after school care centres, and year-round recreational programmes
 - The formation of neighbourhood watch groups
 - The launching of community patrol programmes
 - The development of community-based alert systems which make use of inexpensive devices such as whistles or vuvuzelas
 - The formation of street and block committees
 - The development of guidelines for the functioning of policing forums and initiatives to ensure the safety of communities
- Providing first line support to children through visits by social workers to child-headed households, making assessments, and deciding upon appropriate interventions.
- Raising awareness among parents and caregivers concerning the levels of violence to which children are exposed in films, publications, and computer games which are passed by the Film and Publication Board
- Advocating for a review of the Films and Publications Act of 2009 and the establishment of a co-regulatory framework in collaboration with the entertainment industry
- Teaching children online safety through life orientation manuals in schools.

Although most of the initiatives which have been summarised under this pillar have been implemented for varying lengths of time, the implementation of others, such as the Gender-Based Violence Call Centre and the re-establishment of the Sexual

Offences Courts, has commenced relatively recently (Department of Social Development, 2014)

3.4.14. The Gender-Based Violence Call Centre

The Department of Social Development has launched a pilot command centre for victims of gender-based violence. It is a 24-hour call centre which is dedicated to providing support and counselling to victims of gender-based violence. Among its principal aims are providing immediate psychological assistance and referrals to victims of gender-based violence and assisting them to avoid further exposure to violence in the future. In addition, it is intended to facilitate the prosecution of perpetrators, as information which is collected during the course of rendering assistance to victims can be made available to the courts as evidence. Although the centre is an initiative of the Department of Social Development, the department has collaborated with the South African Police Service, the Department of Justice and Constitutional Development, the Department of Health, and relevant NGOs which render assistance directly to victims, to ensure that victims receive the medical or legal assistance which they need.

The centre provides a toll-free number, which enables callers to speak to a social worker for assistance and counselling. There is also a Please Call line, by means of which victims are able to contact the command centre for a subsequent response from a member of the staff. The call centre constitutes a crucial component in the arsenal of interventions by the government to combat the scourge of gender-based violence. Others include the establishment of shelters for victims of domestic violence. The Khuseleka One-Stop Centres for victims of crime and violence provide services such as counselling, medical treatment, legal assistance, and access to the police under one roof, in order to minimise the likelihood of secondary victimisation.

3.4.15. The National Emergency Response Team (NERT)

The National Emergency Response Team (NERT) is a rapid response programme which was developed by the Department of Social Development in 2015 and launched in 2016. The programme was conceived as a project to pilot a national rapid response

approach to the provision of psychosocial services in the immediate aftermath of instances of trauma. The project prioritises incidents of gender-based violence, in which the victims are usually women or children, which gain prominence in the media. Interventions by the NERT have a duration of 3 days and are intended to diffuse and reduce the emotional distress which inevitably accompanies traumatic experiences and prevent victims from succumbing to the onset of post-traumatic stress disorder (PTSD). The NERT also intervenes in cases of emergencies anywhere in the country in which victims and their families may require trauma debriefing. This programme requires provincial and district officials of the Department of Social Development who render psychosocial services to participate during the 3-day responses, in order to assume control and to ensure that the services which are needed are provided continuously. In addition to its rapid response function, the NERT also participates in and uses the methodology of the Community Capacity Enhancement (CCE) programme to raise awareness concerning the need to combat gender-based violence and violence against children in communities (Department of Social Development, 2016).

3.4.16. The re-establishment of the Sexual Offences Courts

The Department of Justice and Constitutional Development identified 57 regional courts which could be adapted to fulfil the requirements of the Sexual Offences Court Model. The department accorded immediate priority to upgrading them. The process of upgrading commenced during the 2013/2014 financial year and is being carried out subject to the availability of resources. From April of 2015, the remainder of the regional courts which have been earmarked are to be upgraded to Sexual Offences Courts over a period of 10 years. The purpose of the Sexual Offences Courts is not only to reduce the secondary trauma to which complainants are frequently subjected, but also to increase the rates at which convictions are secured for perpetrators and to encourage victims to report sexual offences which are committed against them (Department of Justice and Constitutional Development, 2013).

3.4.17. The care and support pillar

Although the care and support pillar prioritises the safety, well-being, and long-term empowerment of women and children, it is committed to ensuring that perpetrators are held accountable for their crimes and appropriately rehabilitated, in order to reduce incidences of re-offending. Some of the initiatives and activities through which the priorities of this pillar are to be achieved include:

- Improving the provision of aftercare services.
- Reviewing the parole system which is in force at present.
- Developing new or upgrading existing infrastructure with respect to providing shelters and safe transport for women, boarding facilities for children in rural and peri-urban areas, safe houses, and allocations of low cost housing for women.
- Acknowledging the need for specialisation in the fields of child protection and victim empowerment in government services, in order to facilitate providing effective services to families, women, and children who have experienced trauma as a result of crime and violence.
- Endeavouring to remedy inequalities with respect to social standing and income by increasing the effectiveness of poverty eradication programmes and providing opportunities to create employment for women and the youth.
- Recruiting, training, and deploying victim support workers in all nine provinces of South Africa, in order to provide door to door psychosocial support, advice concerning safety, and referral services, and also to facilitate access to action and peer support groups.
- Harmonising, regulating, and upscaling the provision of safe houses in accordance with the Green Door and White Door models of the Department of Social Development.
- Increasing the effectiveness of the 52 state-capacitated Khuseleka halfway houses by means of a mapping process which aligns them with Family Violence, Child Protection, and Sexual Offences (FCS) units of the South African Police Service, Thuthuzela Care Centres, and other one-stop centres which provide response services.

- Empowering survivors of violence through enabling them to acquire life skills which permit them to take charge of their lives and implementing social and economic programmes which encourage them to reduce their vulnerability and allow them to consolidate their resilience.
- Developing improved statutory and non-statutory rehabilitation programmes or modifying existing ones for perpetrators of violence and reviewing the parole system which is in force at present.

3.4.18. Green Door and White Door safe spaces

In response to the priorities of the care and support pillar, the Department of Social Development adopted the term 'Green Door Centre' to designate its model for safe spaces. Subsequently, Green Door and White Door safe spaces have been established to counteract gender-based violence and to encourage the active participation of members of communities to identify houses within their communities which are able to serve as safe spaces for providing assistance in the form of crisis intervention to victims of violence. Green Door and White Door safe spaces serve as emergency temporary interventions and in some cases as overnight containment facilities which offer accommodation and practical support to victims of crime and violence, particularly those who have been subjected to gender-based violence. Victims are subsequently referred within 24 hours to appropriate service providers for further victim empowerment interventions, such as trauma counselling, temporary accommodation in shelters, and medical or legal assistance.

Chapter Four

Legislation, Policies, and Programmes

4.1. Introduction

This chapter is devoted to a discussion of international and national legislation and policies pertaining to victims of crime and violence and the services which are available to them. As victim empowerment programmes represent one of the most effective and all-embracing forms of intervention strategies which the government implements in order to meet the needs of victims of crime and violence, particular emphasis is placed upon them. National and international models for practice, such as victim assistance support, restorative justice, and crisis intervention are also covered. Relevant international policies and pieces of legislation which are discussed include the Victims of Crime Act; the Crime Victim Assistance Act, the Violence Against Women in Relationships Policy, the Referral Policy for Victims of Power-Based Crimes, the Violence Against Women Act, and The Family Violence Prevention and Services Act.

4.2. The international legislative framework

Throughout the world, acts of legislation have been promulgated and policies are implemented to govern the treatment of victims of crime within the international criminal justice system. Following a request from the World Society of Victimology, the governments of several developing Asian countries agreed to commit to developing legislation with respect to preventing their citizens from falling victim to crime and violence which extended beyond the remits of law enforcement and criminal justice, to tackle the factors which contribute to incidences of crime (Chan, 2008:14). Commitment has also been expressed in many countries through the funding of necessary reforms to ensure that the need to provide appropriate services to victims

of crime is universally acknowledged. By promulgating the Declaration of Basic Principles for Justice for Victims of Crime and Abuse of Power, the United Nations charged individual member states with the responsibility for taking appropriate action to protect the rights of victims of crime and violence (Belooof, 2012).

The Asian governments adopted the Declaration of Basic Principles for Justice for Victims of Crime and Abuse of Power on November 29 of 1985, which covers the provision of social services, healthcare services, including services with respect to mental health, educational services, and economic assistance. The declaration also articulates specific policies for crime prevention, in order to reduce incidences of victimisation and to alleviate the distress which victims experience (Chan, 2008: 14). South Africa has also adopted the declaration.

4.2.1. Provisions of the UN Declaration of Basic Principles for Justice for Victims of Crime and Abuse of Power

The provisions of the Declaration of Basic Principles for Justice for Victims of Crime and Abuse of Power of the United Nations are summarised in the sections which follow.

4.2.1.1. Access to justice and fair treatment

- Victims should be treated with compassion and respect for their dignity. They are entitled to access to the mechanisms of justice and to prompt redress, as it is provided for by national legislation, for the harm which they have suffered.
- Judicial and administrative mechanisms should be established and strengthened if necessary, to enable victims to obtain redress through formal or informal procedures which are expeditious, fair, inexpensive, and accessible. Victims should be informed of their rights with respect to seeking redress through the mechanisms which are available to them.
- The responsiveness of judicial and administrative processes to the needs of victims should be facilitated by:
 - Informing victims of their role in and the scope, timing, and progress of the proceedings and of the disposition of their cases, especially cases

which pertain to serious crimes and concerning which victims have requested information.

- Allowing the views and concerns of the victims to be presented and considered at appropriate stages of the proceedings when their personal interests are affected, without prejudice to the accused and consistent with the relevant national criminal justice system.
 - Providing proper assistance to victims throughout the legal process.
 - Taking measures to minimise inconvenience to victims, protect their privacy, when necessary, and ensure their safety and that of their families and witnesses on their behalf, from intimidation and retaliation.
 - Avoiding unnecessary delays in the disposition of cases and the execution of orders or decrees which grant awards to victims.
- Informal mechanisms for the resolution of disputes, including mediation, arbitration, and customary justice or indigenous practices, should be utilised when it is appropriate to do so, in order to facilitate conciliation and redress for victims.

4.2.1.2. Restitution

- Offenders or third parties who are responsible for their behaviour should, when it is appropriate, make fair restitution to victims, their families, or dependants. Restitution should include the return of property or payment for the harm or loss which has been suffered, the reimbursement of expenses which have been incurred owing to the committing of a crime, the provision of appropriate services, and the restoration of rights.
- Governments should review their practices, regulations, and laws to consider restitution as an available sentencing option in criminal cases, in addition to other criminal sanctions.
- In cases which entail substantial harm to the environment, restitution, if it is ordered, should include, as far as possible, restoration of the environment, reconstruction of infrastructure, replacement of community facilities and reimbursement of the expenses of relocation, whenever the harm which has been inflicted results in the dislocation of a community.

- When public officials or other agents acting in an official or quasi-official capacity have violated the national criminal laws, the victims should receive restitution from the state whose officials or agents were responsible for the harm which has been inflicted. In cases in which the government under whose authority the victimising act or omission occurred is no longer in existence, the state or the government which succeeds the government in question should provide restitution to the victims.

4.2.1.3. Compensation

- When full compensation is not available from the offender or other sources, states should endeavour to provide financial compensation to:
 - Victims who have sustained significant bodily injury or impairment of physical or mental health as a result of serious crimes.
 - The families, particularly the dependants of people who have died or become physically or mentally incapacitated as a consequence of violent crime.
- The establishment, strengthening, and expansion of national funds for compensation to victims should be encouraged. When it is appropriate, other funds may also be established for this purpose, including in those cases in which the state of which the victim is a national is not in a position to compensate the victim for the harm which has been inflicted.

4.2.1.4. Assistance

- Victims should receive the necessary material, medical, psychological, and social assistance through governmental, voluntary, community-based and indigenous means.
- Victims should be informed of the availability of healthcare and social services and other relevant forms of assistance and be afforded ready access to them (Kirchengast, 2016).
- Representatives of the police, justice, healthcare, social services, and other relevant systems should receive training to sensitise them with respect to the

needs of victims and guidelines to ensure that they are able to render appropriate and prompt assistance.

- In providing services and assistance to victims, attention should be given to those who have special needs owing to the nature of the harm which they have suffered (The Service Charter for Victims of Crime in South Africa, 2007; Kirchengast, 2016).

Other pieces of international legislation and policies which are relevant to this study include:

- ❖ The Victims of Crime Act (VOCA)
- ❖ The Crime Victim Assistance Act (CVAA)
- ❖ The Violence Against Women in Relationships Policy (VAWIR)
- ❖ The Referral Policy for Victims of Power-Based Crimes
- ❖ The Violence Against Women Act
- ❖ The Family Violence Prevention and Services Act (FVPSA).

4.2.2. The Victims of Crime Act

The Victims of Crime Act (VOCA) serves as the central source of federal financial support for direct services to victims of crime. It is administered at the federal level in the United States through the Office for Victims of Crime of the Department of Justice, which annually awards a grant to each state and the District of Columbia. The relevant agencies in each state in turn, subgrant to organisations which provide direct services to victims of crime. The funds for the grants are provided by the Crime Victims' Compensation Fund, which is a special fund into which fines, penalty assessments, and bond forfeitures which are collected from convicted federal offenders and other fees which are collected are deposited (Victims of Crime Act, 2001).

The primary purpose of the victim assistance grant programme is to use the Crime Victims' Compensation Fund, which was established under the provisions of the Victims of Crime Act of 1984, to support the direct provision of services to victims of

crime throughout the United States. The VOCA supports a wide range of services, such as immediate responses to the emotional and physical needs of victims of crime, excluding medical care but including crisis intervention, accompaniment to hospitals for medical examinations, hotline counselling, and the provision of food, clothing, transport, shelter and other emergency services which are intended to restore a sense of dignity and self-esteem to victims. The VOCA also has provisions for providing services which are intended to meet the needs of victims and to advocate for them as they participate in the criminal justice system.

In South Africa, the Criminal Assets Recovery Account (CARA) plays a similar role to that of the VOCA in the United States. The CARA is a separate account within the National Revenue Fund (NRF), into which monies and properties are deposited after a judicial forfeiture or confiscation order. The legislation pertaining to the fund appears in the Prevention of Organised Crime Act (POC Act) of 1998 and it is administered by the National Prosecuting Authority (NPA).

According to the VOCA, victims have the following rights:

- To be treated without prejudice and with courtesy and respect by all personnel of the criminal justice system.
- To be provided with information concerning the justice system, services which are available to victims, and legislation which is relevant to their cases.
- To receive, on request, case-specific information pertaining to the police investigations, prosecutions, sentencing, and the release of offenders with respect to their cases.
- To be given a reasonable opportunity to provide relevant information concerning the effects which their traumatic experiences have had upon their lives, for presentation to the court before the sentencing of offenders.
- To receive independent legal representation, free of charge in those instances in which victims are unable to afford it, if an application has been made for disclosure of their personal assets.

4.2.3. The Crime Victim Assistance Act

One of the objectives of the Crime Victim Assistance Act is to facilitate the recovery of victims of violence by providing them with financial assistance. Its provisions entitle victims who are injured as a consequence of particular crimes, members of the immediate families of injured or deceased victims, and some witnesses to be eligible for financial assistance and other benefits, which include medical, dental, and counselling services (Crime Victim Assistance Act, 2001).

4.2.4. The Violence Against Women in Relationships Policy

The Violence against Women in Relationships Policy requires child welfare and other welfare systems to emphasise the criminality of violence which occurs within relationships and to take whatever measures may be necessary to ensure the protection of women and children who may be at risk. The policy covers the entire continuum of violence which occurs in relationships and applies to criminal activities which range from harassing telephone calls to aggravated assault.

4.2.5. The Referral Policy for Victims of Power-based Crimes: Family Violence, Sexual Assault, and Criminal Harassment

The Referral Policy for Victims of Power-based Crimes, which applies to family violence, sexual assault, and criminal harassment, is intended to ensure that victims of power-based crimes are referred as soon as possible to appropriate victim service programmes to receive assistance. 'Power-based crimes' refer to violence in relationships, sexual assault, criminal harassment, child abuse, or family violence. The policy states that victims identified as victims of violence in relationships will be referred to appropriate community-based programmes which provide services to victims. One of the principal objectives of the policy is to increase the likelihood of

victims cooperating with the criminal justice system to prosecute the perpetrators of the crimes which have been committed against them by ensuring their safety.

4.2.6. The Violence Against Women Act of 1994 (VAWA)

The Violence Against Women Act of 1994 (VAWA) was promulgated to prosecute crimes which entail domestic violence or sexual assault. It prescribes new punishments for these crimes and allocates increased funding to agencies which assist victims, in order to enable them to improve their services. In 2000, stalking and dating violence were added to the list of crimes to which the act applies. Increased funding was also provided for legal aid programmes for victims. In 2006, the VAWA increased the scope of programmes and services which it supports to include programmes and services such as:

- Violence prevention programmes
- New protection for victims who are evicted from their apartments because they are victims of domestic violence or stalking
- Funding for rape crisis centres
- Programmes to meet the needs of women of different races and ethnicities
- Increasing programmes and services for victims who have disabilities
- Providing services for children and teenagers

4.2.7. The Family Violence Prevention and Services Act (FVPSA)

The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream in the United States which is dedicated to providing support for emergency shelters and related assistance to victims of domestic violence and their dependants. Grants are distributed to each state and territory in the form of a minimum award, which is supplemented in accordance with the size of the population which is served in each case. Funds are then sub-granted to emergency domestic violence shelters and non-residential services and programmes, in order to provide both a safe haven and an array of supportive services to intervene in and prevent abuse.

The policies and legislation which have been covered in this chapter provide a relevant benchmark for victim empowerment services in South Africa. As it was explained in Chapter 2, it has been suggested that although excellent policies and legislation have been developed in South Africa, there appear to be shortcomings in many instances with respect to their implementation.

4.3. The national legislative framework of South Africa

Relevant national policies and legislation articulate the responsibilities of each department of the government of South Africa, such as the South African Police Service, the National Prosecuting Authority, and the Departments of Health, Justice and Constitutional Development, Social Development, and Correctional Services. The policies and legislation are intended to enable victims to obtain assistance and redress through public institutions such as the courts, the South African Police Service, and hospitals (Service Charter for Victims of Crime in South Africa, 2007). Among the policies and legislation through which the rights of victims of crime and violence are safeguarded are:

- ❖ The Constitution of the Republic of South Africa
- ❖ The National Crime Prevention Strategy (NCPS)
- ❖ The National Development Plan 2030
- ❖ The Victims Empowerment Support Services Bill
- ❖ The Victim Empowerment Programme
- ❖ The National Policy Guidelines for Victim Empowerment
- ❖ The Service Charter for Victims of Crime in South Africa

4.3.1. The Constitution of the Republic of South Africa, Act No. 108 of 1996

The signature legislation of post-apartheid South Africa is the Bill of Rights in the Constitution of the Republic of South Africa (1996). Section 1 of the constitution articulates the values upon which the state of South Africa is founded as:

- Human dignity, the achievement of equality, and the advancement of human rights and freedoms.
- Non-racialism and non-sexism.

The specific rights which are enshrined in the constitution to protect every citizen of South Africa against any form of violence are:

- Section 7 (2):** The state must respect, protect, promote, and fulfil all rights in the Bill of Rights.
- Section 9 (1):** Everyone is equal before the law and has the right to equal protection and benefit of the law.
- Section 9 (3):** The state may not unfairly discriminate, directly or indirectly, against anyone on any grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth.
- Section 10:** Everyone has the right to dignity, which includes the right to have their dignity respected and protected.
- Section 11:** Everyone has the right to life.
- Section 12:** Everyone has the right to freedom and security of the person, including protection against arbitrary detention and detention without trial, the right to be protected against violence, freedom from torture, freedom from cruel, inhuman, or degrading punishment, the right to bodily integrity, and reproductive rights.

In summary, as the constitution provides the legal foundation for the character of post-apartheid South Africa, articulates the rights and duties of its citizens, and defines the structure of the government, all of the rights which are accorded to victims need to be understood and respected in accordance with its provisions.

4.3.2. The National Crime Prevention Strategy

The Cabinet initiated the National Crime Prevention Strategy (NCPS) in March of 1995. It was the result of an extensive process of research and analysis, which drew

on international experiences. Business Against Crime, and other NGOs which are concerned with the prevention of crime have made substantial contributions to the strategy (Du Plessis & Louw, 2005).

The NCPS was launched with the following specific objectives:

- The establishment of a comprehensive policy framework which would enable the government to combat crime in a systematic and coordinated manner, drawing upon the resources of all government agencies and civil society.
- The promotion of a shared understanding and a common vision for tackling crime for the nation, which is informed and inspired by initiatives at both the provincial and local levels.
- The development of a set of national programmes to kick-start and coordinate the contributions of several government departments to ensure the quality of services which are intended to combat the factors which contribute to high levels of crime.
- The maximisation of the participation of civil society in mounting and sustaining crime prevention initiatives.
- The creation of a dedicated and integrated crime prevention capacity, which could conduct continuous research and evaluations of departmental and public campaigns and also facilitate effective crime prevention programmes at the provincial and local levels (Burger, 2007; Rauch, 2002).

The NCPS was developed through the adoption of a fundamentally new approach by the government. It acknowledged the need to develop a wider responsibility for preventing crime and for a shift in emphasis from reactive 'crime control', which requires the deployment of most resources in responding after crimes have been committed, towards proactive 'crime prevention,' to prevent crimes from being committed.

The strategy acknowledged a number of obstacles, the most significant of which are summarised as follows:

- The unreliable and misleading nature of existing crime data made it imperative to prioritise gathering reliable data, in order to facilitate the effective deployment of resources and dynamic strategic planning.

- As the way in which crime is represented in the media continues to exert a strong influence upon the shaping of public perceptions, which often disproportionately reflect the concerns of vocal and influential interest groups in society at the expense of less obvious, but no less crucial concerns with respect to crime, an effective communications strategy which is informed by reliable information remains a priority for educating the public concerning its role in combating crime.

The strategy has concentrated on developing national programmes and an appropriate conceptual framework for crime prevention at all levels. Although the government remains committed to the programmes which have been developed under the auspices of the strategy, it considers the strategy to represent a working strategy, which needs to be refined, changed, and improved in response to feedback and experience. Consequently, provincial summits are held with representatives of civil society and provincial governments to develop the strategy.

The tenets and conclusions which informed the formulation of the NCPS can be summarised as follows:

- Levels of crime cannot be effectively reduced solely through the responses of law enforcement agencies and the criminal justice system. Instead, effective long-term strategies for reducing incidences of violence and crime in the country need to be developed and implemented.
- From the experience of countries throughout the world with respect to rising crime rates over the past 50 years, despite corresponding increases in expenditure on criminal justice, it is imperative that individual countries should develop their own methods to prevent crime.
- The criminal justice system cannot operate effectively unless there is increased cooperation among the departments of which it is constituted and their functions and responsibilities are integrated.
- The government cannot combat crime effectively on its own. Its institutions at all three tiers of government and civil society need to form a united front against crime.

This conclusion represents one of the fundamental principles of social crime prevention approaches.

- Owing to differences in the natures of categories of crimes, categories need to be disaggregated, if effective prevention strategies for each are to be developed and implemented.
- The emphasis in efforts to prevent crime needs to shift to victims and potential victims of crime and not be concerned solely with perpetrators, which tends to be the case in traditional systems of criminal justice.
- Efforts to prevent crime need to take adequate cognisance of the fear of crime among victims and potential victims, and also of real crime patterns. The success of the NCPS can be evaluated with respect to both criteria.

The NCPS also recognises the need to correct inappropriate or unsympathetic responses by the police and court personnel, in order to prevent instances of secondary victimisation, which can serve to disempower victims and multiply the effects of the crimes which have been committed against them (National Policy for Victim Empowerment, 2007:2).

By recognising the deficiencies of the present criminal justice system, the NCPS represents an endeavour to improve its efficacy, both in relation to deterring crime and as a source of relief and support to victims, through:

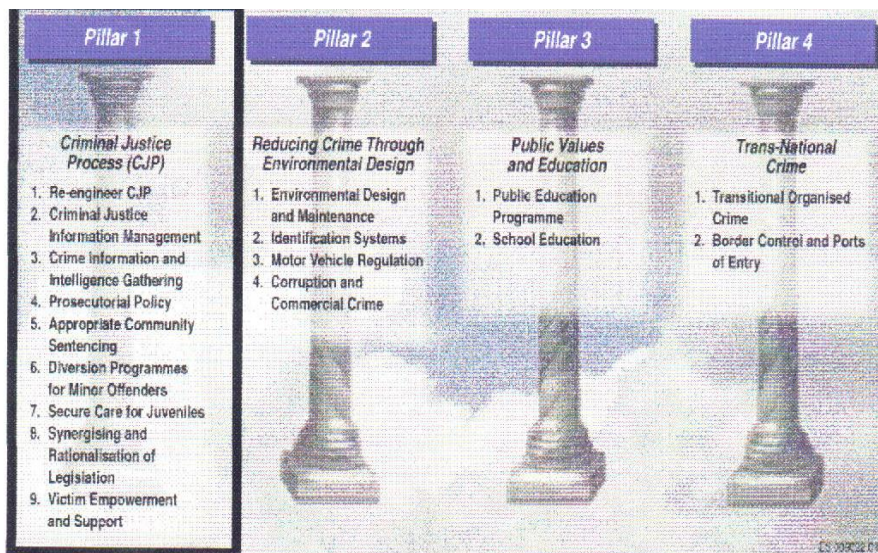
- Improving the access which disempowered groups have to the criminal justice system, including women, children, and other victims of crime.
- Redesigning the criminal justice system to reduce backlogs, empower victims, and reduce unnecessary delays.
- Increasing the participation of victims in the criminal justice process.
- Mitigating the damage which is caused by criminal acts by providing remedial interventions to victims.

The role of the National Crime Prevention Strategy was subsequently formalised through the introduction of a cluster system in which the roles of several categories of government were integrated in the form of the Justice, Crime Prevention, and Security

(JCPS) Cluster. The formation of the JCPS Cluster broadened the scope of the NCPS and incorporated functions which had formerly been beyond the purview of the criminal justice system. The principal objective of the JCPS Cluster is to coordinate the initiatives of relevant government departments and the allocation of resources in a single concerted endeavour to minimise incidences of crime, public disorder, inefficiencies in the criminal justice system, and all other negative phenomena in society which have the most negative consequences for development. The JCPS Cluster is committed to the implementation of several additional strategic interventions which do not stem from the pillars of the NCPS and its framework incorporates measures which are intended to achieve an integrated response to violence against women.

Figure 4.1 illustrates the four pillars of the National Crime Prevention Strategy. Pillar 1 enumerates the objectives of the Criminal Justice Process (CJP) and item 9 is of particular significance for the purposes of this study, as it provided the basis for the development of the Victim Empowerment Programme.

Figure. 4. 1.: The four pillars of the National Crime Prevention Strategy



Adapted from the Interdepartmental Strategy Team (1996)

4.3.3. The National Development Plan 2030

The National Development Plan 2030 was launched in 2012 and replaced the Reconstruction Development Plan, the Growth, Employment, and Redistribution (GEAR) strategy, and the New Growth Path (NGP) (Du Plessis, 2013; Laubscher, 2013). The National Development Plan 2030 (NDP) is a response to the findings of the diagnostic report of 2011 of the National Planning Commission (NPC, 2012:25). The report provides a frank and forthright assessment of the socioeconomic and political problems with which the country is faced. It concludes that bold actions are required to eliminate poverty and reduce inequality and would necessarily entail a national consensus concerning the way in which the objectives are to be achieved in South Africa (NPC, 2011: 240).

Chapter Twelve of the NDP is devoted to the development of safer communities through the implementation of initiatives to achieve the following objectives:

- Ensuring that the criminal justice system has a single set of objectives, priorities, and targets with respect to measuring performance. In addition, the implementation of the seven-point plan for strengthening the criminal justice system should significantly increase interdepartmental coordination.
- The demilitarisation of the police, to ensure that police officers are selected and trained to be professional and impartial, responsive to the needs of communities, competent, and able to inspire confidence.
- An integrated approach to safety and security, which requires coordination and cooperation among a great many government departments, the private sector, and community bodies, with priority being accorded to the upgrading of community safety centres.
- Ensuring that all vulnerable groups, including women, children, and rural communities, enjoy equal protection and allaying their fear of crime through effective, coordinated responses by the police, the business sector, communities, and civil society (NDP, 2012).

The provisions of Chapter Twelve of the NDP also prioritise the safety of women and acknowledge that as incidences of gender-based violence (GBV) are unacceptably

high, women and girls are effectively precluded from enjoying their right to equality and freedom as it is enshrined in the constitution. The provisions also acknowledge the adverse effects of gender-based violence upon the lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities of South Africa. A concerted effort by all sectors of society is required to combat social, economic, and political inequalities between men and women and represents the only viable strategy for tackling the root causes of gender-based violence and mitigating the factors which encourage and condone the behaviour (NDP, 2012).

4.3.4. The Victim Support Services Bill

The Victim Support Services Bill is a regulatory framework which was developed to promote and uphold the rights of victims of crime and violence, in order to prevent re-victimisation within the criminal justice system and associated systems (National Policy Guidelines for Victim Empowerment, 2009). The bill also acts as a framework to guide and inform the provision of integrated and multi-disciplinary services to meet the specific needs of individual victims of crime and violence effectively and efficiently. The guidelines of the bill are based upon a system of sound interdepartmental and intersectoral collaboration, with effective institutional arrangements for a multi-pronged approach to managing the Victim Empowerment Programme. This approach facilitates the establishment of partnerships in the victim empowerment sector to meet the needs of victims and serves as a guide for sector-specific victim empowerment policies (National Policy Guidelines for Victim Empowerment, 2009). The bill is guided by seven key principles, which embody values which reflect the nature and quality of the services which are to be provided to victims (National Policy Guidelines for Victim Empowerment, 2009).

4.3.5. The Victim Empowerment Programme

Hall (2012) characterises victim empowerment as an initiative to facilitate providing access to a range of services for all people who have, individually or collectively, suffered harm, trauma, or material loss through violence, crime, natural disasters, accidents, or as a result of socioeconomic conditions. According to the National Policy Guidelines for Victim Empowerment (2009: 6) and the Second Victim Satisfaction

Survey (2017), the purpose of the Victim Empowerment Programme is to facilitate the establishment and integration of interdepartmental and intersectoral programmes and policies to support, protect, and empower victims of crime and violence, particularly women and children, and to ensure that the implementation of programmes and policies is monitored and evaluated at all levels of government, in close collaboration with civil society. It endeavours to promote a victim centred-approach to crime prevention and is based upon a partnership which comprises government departments at the national, provincial, and local levels, civil society organisations, volunteers, businesses, religious organisations, institutions of higher learning, and research institutions.

The Department of Social Development is responsible for ensuring the successful coordination and implementation of the programme. It is required to assume full responsibility for the development of relevant policies and assigning roles to individual departments which participate in the implementation of the programme. It needs to provide strategic leadership and also play a facilitative role in processes which establish and maintain integration, working partnerships, and optimal communication (National Policy Guidelines for Victim Empowerment, 2009:13).

In addition, the Department of Social Development is also responsible for ensuring accountability among all departments which participate in the implementation of the programme, through effective reporting, the development of appropriate accountability structures, and by monitoring and evaluating the efficacy of the programme with respect to crime prevention and meeting the needs of victims of crime and violence.

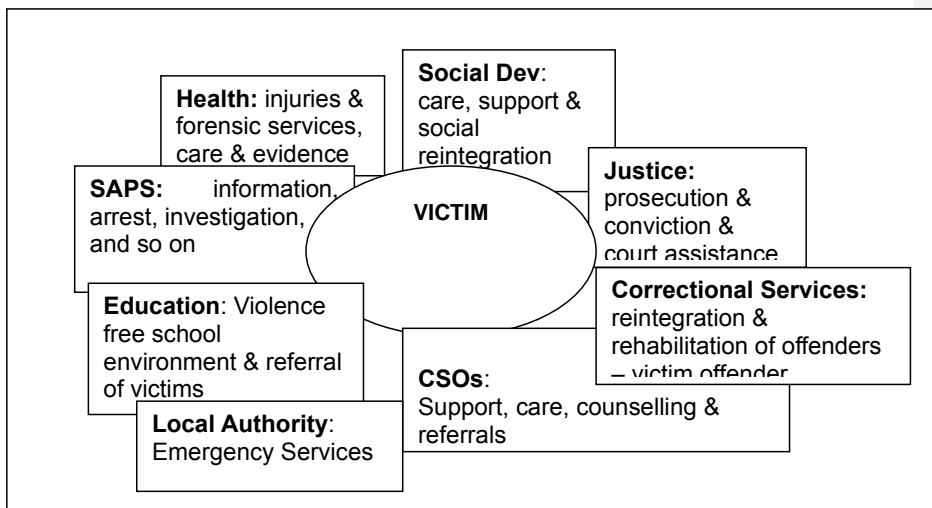
The departments and arms of government which comprise the victim empowerment sector in South Africa are:

- The South African Police Service, at the scenes of crimes, in client service centres, and also in the form of contributions by detectives and specialist units.
- Local authorities, which provide emergency services.

- The Department of Justice and Constitutional Development and the National Prosecuting Authority (NPA), in the form of prosecutors, magistrates, and translators.
 - The Department of Social Development, in the form of social workers and probation officers.
 - The Department of Health, in the form of healthcare workers and forensic specialists.
- The Department of Correctional Services, in the form of prison wardens and probation and parole officers.
- Civil society organisations, including community policing forums, which provide voluntary support services.

According to Hall (2012), the management forum of the VEP, of which all providers of VE services in South Africa are members, represents a degree of coordination which is unmatched by England and Wales, whose policies pertaining to victim empowerment have been acclaimed throughout the world.

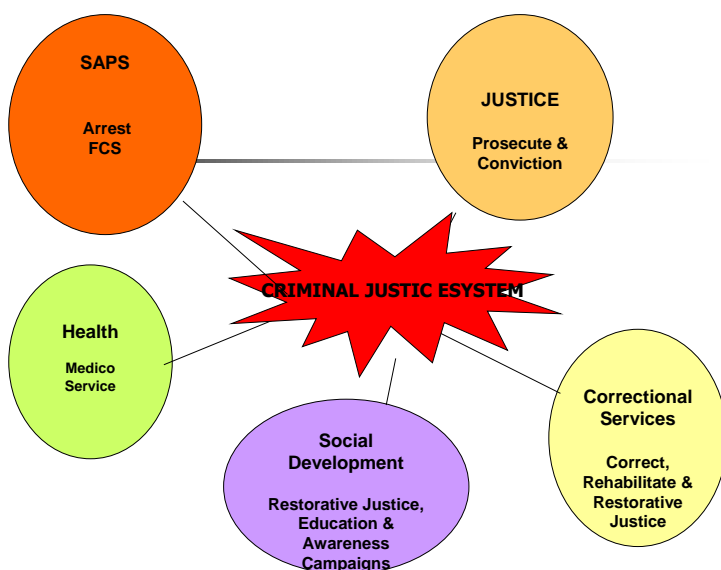
Figure 4.2.: Departments and other role players in the victim empowerment sector which render assistance to victims of crime and violence



Source: Adapted from the National Policy Guidelines for Victim Empowerment

The roles of all of the departments are articulated in the National Policy Guidelines for Victim Empowerment (2009). The services which the departments rendered are rendered in a range of different settings and at different departmental levels, in accordance with the needs of the various prioritised categories of victims or targeted groups. In the case of government departments, all services required are to be rendered in alignment with the implementation plan of each department for the Service Charter for Victims of Crime in South Africa. All departments which operate under the auspices of the criminal justice system are responsible for ensuring that the interests and rights of victims remain central to their operations and that all reasonable measures are taken to prevent instances of secondary victimisation. The diagram in 4.3 illustrates the roles of the departments which serve the criminal justice system in tertiary prevention of tertiary prevention initiatives.

Figure 4.3.: Roles of departments of the criminal justice system in tertiary prevention



Source: Adapted from Mokonoto (2015)

4.3.6. Mandate of the Victim Empowerment Programme in South Africa

The Draft Integrated Victim Empowerment Strategy (2006:2007-2010) stipulates that the leadership role of the Department of Social Development requires it to coordinate, manage, and facilitate the implementation of the National Policy Guidelines for Victim Empowerment (2009). The Victim Empowerment Management Forum is responsible for providing strategic direction for all initiatives pertaining to victim empowerment. Each role player is expected to accept responsibility for developing their own internal strategies, policies, structures, and programmes pertaining to victim empowerment in accordance with the National Policy Guidelines for Victim Empowerment. As the VEP is a multisectoral programme which is concerned with crime prevention, the psychosocial consequences of crime and violence, and the functions of the criminal justice system, the reporting protocol with respect to its implementation concerns the heads of the Social Protection and Community Development Cluster and the Justice, Crime Prevention, and Security (JCPS) Cluster of the government.

The implementation of the VEP is overseen by particular directorates of the departments of Justice and Constitutional Development, Correctional Services, Health, Education, and Social Development and the South African Police Service. The Department of Housing has been co-opted to assist with meeting the housing needs of women who have been victims of crime or violence, apart from assisting with implementation of the programme in other capacities. One of the potential problems which emerged during the deliberations concerning risk factors in the review of the Integrated Victim Empowerment Strategy in 2006 was that most of the officials who had participated in the implementation of the programme at its inception had moved on with respect to their career paths. Although nine full-time programme managers, one for each province, had been initially appointed, some contracts were not renewed and in the case of programmes which were being implemented by provincial departments of Social Development, the departments concerned took responsibility for their implementation, using either 25 or 50 percent of the budgets which had been allocated to them to manage the programmes, with the exception of the province of Gauteng. It has been suggested that the unsustainability of the programme and the

services which it endeavoured to provide effectively crippled the Victim Empowerment Programme. This assessment was supported by the findings of an impact analysis of the establishment of VEP projects by government departments, community-based organisations (CBOs), and non-governmental organisations (NGOs) which carried the title 'Strategy and Tactics' (2004). In their publication, 'From Policy to Practice: Exploring Victim Empowerment Initiatives in South Africa,' Nel and Kruger (1999: 97), citing Camerer and Nel (1999), explain that many role players continue to be unaware of the precise details of the purview of the NCPS and to know relatively little of that of the VEP. They maintain that as a consequence, concerns have been expressed in some quarters concerning the leadership role of the Department of Social Development, owing to its 'soft' image and lack of resources (Nel & Kruger, 1999, 97).

4.3.7. National Policy Guidelines for Victim Empowerment

The National Policy Guidelines for Victim Empowerment (2009:6-14) represent an intersectoral initiative which is explicitly founded upon principles of restorative justice and providing appropriate services to victims of crime. Its defining principle is its acknowledgement that making anyone a victim of crime or violence in itself constitutes a human rights violation. Consequently, it represents a shift in emphasis from the responses of the state to crime, with respect to the conviction of perpetrators, to providing services to victims. Owing to the different categories of victims and the different effects which crime and violence have upon individual victims, the policy guidelines advocate the adoption of a responsive, individualised approach to assisting victims of crime, irrespective of any objective assessment of its seriousness (Department of Social Development, 2004). The six categories of victimisation which have been prioritised for the implementation of the policy apply specifically to types of victimisation which affect people who are usually already vulnerable, namely, violence against women, child abuse, abuse of the elderly, abuse of people who have disabilities, sexual assault and rape, and domestic violence. In addition, the principal intended beneficiaries of the VEP include youths, men and boys, members of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities, and victims of human trafficking. The next sub-section is devoted to violence against women.

4.3.7.1. Violence against women

The vulnerable status of women is widely acknowledged and international conventions, such as the Convention on the Elimination of All Forms of Discrimination against Women of the United Nations (1981), have been drafted to increase the rights of women to protection. As the government of South Africa has ratified the conventions of the United Nations, it has taken upon itself the responsibility for protecting women by means of legislation such as the Domestic Violence Act No. 116 of 1998. The Domestic Violence Act is intended to protect vulnerable groups such as women who are subjected to abuse in domestic relationships and need protection from agencies such as the police to survive.

Research tends to classify domestic violence as gender-based violence, because it is a consequence of the patriarchal character of societies in both developed and developing countries. Although the government has taken significant steps to increase the effectiveness of responses of the state to violence against women, women in South Africa who have been the victims of sexual or other forms of assault continue to be confronted by a system which is often hostile to their efforts to seek redress. Although the contention that investment in prevention should at least match investment in law enforcement and responses to violence is not a new one and the National Crime Prevention Strategy (1996) articulates very clearly that early intervention and prevention programmes are essential to a safe society, adequate investment in prevention has not been forthcoming to date.

4.3.7.2. Child abuse

In acknowledgement of the vulnerable status of children, international conventions such as the United Nations Convention on the Rights of the Child (1979) have been drafted, which South Africa ratified on June 16 of 1995. Child abuse is a distressing but real manifestation of victimisation in South Africa. In many instances, children are abused by caregivers, members of their families, or strangers. The Children's Act 38 of 2005 protects children who are in need of care and under the age of 18 years. The

Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007 (2007:2) provides comprehensive legislation which acknowledges the particular vulnerability of children and mentally disabled people with respect to sexual abuse and that of boys and girls younger than the age 16 years to exploitation, with special provisions for the prosecution and adjudication of consensual sexual acts between children older than 12 years but younger than 16 years.

4.3.7.3. Victims of sexual assault and rape

The government of South Africa acknowledges that rape and sexual violence are deplorable crimes which erode the social fabric of post-apartheid South African society, its hard-won democratic dispensation, and its international image. Confronting a phenomenon which permeates every economic, racial, religious, and social class of South African society and has severely negative implications for its moral and ethical codes has proved to be a burdensome and arduous task. The inherent difficulty which it entails stems from the lack of an identifiable face of rape and sexual violence. As the phenomena cannot be segmented and categorised, performing accurate analyses of segments of the population which may be particularly at risk becomes almost insurmountably difficult.

According to crime information data of the South African Police Service (SAPS), from April to December of 2001, the numbers of rape cases per province which were reported to the SAPS were increasing (Crime Stats, 2001). Although some 36 190 cases of rape were reported during 2007, as it is acknowledged that many victims of rape do not lay criminal charges, it can be concluded that the magnitude of the phenomenon is considerably greater than it appears to be. A further disturbing statistic is provided by the estimate that the reported high rates of rape notwithstanding, less than one third of reported cases of rape and sexual crimes reach the courts or result in successful prosecutions. Consequently, it becomes impossible to estimate the actual levels of sexual violence which prevail in South Africa.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (2007:2) covers all legal aspects pertaining to sexual offences in a single piece of legislation in respects such as:

- Rape, which is applicable to all forms of physical penetration without consent, irrespective of gender.
- Sexual assault, which is applicable to all forms of sexual violation without consent.
- The criminalisation of certain compelled sexual acts.
- Providing appropriate services to particular categories of victims of sexual offences, including affording them the right to apply for the testing of alleged perpetrators in order to determine their HIV status and the right to receive information.

The South African government has created structures to protect the rights of women and children within the Presidency, such as the Office on the Rights of the Child (ORC) and the Office on the Status of Women (OSW). In addition, it has ensured that gender has been prioritised by government departments, particularly those departments which are responsible for ensuring that the rights of women and children are respected and upheld. The government has been tasked by the Cabinet to develop a strategy to combat rape under the leadership of the Department of Justice and Constitutional Development, with the Sexual Offences and Community Affairs Unit (SOCA) of the National Prosecuting Authority (NPA) assuming a leadership role in its implementation. The SOCA has developed an interdepartmental management team (IDMT) which is comprised of the following national departments: Safety and Security, Education, Social Development, Correctional Services, Justice and Constitutional Development, Health, and the Treasury. The SOCA established the Thuthuzela Care Centres at hospitals to provide rape survivors with the best available free services (Interdepartmental Management Task Team (IDMT) - Monitor Report, 2002:6). The primary objectives of the centres are to reduce incidences of secondary victimisation among victims of sexual offences, increase rates of conviction for cases which entail sexual offences, and reduce the time which is taken to finalise cases which entail sexual offences in the courts. The advantages which the centres provide can be summarised as follows:

- The centralisation of all investigations pertaining to cases of rape.
- Ensuring the prompt transporting, examination, and care of victims.

- Increased communication among prosecutors, members of the police force, and victims.
- Facilitating the development of best practices for swift and sensitive investigations of cases.
- Increased accuracy in the collecting and analysis of data.
- Immediate crisis counselling for victims.

4.3.7.4. Abuse of the elderly

Although forms of violence within families, such as the physical and sexual abuse and neglect of children and domestic violence, have received increasing attention in recent years, relatively little coverage has been given to abuse which is inflicted upon elderly people. Relevant research suggests that the abuse and neglect of the elderly is a global phenomenon and there is growing concern with respect to the increasing numbers and the severity of cases which are reported by the media and other sources. Among the provisions of the Older Persons Act 13 of 2006 is the legal requirement for compulsory reporting of instances of abuse or neglect which concern the elderly to the Director-General of the Department of Social Development or the South African Police Service (Older Persons Act 13 of 2006: 24).

4.3.7.5. Abuse of people who have disabilities

Ostensibly, people who have disabilities, particularly women, appear to be at the same risk of having emotional, physical, and sexual abuse inflicted upon them as women who do not have disabilities. By contrast, many researchers believe that they are likely to suffer abuse for longer durations than women who are not disabled, owing to their relative inability to respond immediately, which is dependent upon the extents to which they are disabled. Legislation which is in force at present provides mechanisms to protect this vulnerable group, in the form of the Domestic Violence Act 116 of 1998 and the Criminal Law (Sexual Offence and Related Matters) Amendment Act 32 Of 2007.

4.3.7.6. Domestic violence

Domestic violence is defined in the South African Domestic Violence Act, 1998 (116 of 1998) by means of a broad definition of domestic relationships in which violence can occur. Section 1 of the Domestic Violence Act (1998:1- 2) defines acts of domestic violence in a correspondingly broad manner and include many of the types of acts which appear under each sub-heading in the Integrated Domestic Violence Training Programme manual (2004:23–25), which is published by Brand South Africa.

According to both Development Research Africa and the Defence, Peace, Safety, and Security Unit of the CSIR (2008), women and children are most likely to be victims of domestic violence, while men tend to suffer from the effects of domestic violence to a significantly lesser degree. The findings of extensive studies of domestic violence reveal that interpersonal crimes are not precipitated by the behaviour of victims, but rather by that of perpetrators. Domestic violence includes physical, sexual, psychological and economic abuse. The Constitution of the Republic of South Africa (Act 108 of 1996) provides a useful basis for the development of victim-based legislation and policies. The inclusion of the right to freedom from all forms of violence in Section 12 (1) (c) of the constitution has been used to provide the legal basis for emerging legislation to combat violence in the form of the Domestic Violence Act, which was implemented on December 15 of 1999.

4.3.7.6.1. Interventions for victims of domestic violence in accordance with the provisions of the Domestic Violence Act

The provisions of the act provide comprehensive definitions of the mechanisms by means of which appropriate interventions are initiated to mediate in relationships which are characterised by domestic violence. It distinguishes clearly between protection orders and interdicts. As Artz, cited by Davis and Snyman (2005:131-139), explains, a protection order which is granted in accordance with the Domestic Violence Act is a civil order. Although a protection order prohibits respondents or abusers from committing particular acts of violence, the Domestic Violence Act does not criminalise domestic violence. Instead it criminalises breaches of protection orders, and not the actions or

behaviour of offenders. When acts of domestic violence constitute recognised crimes such as common assault, assault with the intent to do grievous bodily harm, indecent assault, rape, incest, attempted murder, malicious damage to property, pointing a firearm, *crimen injuria*, or even the abuse of animals, criminal charges can be laid if victims are able to afford the financial implications which accompany doing so.

Sections 2 and 8 of the act also prescribe specific duties and responsibilities to members of the South African Police Service. These provisions represent an endeavour on the part of the legislature to facilitate the translation of paper law into effective practice and overcome the effects of the negative attitudes which have been exhibited by some police officers towards complainants in reported cases of domestic violence. In this respect, the Domestic Violence Act impels any police officer to whom a complaint of domestic violence is delivered to render appropriate assistance to victims. According to Section 2(a), the forms of assistance which are rendered can include assisting victims to find suitable shelter and obtain medical attention. As there are no other references to shelters in the Domestic Violence Act, some researchers have suggested that the act does not place sufficient emphasis upon providing services to victims. Artz, cited by Davis and Snyman (2005:131-139), explains that failure on the part of police officers to comply with the duties which are enumerated in the act, or in the national instruction and policy directives which have been issued in terms of the act, constitutes misconduct and is required to be reported to the Independent Complaints Directorate. The National Commissioner is obliged to submit reports to parliament every 6 months concerning the numbers of complaints which have been received against the police, the disciplinary proceedings which have been instituted as a result of those complaints, and the outcomes of the proceedings.

In response to the request of the Cabinet for a consolidated approach to the implementation of the Domestic Violence Act, the Integrated Domestic Violence Strategy was developed by the Secretary of the National Crime Prevention Strategy who was in office at the time at which the act was promulgated. Each government department which was tasked with the implementation of the act assumed certain responsibilities in the fulfilling of its requirements. In response, the National Department

of Social Development developed the Policy Framework and Strategy for Shelters for Victims of Domestic Violence in South Africa (2003:2-14). The strategy makes provision for the establishment of shelters for victims of domestic violence, in order to protect, support, and empower victims by breaking cycles of domestic violence and ensuring their safety and security. In addition, the department has embarked upon capacity building training programmes for providers of services to victims, including officials in relevant government departments and non-governmental organisations, to increase the effectiveness and efficiency of services which are provided in accordance with the implementation of the Domestic Violence Act. A resource directory which details the networks of service providers which operate in each province to prevent secondary victimisation has also been developed.

Despite the intentions behind all of the legislation, in many instances it appears that the successful implementation of the Domestic Violence Act continues to elude the Department of Social Development, owing to varying priorities from province to province. The effective implementation of the programme is undermined not only by the significantly fewer full-time coordinators since the period from 2001 to 2007 to manage the programme, but also by the lack of a political champion. The programme is managed nationally at the directoral level, with only 50 percent of available time being allocated to the VEP (Costing model of the Integrated VEP, 2006).

The problems which Artz, cited by Davis and Snyman (2005: 140-141), has identified as impeding the implementation of the Domestic Violence Act are summarised as follows:

- The reluctance of magistrates to grant protection orders in cases of alleged sexual, economic, and psychological or emotional abuse, often extends to requiring proof of physical abuse before they do so. In addition, psychological and emotional abuse are often not considered to be sufficiently 'imminently harmful' to justify the granting of protection orders. Although it is alleged that perpetrators have access to dangerous weapons in approximately 40 percent of reported cases, in less than 5 percent of these the court orders the weapons to be confiscated.

The police are frequently reluctant to arrest people who have breached protection orders, unless there is 'clear' evidence of physical violence, despite the stipulation of the Domestic Violence Act that if there is any evidence of domestic violence, which need not necessarily be physical, according to the chapter of the act which is titled 'Definition of Domestic Violence', the police are required by law to arrest the perpetrator. Artz, cited by Davis and Snyman (2005:141), maintains that members of the South African Police Service frequently fail to inform victims of their right to lay criminal charges against perpetrators of violence against them or to assist them to obtain protection orders, although the attacks may in many instances constitute assault, rape, or even attempted murder. They contend that instead, police officers tend to send victims directly to the courts and to escort them to medical practitioners only once they have laid criminal charges against perpetrators. Consequently, as there are no police records of injuries which are sustained in cases of domestic violence, it becomes difficult for victims to prove that their injuries had indeed been sustained as a consequence of domestic violence during subsequent court proceedings. In addition, as many police statements, application forms, and witness statements are of poor quality, missing, or even illegible, it becomes even more difficult to secure convictions for perpetrators who are guilty. Concern has also been expressed in relation to allegations of corruption, particularly in instances in which the police officers live in the same communities and are familiar with the accused. Although breaches of protection orders require perpetrators to be sentenced to a maximum of five years in prison, courts are often reluctant to imprison perpetrators who are breadwinners. In some instances, they have tried creative sentencing options such as periodic detention, treatment programmes, or community service.

The Ethembeni (Place of Hope) Community Centre in De Aar in the province of the Northern Cape has an informal agreement with officials in the Magistrate Court to refer victims of domestic violence who apply for protection orders to the community centre. According to a report of the Criminal Asset Recovery Account (CARA) Funds (2007:2) concerning the Ethembeni Community Centre, the magistrate and prosecutor first refer domestic violence cases to the trauma centre, before the court considers issuing protection orders. The centre submits reports to the court after 6 weeks concerning

the progress of the interventions which it has implemented and makes recommendations pertaining to further action in individual cases.

4.3.7.6.2. The implementation of other policies and legislation to combat violence against women

The UNiTE to End Violence against Women campaign of UN Women (2006:101) reports that sound and promising practices have been developed by many countries to meet their obligations with respect to upholding human rights, particularly in relation to combating violence against women. Innovative work has been done by many non-governmental women's organisations to find ways to end violence against women. According to Artz, cited by Davis and Snyman (2005:134), the United Nations Handbook for Legislation on Violence against Women (1999) provides appropriate best practice guidelines. The handbook provides useful strategies and models for effective victim-centred responses to different categories of crimes, for both personnel of criminal justice systems and other providers of social services. To recapitulate an assessment which has been made previously, although South Africa has made good use of international legislation and policies to develop sound legislation and policies pertaining to victims of crime and violence, its implementation of them has been significantly less successful. Artz, cited by Davis and Snyman (2005:134), explains that drawing upon an international framework has provided the impetus to develop models and enact appropriate legislation in comparative jurisdictions. The availability of legislation from other jurisdictions on which to model new laws not only facilitated the work of human rights activists in South Africa, but also consolidated their position for advocating for similar reforms in this country.

An initiative of the United Nations Economic and Social Council resulted in a framework model for legislation pertaining to domestic violence which was published in 1996 (United Nations, 1996). In the drafting of the Domestic Violence Act (Act 116 of 1998), the South African Law Reform Commission was able to draw from this model and also from legislation pertaining to a number of Australian jurisdictions, the Domestic Violence Act of New Zealand, which was promulgated in 1995, the Family Law Act of 1996 of

England and Wales, and the laws of a number of states in the United States, such as the Minnesota Domestic Abuse Act (Minnesota Statutes Chapter 518B.01), which was promulgated in 1992. On September 13 of 1994, President Bill Clinton signed The Violence Against Women Act (VAWA) in the United States. Although the name of the legislation of the United States emphasises violence against women, while that of South Africa refers to domestic violence, it is evident that the many countries which have passed similar legislation acknowledge that women and children represent the most vulnerable groups in their societies and are most in need of adequate legal protection and support as a consequence. The UNiTE to End Violence against Women campaign (2006:113) summarises the status of national laws throughout the world pertaining to violence against women as follows:

Eighty-nine States currently have some legislative provisions that specifically address domestic violence. Of these, 60 States have specific domestic violence laws; seven have violence against women laws; one has a gender-neutral law against violence; 14 have specific provisions on domestic violence in their penal codes; five have civil procedures for the removal of perpetrators; and one addresses domestic violence through family law. Twelve of the States with specific domestic violence legislation refer to family-based violence rather than gender-based violence. There are 102 States that are not known to have any specific legal provisions on domestic violence. Twenty states have draft legislation on domestic violence in varying stages of development, with a further four states having expressed an intention to develop specific legislation, or provisions, on domestic violence.

4.3.7.6.3. Youth violence

Youth violence refers to harmful behaviour which can be manifested early in life and continue into young adulthood. It is also used to describe the behaviour of youths from 10 to 24 years of age who intentionally use physical force or power to threaten or harm other people. Youth violence can affect young people in different ways, as they can be victims, offenders, or witnesses to violence. According to Centres for Disease Control and Prevention (CDC) (2014), most communities and most young people are affected either directly or indirectly by youth violence. Young people can encounter

violence from their peers in their neighbourhoods, on the streets, and at school. Although types and categories of youth violence may vary among locations and groups, no location or person is immune. Irrespective of where the violence occurs, the consequences are felt by everyone, including young victims, their friends, families, neighbours, schools, communities, and local organisations.

According to Ward *et al.*, (2012), youth violence typically entails young people hurting other young people and can take several forms, such as bullying, slapping, or hitting. In many instances, the acts can cause more emotional than physical harm. By contrast, other violent acts such as robbery and assault, with or without weapons, can result in serious injury or even death.

According to the Medical Research Council (2011), violence is profoundly gendered, with young men from 15 to 29 years of age being disproportionately represented with respect to acts of violence, either as victims or perpetrators. The report reveals that 27 417 cases of sexual offences had been reported against children under 18 years of age during the previous year. The statistic was an alarming one, as it represented an increase of 36 percent. Other statistics which the report cited revealed that more than 1000 boys and nearly 900 girls under the age of 14 years had lost their lives in acts of homicide during 2007. The findings which are reported by Centres for Disease Control (2014) are equally grim and reveal that homicides are ranked third in the predominant causes of death of young people from 10 to 24 years of age and that every day an average of 13 young people are victims of homicide.

Of the prevention programmes which are devoted to combating violence among the youth, most are concerned with ending violence in schools. The Centre for the Study of Violence and Reconciliation has a specific interest in programmes which are implemented to combat violence between or against young females, as a response to the general tendency to emphasise violence in the context of young males.

The STRYVE programme is a national initiative which is led by the CDC to end youth violence. The acronym stands for 'Striving To Reduce Youth Violence Everywhere'. The vision of STRYVE is to ensure the safety and health of the youth and enable them

to achieve their full potential as integrated and contributing members of thriving, violence-free families, schools, and communities. The objectives of the programme can be summarised as follows:

- To increase the leadership role of the public health sector in the prevention of youth violence.
- To promote the widespread adoption of strategies for preventing youth which are based on the best available evidence.
- To reduce rates of youth violence throughout the country.

The overarching aim of the STRYVE programme is to assist communities to adopt a public health-oriented approach to preventing youth violence, in order to prevent it from gaining traction in communities, as opposed to attempting to combat the symptoms which the phenomenon represents (CDC, 2014).

4.3.7.6.4. Violence which is perpetrated against men and boys

Violence which is perpetrated against men or boys constitutes a crime which falls into the same category as any other violent crime which is committed against another person. According to Cohen and Nordås (2014), although the majority of victims of domestic violence are women, the abuse of men occurs far more frequently than many communities might be inclined to expect. Although men are often physically stronger than women, physical strength alone does not necessarily make it easy for men to escape the violence which may occur in their relationships. Relatively few resources in the form of social services are available to abused men, who are likely to encounter scepticism from the police, and significant legal obstacles, especially with respect to gaining custody of their children from abusive mothers.

Domestic violence against men refers to abuse in intimate relationships such as marriage, co-habitation, dating, or in families. Men who report abuse by female partners to the criminal justice system, particularly in instances which they do so to the police, are likely to encounter social stigmatisation and also to provoke retaliation and other undesirable domestic consequences. Although social services are available to male victims of abuse, very few men avail themselves of them. Carpenter (2006)

maintains that violence against men, in forms which include sexual violence, forced conscription, and gendercide, needs to be acknowledged as such, condemned, and combated by the criminal justice systems of individual countries. The basic human rights of men entitle them to protection against these forms of abuse. In addition, the need to prevent violence against women and girls in conflict situations is inseparable from that which concerns the forms of violence to which civilian men are specifically vulnerable.

Russell (2010) maintains that although it is widely acknowledged that armed conflict is often accompanied by high incidences of sexual violence against women and girls, it is less widely recognised that armed conflict and its aftermath also often expose men and boys to the risk of sexual assault. Consequently, male victims need full representation in international justice initiatives and to be included in national laws pertaining to sexual violence. Criminal justice systems need to acknowledge that for both male and female victims, sexual violence constitutes a particularly malicious attack on their personal and social identities and that its psychological consequences often prove to be more enduring than those of other forms of physical violence.

Accordingly, psychosocial strategies to meet the specific needs of male victims need to be carefully designed to avoid both the unintentional reinforcement of notions of male dominance over women and expressions of homophobia. The Department of Social Development developed its Men and Boys Strategy as a component of national initiatives to prevent gender-based violence after it had been nominated by the National Gender Machinery to take the lead in developing and assisting other government departments to develop programmes and policies which would promote the positive engagement of men and boys in initiatives to achieve gender equality. The priorities of the strategy for relevant programmes included:

- To investigate the cultural, religious, and other values which contribute to high incidences of gender-based violence.
- School programmes to educate boys concerning the corrosive nature of gender-based violence.
- To determine appropriate behaviour for men towards women.

- Anger management.
- To determine the factors which should encourage victims of gender-based violence to remain in or leave relationships which are characterised by violence and also to determine whether there are appropriate time frames for victims to decide whether to stay in relationships or leave them.

4.3.7.6.5. Violence which is perpetrated against members of lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities

In Africa, homosexuality is illegal in 38 of the 54 countries on the continent and punishable by death in four of them. In Cameroon, more people are prosecuted for consensual same-sex conduct than in any other country in the world. In many cases, people are charged with ‘homosexuality’ on the basis of extremely scant and often specious evidence. In response, in October of 2013, Global Rights launched a project in Cameroon to strengthen legal protection and advance human rights for the lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations of the country. This new initiative follows the successful two-year project to defend LGBTI rights in Sierra Leone, which culminated in the first-ever report on the discrimination to which the Sierra Leonean LGBTI community is subjected. At present Global Rights is working with local LGBTI rights organisations in Cameroon to remedy the injustices which had been identified in the report.

LGBTI people throughout the world are subjected to discrimination, persecution, and violence, simply for having sexual orientations which are socially unacceptable in their communities and societies. Consensual same-sex conduct is criminalised in more than 70 countries, with punishments including fines, flogging, and imprisonment and, in seven countries, the death penalty. It is estimated that half of all transgender murders since 2008 have occurred in Brazil. In response, Global Rights, in close partnership with Brazilian trans activists, leading academics, and local human rights organisations, produced the first-ever comprehensive report on human rights violations against trans women of African descent in Brazil, who suffer discrimination for being trans and black. The report was presented to the Inter-American Commission on Human Rights. Smith (2013) maintains that laws which treat LGBTI people as

criminals dehumanise them, reinforce stigmatisation and prejudice, and provide legal cover for serious violations of human rights. LGBTI people are targets for torture or ill-treatment by the governments of countries not only for their political beliefs or activism, but also for their identity.

According to Isaack (2003), for many LGBTI people, violence begins at home, in the classrooms and halls of schools, at the workplace, and in the streets. Lesbians, in particular, are the victims of grave human rights violations, including 'corrective rape', forced pregnancy, and 'honour killing', not only for their sexual orientation, but also owing to their gender. In some countries, transgender people are subjected to violence at the hands of law enforcement officers and other members of their societies, with little or no accountability being required of the perpetrators. People who defend the rights of LGBTI people, regardless of their own sexual orientations and gender identities, also risk harassment, threats to their lives and the security of their families, and official persecution.

Di Silvio (2011) and Mises (2009) explain that apart from the discrimination and harassment to which LGBTI people are subjected, the forms of violence which are inflicted upon them can include the rape of lesbians and gay men to 'make them straight,' or to 'correct,' their sexuality. Black lesbians in South African townships are frequently targets for rape. It is estimated that more than ten lesbians are raped or gang-raped each week and that at least 500 lesbians become victims of corrective rape each year. Cases of violence against LGBTI people frequently go unreported, owing to the fears of victims of secondary victimisation. As a consequence, many LGBTI victims of violence tend to avoid or delay seeking healthcare treatment or restitution through the criminal justice system. Many LGBTI people are also afraid of further abuse at the hands of the police or other members of the criminal justice system, owing to their sexual orientations, despite the provisions of the constitution which guaranty the right to personal safety to everyone, irrespective of their sexual orientations or gender identities. According to Freedom House, an independent watchdog organisation which is dedicated to the expansion of freedoms throughout the world, LGBTI rights represent a fundamental component of human rights. Through their programmes and advocacy, they work closely with regional partners to fight discrimination and advance LGBTI human rights and include coverage of global LGBTI

human rights in their reports and analyses. The Dignity for All: LGBTI Assistance Programme of Freedom House provides emergency funding, advocacy, and security support for defenders of human rights and civil society organisations which come under threat or attack as a consequence of their work to promote LGBTI human rights.

In South Africa, the position of LGBTI people continues to be an invidious one. Although their fundamental human rights as LGBTI people are enshrined in the constitution, their actual legal and social status continues to be influenced by a combination of traditional cultural beliefs and values of South African societies, colonialism, and the lingering effects of apartheid. The post-apartheid constitution of South Africa was the first in the world to outlaw discrimination on the basis of sexual orientation, and South Africa was the fifth country in the world and the first in Africa to legalise same-sex marriage.

In 2005, the Constitutional Court of South Africa ruled that it was unconstitutional to prevent people of the same gender from marrying when it was permitted to people of the opposite gender, and gave the South African Parliament one year to pass legislation which would allow same-sex unions. In November of 2006, Parliament voted 230:41 in favour of a bill which permitted same-sex civil marriage and civil unions for unmarried opposite-sex and same-sex couples, although civil servants and members of the clergy are still able to refuse to solemnise same-sex unions.

Although South Africa outlawed discrimination against sexual orientation, a number of instances of hate crimes against LGBTI people have been reported. Cases have ranged from assault, malicious damage to property, corrective rape, and murder. An example of corrective rape was provided by the rape of a young 13-year-old girl near Pretoria on May 4 of 2011, owing to her alleged sexual orientation. According to the young victim, her attacker had told her that he was 'curing' her of lesbianism. The term 'corrective rape' stems from the context in which the crime is committed in South Africa, in which heterosexual men attempt to justify their actions against lesbian women by maintaining that they had raped them in order to 'correct' or 'cure' their 'unnatural' sexual orientations.

Owing to the high prevalence of violence against LGBTI people, the Department of Justice established the LGBTI National Task Team to eradicate hate crimes against LGBTI people. In April of 2014, the Minister of Justice, Jeff Radebe, launched a national intervention strategy which had been developed by the national task team to combat gender-based violence against members of the LGBTI community. Under the auspices of the national task team, a rapid response team has been established to attend to unsolved criminal cases as a matter of urgency and an information pamphlet which provides answers to frequently asked questions concerning LGBTI people. In his capacity as Minister of Justice and Constitutional Development, Jeff Radebe explained that the Department of Justice and Constitutional Development acknowledged the need for a specific legal framework for hate crimes and that the topic would be aired in public debate (SAPA, April 2014).

4.3.7.6.6. Human trafficking

According to Ellis (2004) and the Prevention and Combating of Trafficking in Persons Act 7 (2013), human trafficking refers to the recruitment, transporting, transfer, or receipt of persons by means of threat, the use of force, other forms of coercion, abduction, fraud, deception, the abuse of power, a position of vulnerability, or the giving or receiving of payments to achieve the consent of a person, or having control over another person for the purpose of exploitation.

Snyman (2005:280) explains that human trafficking is not a new phenomenon, but simply a new name for the age-old practice of slavery. Modern-day slavery is becoming a global problem, as it transcends national, regional, and international borders and has dire implications for individual countries. The practice of trafficking in human beings not only constitutes a criminal problem, but can also be viewed as a human rights problem, as the exploitation of individual people lies at its heart. Although the victims of human trafficking are usually women and children, in some instances the victims are men. Victims of human trafficking are forced, coerced, or cheated into working, either underpaid or unpaid, in sweatshops, on construction sites, in brothels, and on agricultural land and living and working in dangerous and unhealthy conditions.

Some victims have been sold by members of their families or advised to pursue new opportunities to escape from squalid circumstances at home, while others have responded to advertisements and recruitment drives for opportunities for lucrative employment in areas or countries other than those in which they live (Allais *et al.*, 2010). The United Nations Office on Drugs and Crime report, which was authored by Chatzis (2013), reveals that cross-border trafficking constitutes the most predominant form of human trafficking throughout the world and accounts for 45 percent. Other principal forms are in-country or domestic trafficking, which accounts for 27 percent, transcontinental trafficking, for which the figure is 24 percent, and trafficking from nearby sub-regions, which accounts for 4 percent.

Rafferty (2008) explains that the effects of trafficking can have devastating and enduring psychological consequences for victims. The effects of psychoemotional abuse, in tandem with continuous intimidation, threats, isolation, and witnessing others being abused are frequently completely debilitating for the emotional well-being of victims of trafficking. They are likely to experience physical and emotional trauma as a consequence of being removed or separated from their families, friends, pets, homes, and communities and their subsequent encounters with people are equally likely to entail substantial harm through abuse. Case studies report adverse emotional effects including depression, feelings of hopelessness, guilt, and shame, flashbacks, loss of confidence, and anxiety (Kliner & Stroud, 2012; Zimmerman & Borland, 2009; Zimmerman *et al.*, 2006). Regular negative messages which are conveyed to them by employers or captors severely undermine their sense of self-worth and usually result in feelings of self-blame, low self-esteem, and loss of confidence. Victims are also likely to be afraid of the police, either out of fear of deportation (Clawson, Dutch, Solomon, & Grace, 2009; Elliott & Segal, 2012; Hopper, 2004), or because they have come from areas or countries in which law enforcement is corrupt and feared (OSCE/ODHIR, 2004a). Sometimes they feel responsible for the fate which has befallen them and believed that they will be stigmatised as a consequence when they return home (Adams, 2011; Asquith & Turner, 2008).

From the findings of a study which was conducted by the International Organisation of Migration (IOM) in October of 2008 in South Africa, it was concluded that:

- Victims are recruited from rural areas or informal settlements and transported to the urban centres of Johannesburg, Pretoria, Cape Town, Bloemfontein, and Durban.
- Employment agencies recruit coloured females from rural regions of the Western, Northern, North West and Eastern Cape provinces to work as domestic servants in the suburbs which surround Cape Town.
- Adolescent girls and young women who leave exploitative situations as domestic servants are vulnerable to recruitment into the sex industry.
- Boys under the age of 18 years are increasingly lured into sexual exploitation, frequently to participate in the production of pornography.
- Men and boys are recruited to work on farms by means of false promises of pay and suitable accommodation. Boys who do not attend school or are on school holiday are often targets for this form of exploitation.
- Children who are most vulnerable to recruitment for trafficking are members of households which have become child-headed as a consequence of HIV or AIDS, unregistered children, and children who live in impoverished rural areas and informal settlements.
- Awareness of multi-related crime is greatest in the provinces of Limpopo, Mpumalanga, the Free State, and KwaZulu-Natal.

All departments who render assistance to victims of trafficking have specific intervention strategies. In the case of the Department of Social Development, the strategy is implemented by providing counselling to victims. A training manual for service providers who provide counselling to victims of trafficking has been developed in accordance with specific theoretical approaches to interventions (Narrative Training Manual on Restoration and Healing Programme, 2012).

4.3.8. The evolution of human rights under the auspices of the United Nations and other international bodies

The timeline for the human rights which have been articulated by the United Nations for ratification by member states since the drafting of the Universal Declaration of Human Rights and other international bodies, with respect to their relevance for domestic violence, is summarised as follows in the Integrated Domestic Violence Training Programme manual (2004:42-45):

- 1948** UN Universal Declaration of Human Rights.
- ✓ Article 1: All human beings are born free and equal with respect to dignity and rights. People should act towards one another in a spirit of brotherhood.
 - ✓ Article 2: Everyone is entitled to all of the rights and freedoms which are set forth in this declaration, without discrimination of any kind, such as on the basis of race, colour, gender, language, religion, political or other opinions, national or social origin, property, birth, or other status.
- 1976** UN International Covenant on Civil and Political Rights.
- 1976** UN International Covenant on Economic, Social, and Cultural Rights.
- 1981** UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW):
- ✓ Article 2: Requires states which ratify the convention to declare their intent to enshrine gender equality in their domestic legislation, repeal all discriminatory provisions in their laws, and enact new provisions to guard against discrimination against women.
 - ✓ CEDAW was ratified and signed by South Africa on December 16 of 1996.
- 1985** UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. The declaration requires all victims of crimes and abuse of power to be treated with respect for their dignity. It imposes a duty upon service providers to be responsive to their special needs.

- 1986** The African Charter on Human and Peoples' Rights:
- ✓ The charter includes the right of women to equal treatment.
 - ✓ Imposes a positive obligation on states to eliminate every form of discrimination against women.
 - ✓ Mandates the protection of the rights of women and children as they are stipulated in international declarations and conventions.
 - ✓ Requires states to be conscious of the values of African civilisation and their duty to preserve and strengthen positive African cultural values.
- 1989** The African Convention on the Rights and Welfare of the Child:
- ✓ The declaration imposes a duty upon states to protect the rights of children, which include the right to be protected from exploitation, physical, mental, sexual, and economic abuse, and any type of violent treatment.
- 1992** CEDAW General Recommendations:
- ✓ Articulate the nature of the duties of states to eradicate violence against women and confirm that it is a form of discrimination.
- 1993** The UN Declaration on the Elimination of Violence Against Women:
- ✓ Violence against women is a manifestation of historically unequal power relations between men and women, which have resulted in domination over and discrimination against women by men and the prevention of the full advancement of women.
 - ✓ The implications of violence against women are legal, economic, educational, developmental, and, above all, pertain to human rights.
- 1994** The UN Commission of Human Rights appoints the first Special Rapporteur on Violence Against Women:
- ✓ Governments which fail to take action against perpetrators of violence against women are as guilty as the perpetrators.
- 1994** The Fourth World Conference on Women in Beijing: Action for Equality, Development and Peace:
- ✓ Included the elimination of all forms of violence against women as one of its twelve strategic objectives.

- ✓ Listed concrete actions to be taken by governments, the UN, international and non-governmental organisations in the process of the elimination of violence against women.

1994 Ratification of the CEDAW by South Africa.

- ✓ The Ratification implies that the provisions of the CEDAW, including the duties which are imposed on state parties to eradicate violence against women, are now also legally binding on the South African government.

1998 The SADC Declaration on Gender and Development:

- ✓ Adopted by Heads of State, with the Addendum for the Prevention and Elimination of Violence Against Women.

1999 According to the UN Optional Protocol to the CEDAW, the Committee may:

- ✓ Receive and consider complaints from individual people or groups.
- ✓ Conduct confidential investigations and issue urgent requests for governments to take action to protect victims from harm.

All of the human rights legislation which has been covered in the preceding sections, and specifically the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of the United Nations, have informed all endeavours in South Africa to guarantee and promote human rights such as security and freedom through the development of legislation, programmes, and services for victims of crime and violence. The provisions of the declaration have been incorporated into the Bill of Rights of the Constitution of the Republic of South Africa, Act 108 of 1996.

4.3.9. The Service Charter for Victims of Crime in South Africa

In the foreword to the Service Charter for Victims of Crime (Victim's Charter) in South Africa (2004), the Minister of Justice and Constitutional Development, Ms Bridget Mabandla, explains that the charter is compliant with the spirit of section 243 of the Constitution of the Republic of South Africa and the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of the United Nations. She also explains that the charter and its minimum standards play a crucial role in enumerating

and consolidating the rights of victims and survivors of crime in South Africa and the obligations with respect to the providing of appropriate services to them which the rights entail.

The internationally accepted basic rights of victims, as they are enshrined in the legislation of the United Nations and in the Service Charter for Victims of Crime in South Africa, are summarised as follows:

- The right to be treated with respect and dignity.
- The right to offer information.
- The right to receive information.
- The right to legal advice.
- The right to protection.
- The right to compensation.

It is intended that the Service Charter for Victims of Crime in South Africa should be implemented in accordance with the following strategic themes:

- The elimination of secondary victimisation.
- Positioning victims at the centre of the criminal justice system.
- The attainment and maintenance of the minimum standards which are stipulated in the charter.
- Providing victims with appropriate resources.

The charter also respects the right to freedom as it is enshrined in the constitution and expressed through rights which include:

- The right to life.
- The right not to be subjected to torture or to cruel, inhuman, or degrading treatment or punishments.
- The right to equal protection, according to humanitarian norms, in times 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 attainable standard of physical and mental health.
- The right to just and favourable conditions of work.

4.4. The developmental framework

For the purposes of this study, the term 'developmental framework' refers to a framework which is developed to meet the needs of particular segments of South African society with respect to social welfare and development in a holistic and integrated manner. The framework has been developed as a systematic approach to eradicating widespread poverty and overcoming underdevelopment in South Africa (Rautenbach & Chiba, 2009:8). The framework provides the basis upon which systems can be implemented to ensure that vulnerable people are assisted to obtain access to immediate short- and long-term material support, including social security in instances in which it is necessary. The developmental framework is applied in an endeavour to meet the emergency needs of vulnerable households, individual people, and communities while the causes and effects of their vulnerability are assessed and their inherent strengths are identified, in order to develop appropriate strategies for ensuring sustainable socioeconomic development (Department of Social Development, 2002).

The developmental framework is founded upon the following imperatives:

- The need to facilitate social processes which result in changes in relationships which enable the poor, vulnerable, and marginalised to gain increased control over their lives, and their access to and control over resources.
- The necessity for the appropriate transformation of attitudes, institutions, and structures.
- The need to influence the formulation and implementation of appropriate policies at the micro, meso, and macro levels.
- The need for social processes which encourage people and communities to make optimal use of their own potentials and to draw

from indigenous and local knowledge and expertise to pursue their own development.

- The need for the continued reorientation of the personnel of the social services sector in relation to the developmental framework (Department of Social Development, 2002).

Patel (2015:93) maintains that the implementation of the developmental approach to social services is a shared responsibility of the state, non-governmental organisations, and the private sector. The framework provides a developmental foundation for providing social welfare services by:

- Recognising the need for integrated and strengths-based approaches to service delivery.
- Ensuring and promoting the sustainability of interventions which are implemented.
- Emphasising the need to provide appropriate services to all, particularly the poor, the vulnerable, and people who have special needs.
- Recognising that social work, among other social service professions, plays a leading role in facilitating the meeting of the developmental needs of South African society.

Patel (2005:156) explains that the developmental approach to social welfare entails promoting social change by means of a process which concerns not only people and the environments in which they function, but also the reciprocal interactions between them. According to Weyers (2011:13), the developmental approach is predicated upon the belief that appropriately designed and implemented programmes would advance economic development. By contrast, in the assessment of Lombard (2008), the adoption of the developmental approach has impeded progress in developmental social welfare in South Africa. She maintains that social workers have experienced great difficulty in adapting to incorporate the tenets of the developmental approach into their practices and to appreciate the need to integrate socioeconomic priorities into their programmes. As a consequence, the social welfare sector, and that of social work in particular, have generally failed the citizens of South Africa with respect to advocating for social justice and human rights.

The developmental approach entails providing services to clients at four levels of intervention, namely, prevention, early intervention, statutory intervention, which entails residential or alternative care, and the continuum of care which comprises aftercare and reconstruction services. Clients can enter the system at any of the levels, which can overlap in practice. The approach requires both the providers of social services and clients to assess the social functioning of clients together and to develop intervention strategies which will enable clients to attain optimum levels of social functioning to prepare them adequately for reintegration into society.

The exact nature of the services which are provided to clients and the agencies which are tasked with providing them differ from province to province and are influenced by factors such as history, expertise, statutory requirements, and costs. Owing to the number of agencies which provide social services for which the government is responsible, apart from its responsibilities with respect to developing policy and providing services directly, its role in monitoring and evaluation to ensure that services which are of adequate quality are rendered to protect the interests and promote the well-being of clients is a crucial one.

As the Department of Social Development has concurrent functional areas of national and provincial competence, it can determine and formulate policy and guidelines for practice at the provincial level, provided that, in accordance with the principles of cooperative governance, it does not act contrary to the principles of national policies and prescripts. Social services are rendered at the following levels:

- The national government
- Provincial governments
- Local governments
- Civil society organisations, including NGOs, CBOs, and FBOs
- Private sector entities

Service providers at all of these levels also collaborate with government departments, clusters such as the Social Protection and Community Development Cluster and the

Justice, Crime Prevention, and Security Cluster, parastatal organisations, and other private sector entities to provide services in a coordinated and integrated manner.

Patel (2005) and Lombard (2008) classify developmental approaches with respect to developmental social welfare in South Africa into five categories, namely:

- The rights-based approach
- Approaches which emphasise interrelationships between social and economic development
- Approaches which emphasise democracy and participation in development.
- Approaches which emphasise social welfare pluralism, with particular reference to the role of the state and civil society in social development.
- Approaches which endeavour to reconcile the micro-macro divide between developmental social welfare theory and practice.

4.4.1. The rights-based approach

The rights-based developmental approach to social welfare emphasises socioeconomic rights, including the right to cash transfers and the implementation of strategies to eradicate poverty. The approach has been favoured by the Department of Social Development as a means of ensuring that people are sufficiently empowered to obtain access to economic opportunities while at the same time creating a comprehensive social safety net to protect the most vulnerable segments of society. For the social welfare sector, the approach represents a viable means of attaining socioeconomic goals which accord with one of the principal themes of developmental social services, namely, integrated social and economic development (Lombard, 2008).

4.4.2. The interrelationships between social and economic development

Legislative frameworks do not exist in vacuums and attain their form in their functioning in macro processes. Accordingly, the interrelated characteristics of legislative frameworks need to be understood within the contexts of the complex

interrelationships which characterise the societies in which they function. Consequently, it becomes necessary to recognise and understand the reciprocal interactions which take place between people and their environments and the ecological contexts in which these exchanges occur. All of the legislative frameworks which have been discussed have emerged from environments which have been shaped by political, social, and economic factors and the legal, technological, and cultural forces which have played complementary roles in shaping them. This assessment makes it imperative for providers of social services to understand that the macro dimensions of legislative frameworks need to be analysed within the contexts of whole societies and by viewing social problems in the context of interactions between people and their environments. Providers of VE services, like the members of other related professions, need to participate in the planning and formulation of policies, guidelines, and relevant pieces of legislation, at the micro, meso, and macro levels of development.

Owing to the necessity of economic development accompanying social development, it is imperative that South Africa should prioritise the African continent and ensure that it plays a leading role in strengthening the political and economic integration of the Southern African Development Community (SADC). Assuming the role would strengthen relations with other countries in the southern regions of the continent and with strategic formations in the north. Strengthening political and economic relations would also increase the ability of South Africa to participate in the global system of governance. At present, the roles which South Africa plays on the African continent entail promoting development and contributing to the resolution of conflicts and the development of an environment in which socioeconomic development can take place. The growth in stature in international relations which South Africa enjoys has resulted in increased demands on the country to play a significant role in contributing towards efforts to foster the development of a more democratic, peaceful, and prosperous continent and a better world (South Africa Yearbook 2010/11).

4.4.3. The White Paper for Social Welfare

Among the significant obstacles which South Africa faced during the transition from apartheid to a democratic dispensation and society in formulating and implementing

effective strategies to meet the needs of all of its people with respect to social welfare were widespread extreme poverty, great disparities in wealth, a weak economy, and gender inequalities. Through the White Paper for Social Welfare, the government of South Africa, in partnership with other stakeholders, articulated an overall strategy for meeting the needs of segments of the population which had been socioeconomically marginalised by the policies of the apartheid era. The paper details the principal objectives of the strategy with respect to social welfare, provides an appropriate policy framework, explains the systems by means of which the strategy is to be implemented, and provides an overview of relevant legislation.

The unifying theme of the paper is crime prevention through development and restorative justice. It also includes a situation analysis and strategic guidelines for providing services to offenders, victims and their families, probation services, crime prevention with respect to alternative criminal justice procedures for children and juveniles, and the participation of communities in crime prevention initiatives. With respect to the victims of crime, the paper emphasises that services should have a twofold purpose, in that they should meet their specific individual needs and also ensure that their rights are respected and upheld at all times, it does not provide specific guidelines for meeting the needs and protecting the rights of victims (White Paper for Social Welfare, 1997:84).

4.4.4. The Integrated Service Delivery Model (ISDM)

The Department of Social Development developed the Integrated Service Delivery Model (ISDI) in order to implement the provisions of the White Paper for Social Welfare. Among other objectives, the intention behind the development of the Integrated Service Delivery Model was to present a set of values which would provide a sound basis for the conceptualisation and transformation of the providing of social services. From this standpoint, the model serves to provide a national framework which clearly articulates the nature and scope of developmental social services in post-apartheid South Africa.

According to the Victim Empowerment Fact Sheet (2003), levels of crime have been of grave concern to the government of South Africa since 1994. As the social fabric of

South Africa has been undergoing a process of healing since 1994, services to victims of crimes such as the abuse of women, child abuse, rape, and femicide, like those which are rendered to victims of gender-based violence and violence against women, need to be underpinned by developmental priorities. The developmental approach to social welfare requires the harmonisation of economic and social policies, enabling people to benefit directly from economic development, and social welfare programmes to contribute directly to economic development (Midgley, 1999:20). An appropriate developmental model could enable accurate assessments to be made of the performance of workers in the field of victim empowerment such as social workers, healthcare workers, and prosecutors, in an overall strategy to ensure that the needs of victims are met in an optimal manner.

The wide range of services which are required in response to the equally wide range of needs which result from falling victim to crime or violence include information concerning the rights of victims of crime, medico-legal services, counselling and therapeutic services, witness preparation and witness support services, shelters to ensure that victims are adequately protected, and services to assist communities to prevent crime. The services should respond to the needs of a diverse group of people in respects such as socioeconomic status, age, mental and physical ability, and gender (Fact Sheet, 2003).

It is the responsibility of the government to increase the access which all citizens have to services by identifying underserved areas and communities, providing incentives to service providers to serve them, and ensuring that services are not duplicated (Frank, 2007). At present, although increasing the access which victims of crime have to services has been a priority for relevant government departments and civil society organisations, the quality of services has tended to remain a secondary consideration (Frank, 2007). Although officials who are tasked with overseeing the rendering of services to victims need to regulate and strive to improve services, it has been established that government agencies are not specialists in many of the disciplines in which people who provide services to victims of violence and crime are trained. Conversely, great reluctance has been discerned on the part of some government

departments to accept the assistance of specialist service providers who are employed by civil society organisations (Frank, 2007).

Wemmers (1995) maintains that the extent to which the needs of victims of crime and violence should be considered to be pressing is also influenced by factors such as the assistance which is provided to victims by their families or friends and their own coping skills. The needs of victims can vary considerably, in accordance with the emotional strength and resilience of individual victims and the nature of the crimes which have been committed against them. Consequently, some victims can require services from a number of different categories of service providers. The following section is devoted to a discussion of the interventions and models for practice which have been developed and are implemented by organisations, both inside of South Africa and abroad, to respond to the needs of victims of crime.

4.5. National and international practices with respect to rendering services to victims of crime and violence

Owing to the severely traumatic psychological effects which violent crime has upon victims, it is often necessary to render immediate assistance in the form of crisis intervention, in order to avoid adverse consequences such as post-traumatic stress disorder. Although the debilitating effects of PTSD can scar victims for life, early intervention can significantly also reduce the harmful psychological and emotional effects which accompany direct experiences of crime. Crisis intervention is intended to enable victims to develop their own resources to resolve their traumatic experiences. At the same time, victims are assisted to take concrete steps towards managing their feelings and formulating plans of action which accord with their individual needs (Davies, Francis, & Jupp, 2003:256).

Although the intensity of the trauma which victims experience in relation to the severity of the crimes which are committed against them cannot be measured, there is sufficient evidence to suggest that the trauma which victims experience can be extremely severe and can induce significant levels of psychological distress, in some cases resulting in victims feeling completely overwhelmed. Consequently,

professionals who render assistance to victims of crime and violence need to develop crisis treatment interventions which encourage feelings of confidence and optimism and ultimately enable them to feel sufficiently empowered to let go of their feelings of fear and anger and recover completely (Davies *et al.*, 2003:257).

If victims are to recover completely from their traumatic experiences, it is crucial that they are provided with comprehensive support during the initial phases of their crisis interventions. It is also equally crucial that the professionals who implement their crisis interventions should perform crisis assessments in accordance with the step-by-step procedures which are required by crisis intervention models whose clinical efficacy has been proven in practice. Crisis interventions should provide the means for enabling crisis intervention counsellors to establish rapport with victims on their own terms. Counsellors are required to assess levels of risk, initiate support systems for individual clients, and draw upon the resources of their communities if it is feasible to do so. They should also be able to move strategically to stabilise individual clients and facilitate improvements in their social functioning.

4.5.1. Victims and restorative justice

Restorative justice is an approach to criminal justice which entails rehabilitating offenders through reconciliation with both the victims and the communities which have been harmed by their crimes (Liebling, Maruna, & McAra, 2017). According to the Oxford Handbook of Criminology (2017), the fundamental element of restorative justice is meaningful dialogue between victims and offenders. Restorative justice can provide victims with opportunities to be heard, to contribute to the resolution of offences, and achieve an adequate degree of emotional closure. Conversely, it provides offenders with opportunities to face the consequences of their offending and, in some cases, provides opportunities for making amends (The Report of the Committee to the House, 2016). Although the evidence which is provided by sources such as reports from abroad has demonstrated promising results with respect to reducing rates of recidivism, the main thrust of restorative practice is healing relationships, rather than preventing future crime (Rainford, 2010).

According to Skelton (2006), restorative justice is a new criminal justice paradigm, which is concerned with increasing the participation of victims in court procedures. The tenets of restorative justice have been incorporated into the policies of several South African government departments, including the Department of Correctional Services and the Department of Social Development (Skelton, 2006). Lombard and Steyn (2013) explain that restorative justice represents a significant departure from the dominant goals of justice which have been pursued during the past two centuries. Conventional systems of jurisprudence are essentially adversarial in nature. They are preoccupied with defence in which justice is structured as a contest between the state and the offender. According to Lombard and Steyn (2013), the passing of judgement implies that there is a winner and a loser. By contrast, retributive justice is premised upon the belief that inflicting pain, stigmatisation, and shame through severe punishment serves to vindicate victims. In retributive systems, offenders do not participate in developing their plans for rehabilitation or strategies to prevent them from re-offending. Instead, these decisions are made by justice officials and human service professionals. There is little scope for the making of personal apologies or for reconciliation. As it can be assumed that retributive justice does not necessarily instil an understanding in offenders of the human costs of their criminal behaviour, they are effectively precluded from reflecting upon them or changing their attitudes with respect to offending.

Hargovan (2010) explains that the tenets of restorative justice are founded upon the assumption that the committing of criminal offences results in a range of possible permutations of social, emotional, physical, and financial harm for victims, offenders, their families, and their communities. Consequently, restorative justice requires that the relationships which have been damaged by criminal behaviour need to be healed to enable the parties who have been adversely affected by it to regain control of their lives. As a philosophy, restorative justice is premised primarily upon the remorse of offenders and the forgiveness of victims (Shearar, 2005). For Ward, Fox, and Garber (2014), restorative justice entails treating crime as more than breaking the law and taking properly into account the harm which is done to people, relationships, and communities. Consequently, holistic interventions to render assistance to victims of

crime need to be motivated by both enabling victims to recover from the harm which has been done to them and the sense of violation which they experience as a consequence of the crimes which have been committed against them.

Restorative justice as a mediation process has been backed by international moves towards the deinstitutionalisation of punishment and the empowerment of victims (Coates & Vos, 2007). Ovens and Prinsloo (2009) submit that elements of restorative justice have been integral to African customs for hundreds of years. Traditional social control mechanisms were employed to minimise the effects of stress, anxiety, and tension. Unlike modern legal systems, which are based upon individual responsibility, the collective was held responsible for the actions of individual members of traditional societies. Another driving force behind the adoption of restorative justice in South Africa was the revitalisation of *ubuntu*, which is the principle of caring for the well-being of others in communities whose internal coherence rests upon mutual support. Mkhize (2004: 50) defines *Ubuntu* as 'a person's knowledge of his or her duties and responsibilities within a community of other interdependent human beings'.

According to Lombard and Steyn (2013), restorative justice is recognised by developmental social welfare, in that the approach advocates a welfare system which is more just, equitable, participatory, and appropriate in meeting the needs of all South Africans than any system which has been implemented to date (Patel, 2005). In addition, Lombard and Wairire (2010) maintain that developmental social welfare not only affirms the commitment of the social work profession to social justice and human rights, but also to the eradication of poverty and inequality. This commitment reflects a shift from the remedial and 'maintenance' paradigm for social work practice to the social change function of social work, which is central to developmental social work (Midgley, 2010).

Restorative justice within the context of developmental social welfare represents a social investment strategy to facilitate social change through a range of community-based, strengths-based empowerment strategies which promote asset accumulation and include strategies and partnerships for both preventative measures and the development of human and social capital. Patel (2005) explains that developmental

social services in the criminal justice field are concerned primarily with community-based strategies to meet objectives such as crime prevention, reducing existing levels of crime, and the rehabilitation of offenders, from the standpoints of restorative and social and economic justice. Consequently, developmental social welfare practitioners apply strengths-based approaches to rendering assistance to clients, in order to enable them to recognise and make optimal use of their own resources, skills, and capacities for growth. Within the context of restorative justice, social workers whose practices are informed by the strengths perspective believe that both victims and offenders 'are innately resilient and that their ability to identify and negotiate solutions should be supported' (Midgley, 2010:14).

Developmental social welfare entails victim empowerment and prevention programmes which range from preventing recidivism to tackling the risk factors which encourage crime and violence in societies, such as poor socioeconomic conditions. Developmental social work endeavours to develop the capabilities of both victims and offenders by implementing programmes to develop human and social capital. Victims and offenders who participate in the programmes are provided with comprehensive information concerning the purpose of restorative justice procedures, their rights as participants, and the possible outcomes of the programmes. Both victims and offenders are encouraged to have people accompany them as supporters to the encounters, provided that doing so does not compromise the rights and safety of any other party, and to participate in the training of role players who are responsible for facilitating restorative justice procedures, in order to ensure that they have sufficient experience to do so (Department of Justice and Constitutional Development, 2011).

4.5.2. Victim-offender mediation (VOM)

Several victim-offender mediation programmes are offered by government and non-governmental organisations in South Africa to promote victim empowerment. These include community-based, family-based, and victim-focused programmes, family group conferences, restorative justice conferences, and reparation and referral orders. Dignan (2005:112) defines victim-offender mediation as taking the form of face-to-face encounters between a victim and an offender in the presence of a trained mediator. The mediator acts as an intermediary, but may not propose solutions or impose

decisions upon the parties concerned. Williams (2005:79) suggests that shuttle or indirect mediation should be implemented in the cases of victims who do not wish to meet with offenders who have committed crimes against them face-to-face, although the effectiveness of indirect mediation may be questionable. For the researcher, the efficacy for the victim of an encounter in which both the victim and the offender speak directly to the mediator only appears to be dubious. By contrast, Williams (2005:79) maintains that shuttle mediation can represent a preferable option for encounters which are potentially particularly emotionally charged.

4.5.2.1. Community-based, family-based, and victim-focused programmes

Community-based, family-based, and victim-focused programmes are all primarily based upon the philosophy of restorative justice (Steyn, 2005). These programmes all emphasise responsibility, problem solving, dialogue, and negotiations among offenders, their families, victims, and broader communities and repairing the material, emotional, and psychological damage which victims, their families, and their communities suffer as a consequence of the committing of criminal offences (Umbreit, 1994:2). In South Africa, the programmes usually take the form of family group conferences (FGCs) or community service (Steyn, 2005). The ultimate aim of community service is not to punish offenders, but rather to allow them opportunities to serve their communities to make amends for their wrongdoing. Researchers such as Van der Merwe and Dawes (2004) have expressed mixed findings concerning the effectiveness of the programmes, particularly with respect to their ability to reduce the likelihood of re-offending. From a similar standpoint, Steyn (2005) maintains that community service as a stand-alone intervention fails to instil in offenders a feeling of empathy for their victims or compensate victims for their losses in a sufficiently substantial manner.

4.5.2.2. Restorative justice through family group conferencing

According to Dignan (2005:117), the principal aim of family group conferencing (FGC) is to meet the needs of victims. As FGC is a victim-centred process, benefits for victims can include enabling them to come to terms with the offences which have been committed against them, encouraging them to reconcile with offenders, consensual

reparative outcomes, and the reintegration of both victims and offenders into their communities. Family group conferences are headed by a facilitator and comprise the offender in question, members of the families of the offender and others whom their families invite to attend, the victim, members of the family of the victim, supporters of the victim, and a representative of the South African Police Service, although only the victim and the offender are permitted to participate directly in the proceedings (Goodey, 2005: 195).

In 2009, during the Crime Victims' Rights Week, the researcher met a man who had been the offender in a case of rape in the province of the Northern Cape, who provided a testimony concerning family group conferencing. In his testimony, he explained that he had participated in FGC, in which he had met face-to-face with his victim, whom he subsequently married. His testimony provided evidence of the efficacy of the initiative in some instances. According to the Restorative Justice Centre, the principles of restorative justice are applied mainly through the implementation of programmes for offenders (Steyn, 2005). Its primary aim is to reintegrate offenders by means of victim-offender mediation and drama therapy. Although conventional victim-offender mediation excludes local communities from the restorative process, family group conferencing encourages the active participation of all concerned parties, namely, victims, offenders, and communities, to discuss constructive resolutions of traumatic experiences, including plans for redressing offences. Despite the solid foundations of restorative justice, little empirical evidence is available concerning the degree of success which has been achieved locally, mainly because FGC is fairly new to South Africa (Steyn, 2005).

Restorative justice conferencing is another restorative justice initiative, which was initially used on a trial basis in cases which concerned young offenders. Owing to its proven effectiveness, many police forces, including those of England, Wales, and South Africa use it and have also extended its use to adult offenders (Goodey, 2005: 200; Fox, Dhimi, & Mantle, 2006:133). Restorative justice conferencing is used in three specific contexts. In the first, offenders on trial are given opportunities to receive restorative caution in appropriate cases, such as theft or minor cases which entail housebreaking or robbery. The proceedings for a restorative caution are headed by a restorative justice facilitator and attended by offenders and their families (Johnstone,

2002:115; Dignan, 2005:121). Offenders can be cautioned twice by courts, with the first instance often being a warning or reprimand, while the second could be a final warning.

The second context in which restorative justice conferencing is used entails conferences which comprise offenders, their families, and supporters, under the leadership of a facilitator. In the third, the conferences take the form of community conferences, which are attended by representatives of broader communities and other participants (Dignan, 2005:121). For cases which entail relatively minor theft through housebreaking and other minor offences which are committed in rural areas, the researcher prefers community conferencing, as it can be an effective means of shaming offenders by their communities in front of their victims and also act as a deterrent to potential offenders. Dignan (2005:103) maintains that shaming in the presence of their communities has a greater salutary effect upon offenders than appearing before a judge.

Dignan (2005:103) suggests that shaming should take place within the context of reintegrating offenders into their communities, in two distinct phases. In the first, offenders are shamed in the presence of their victims, the members of their families and communities, friends, and the leaders of their communities. According to Braithwaite's theory of reintegrative shaming, as it is explained by Rock (2004:301-2), the presence and participation of victims are conducive to offenders confronting the offences which they have committed. The practice precludes offenders from being able to avoid confronting their victims or acknowledging the harm which they have caused to them, which is usually possible when retributive justice is applied (Dignan, 2005:103).

The second phase is that of reintegration, which occurs once offenders have been shamed. It is intended to facilitate reaching agreements concerning appropriate means of repairing the harm which has been done by the crimes which offenders have committed and reintegrating offenders into law-abiding communities (Dignan, 2005:103). Restorative group conferencing rests upon the assumption that hearing the offender's account of an offence which has been committed in a face-to-face situation

would enable the victim to come to terms with the traumatic experience and permit the fears which it has instilled in the victim to dissipate (Johnstone, 2002:117).

4.5.2.3. Reparation and referral orders

In the practice of restorative justice, a reparation order constitutes the first sentence disposition with restorative elements to receive statutory force. Reparation orders are regarded as restorative, in that they enable young offenders to make amends for the harm which they have caused to their victims and also benefit victims by affording them opportunities to meet with the offenders and to understand their experiences in relation to the crimes which have been committed against them from a standpoint which provides closure (Goodey, 2005:201). As reparation orders are imposed by courts without consulting victims concerning the forms of reparation which they desire, the procedure could be perceived as disempowering for victims, rather than empowering. If victims were to participate actively in proceedings pertaining to reparations, as opposed to having decisions handed down by the courts, the emphasis of reparation orders would shift significantly from the need for offenders to make reparations to prioritising the interests of victims (Williams, 2005:67; Goodey, 2005: 202).

A referral order is used in restorative justice proceedings as a sentencing option in instances in which courts do not wish to impose harsh sentences on young offenders or acquit them completely. Referral orders can be issued in circumstances such as:

- The offender has not previously been convicted.
- The offender has once previously appeared in the court for another offence, but a referral order was not issued.
- The offender has previously appeared more than once in the court, for other offences, a referral order has been issued once, and, in the opinion of the court, exceptional circumstances justify the imposition of a referral order (Wolhuter, Olley, & Denham, 2009:228).

Referral orders are issued in the South African criminal justice system in instances in which young offenders are required to enter diversion programmes. Young offenders are referred to the programmes in order to maintain their ties with their families and communities and circumvent the need for the cases to be heard in accordance with the formal court proceedings which the criminal justice system normally requires (Probation Services Amendment Act, 2002).

Although assistance is rendered to victims of crime in accordance with several different practice models, most of the services which are available are provided to victims of domestic violence. Safe Horizon of New York City in the United States, which was formerly known as the Victim Service Agency, has developed a number of programmes to render assistance and provide support to victims of crime. The services which are available from the non-profit organisation include 24-hour hotlines for victims of crime, intake and intervention programmes, services which are provided by teams of members of the police force and social workers, emergency shelters for battered women and their children, and a comprehensive range of services which provide material support to victims (Davis, Lurigio, & Herman, 2007:263). The programmes of the organisation include the provision of counselling, trauma reduction therapy, and support group services for victims of violent crimes such as sexual assault, robbery, homicide, and domestic violence. Services are provided as soon as possible after the crimes have been committed and victims are assisted to follow up their cases through the court system, obtain crime victim compensation, and arrange for care for their children.

The National Organisation for Victim Assistance (NOVA) in the United States provides training to workers such as crime victim advocates, crisis responders, social workers, mental health practitioners, members of victim assistance staffs, medical professionals, and religious leaders, who work together with law enforcement to provide assistance to communities in the aftermath of serious crimes (Davis *et al.*, 2007:264). NOVA is a conduit of information and technical assistance for local and regional victim assistance programmes (Burgers, Regehr, & Roberts, 2010:74).

4.5.3. Victim assistance and support programmes

The domains of victim support and victim assistance overlap to a considerable extent. Victim support is concerned with facilitating the healing and recovery of victims of crime and violence. It endeavours to provide both emotional and practical support, to identify symptoms which signal the onset of post-traumatic stress, and to manage the trauma of victims. It also provides referrals to professional services when it is necessary to do so. The following categories of services and programmes fall within the ambit of victim support:

- Counselling, emergency services, and social services.
- Services which assist victims to overcome problems which they encounter in their interactions with the criminal justice system.
- Services which are performed on the behalf of victims to ensure that their rights are upheld and their concerns receive due attention during court procedures.
- Prevention programmes to enable victims to avoid falling victim to crime and violence in the future.

The field of victim assistance is a relatively new but rapidly expanding one which concerns providing victims and survivors of crime or trauma with emotional support, practical assistance, and advocacy. The aims of victim assistance are twofold. The initial aim is to reduce the psychological shock and trauma which survivors of crime or trauma can suffer, by providing emotional and practical support immediately at the scenes of traumatic events or shortly afterwards. Victim assistance also endeavours to assist survivors after their initial crises with emotional support and counselling, advocacy, referrals to local social work agencies, and information concerning matters such as the status of the investigations of their cases, the status of the accused, the court system, and their rights in legal and judicial proceedings.

For the purposes of this study, victim assistance is concerned with the identification and meeting of the immediate needs of victims, within the framework of the principles

of social work of non-discrimination, participation, and the right to privacy and individual treatment and care. According to Elliott and Segal (2012), the International Organisation of Migration (IOM) (2007), and Surtees (2007), the effective provision of victim assistance is potentially empowering to victims and plays a significant role in their immediate stabilisation and long-term recovery. Victim empowerment and support are components of a philosophy of care and assistance and of a specific approach to providing social services, irrespective of whether they are provided by government departments or other sectors. The central tenet of the philosophy concerns the need to empower victims to be survivors.

The providing of social services to victims of crime can take any of several different forms. Some services are rendered in the immediate aftermath of violent crimes, while others can take the form of assistance which is provided when cases come to trial. The organisational structures through which services are rendered are mainly either government institutions or non-governmental organisations, with most services being rendered within the framework of restorative justice, although in some instances other forms of compensation are provided (Davies *et al.*, 2003: 149). The non-governmental and civil society organisations which render social services to victims of crime and violence receive financial support from the government at the national, provincial, or local levels.

As there is ample evidence to confirm that social support networks can help individual victims to cope with the detrimental effects of crimes which are committed against them, victim support plays a significant role by encouraging victims to express their feelings concerning their traumatic experiences (Spalek, 2006: 83). In South Africa, some of the agencies which provide victim empowerment services operate within police stations, although the main thrust of the services concerns legal and financial support, rather than emotional support. By contrast, in the United States, victim empowerment support places great emphasis upon crisis counselling which is provided by professional therapists. Consequently, it can be concluded that there is considerable variance in the predominant concerns of agencies which render services to victims of crime throughout the world (Davies *et al.*, 2003:151).

4.6. Guidelines for crisis intervention

According to Moriarty and Jerin (2007), crisis intervention refers to the support which is provided to victims of crime and their families in the immediate aftermath of their traumatic experiences, in order to assist victims to meet their immediate needs and to begin to develop emotional resilience. From a slightly different standpoint, Burgess *et al.* (2010) explain that the goal of crisis intervention is to reduce the acute trauma which can threaten to overwhelm victims in the immediate aftermath of severely unsettling experiences. Crisis intervention comprises three components, namely, emotional crisis and the perception of an unmanageable situation, individual people or groups who are in crisis situations, and professionals who endeavour to assist them to recover by providing assistance.

4.6.1. Stages of crisis intervention

Davis *et al.* (2007:260), citing the seven-stage crisis intervention model of Roberts (2005), explain that crisis intervention entails seven stages, which can overlap in some instances. The first entails planning and conducting a thorough assessment of the condition of the victim, determining whether he or she is likely to constitute a danger to himself, herself, or others, and attending to his or her immediate psychosocial needs. As Burgess *et al.* (2010:88) explain, during this stage, the severity of the crisis, the present emotional state of the victim, and the extent to which the victim is able to cope need to be accurately determined.

The second stage entails the establishment of rapport and a therapeutic relationship. As victims often feel that they have lost control and are powerless, they should not be forced or coerced into any type of activity until they have stabilised and successfully overcome their initial crises and reactions to trauma. Those who endeavour to assist them need to listen actively to the victims, put them at ease, and empathise with them (Davis *et al.*, 2007:257).

The third stage entails identifying the most pressing problems which the victim is experiencing and the circumstances which precipitated the crisis, while the fourth requires the victim to be encouraged to assess his or her feelings and emotions and

also to receive support, in some instances simultaneously. At this stage, the professional who renders assistance is concerned mainly with the problems which have been identified, their immediate assessments of them, and allowing the victim to assess and evaluate his or her feelings in relation to them.

During the fifth stage, the possible alternatives which are available to the victim are assessed in collaboration with the crisis counsellor, who endeavours to re-establish the emotional equilibrium of the victim and to enable him or her to develop new coping strategies. At this stage the crisis counsellor should also assure the victim that he or she would be welcome to contact the agency at any time, should he or she require assistance of any sort.

The sixth stage entails restoring the functioning of the victim by formulating and implementing a plan of action. At this stage, as victims are no longer dependant upon the support of others to facilitate their healing, they should be able to assume ownership of the plans of action which they have developed in collaboration with their crisis counsellors. Consequently, it is imperative that crisis counsellors should obtain firm commitments from victims to adhere to their plans of action. In order to ensure that victims are able to do so, plans of action need to be sufficiently manageable and not overwhelm victims with an excessive number of demanding tasks. The process of termination should also start during this stage (Burgess *et al.*, 2010:90).

The final stage entails the planning of follow-up counselling, by means of telephone calls, in-person appointments for booster session, or home visits, in accordance with the assessment which counsellors make during exit interview sessions (Davis *et al.*, 2007: 263).

Chapter Five

Research Methodology

5.1. Introduction

This chapter is devoted to a detailed discussion of the qualitative methodology which was developed in order to carry out this research study. According to Strauss and Corbin, cited by Larson (2009:32), it is necessary to document the processes by means of which particular research methodologies are adopted, in order to provide substantive justifications of the decisions which individual researchers make. Consequently, researchers need to provide comprehensive descriptions of the research methodologies which they develop in order to conduct their studies, to enable a dependability audit to be conducted in the future, should the need to do so arise. A comprehensive overview of a research methodology would include discussions of the philosophical assumptions upon which it is based, the approach which is adopted to conduct the study, the type of research design which is selected and developed, the research questions which guide the conducting of the study and the methods which are used to collect and analyse the data.

5. 2. Philosophical worldviews in research

Philosophical worldviews refer to the theories or beliefs which inform approaches to conducting research. The four principal research paradigms into which approaches fall are the transformative, postpositivist, constructivist, and pragmatic paradigms. Table 5.1 summarises the fundamental concerns, orientations, characteristics, and objectives of each worldview.

Table 5.1.: The four principal philosophical worldviews of research in the social sciences

Postpositivism	Constructivism
<ul style="list-style-type: none"> • Determination • Reductionism • Empirical observation and measurement • Verification of theories 	<ul style="list-style-type: none"> • Understanding • Multiple participant meanings • Social and historical construction • Generation of theories
Transformative	Pragmatism
<ul style="list-style-type: none"> • Political • Power- and justice-oriented • Collaborative • Change-oriented 	<ul style="list-style-type: none"> • Consequences of actions • Problem-centered • Pluralistic • Real-world practice-oriented

Source: Adapted from Creswell (2014)

After extensive consideration of the four paradigms in relation to aims of the study, the researcher considered that the pragmatic paradigm would provide the optimal means of achieving its intended objectives. Creswell (2013:299) characterises pragmatism as an interpretive approach to research which is concerned with its outcomes and the actions, situations, and consequences which research inquiries entail. Pragmatism makes it possible to assess the value of research strategies and methods in terms of how well they are able to provide answers to specific research problems (Denscombe, 2010:324).

According to Maree and Van der Westhuizen (2009:19), a paradigm represents the means by which people interpret the world and phenomena. Cohen, Manion, and Morrison (2001:6) maintain that as paradigmatic assumptions and perspectives exert a great influence upon methodological choices, due consideration needs to be given to different research methods. Guba and Lincoln (2005) explain that several different paradigms have been used to conduct modern qualitative research, which influence conceptual orientations and concerns pertaining to considerations such as legitimacy, control, and the methods which are used to analyse data. Tashakkori and Teddlie (2010) emphasise the usefulness of the pragmatic paradigm with respect to enabling pluralistic approaches to be adopted in order to obtain insights into research problems in social science research. The pragmatic paradigm was also particularly appropriate

owing to the nature of this study, as it allows great flexibility, attention to be given to aspects of events, occurrences, and phenomena which are of particular interest, and the adoption of methods which are particularly appropriate to specific objectives and concerns of a study. It also allows the findings of studies to be integrated in a constructive and harmonious manner.

Each of the paradigms which is listed by Guba and Lincoln (2005:200) is characterised by the intended courses of action which the research entails, the means by which control of the research process or outcomes is maintained, its relationship to existing foundations of truth and knowledge, and voices of researchers and, in most qualitative research, the participants in research studies. Although some people refer to 'the qualitative paradigm', many different paradigms are used within the domain of qualitative research, some of which differ radically with respect to their assumptions and implications (Bickman & Rog, 2009:224). Conversely, Fox and Bayat (2007:64) maintain that qualitative research is the predominant paradigm for research in the social sciences.

5.3. Qualitative research

According to Babbie (2011:33), research in the social sciences is a humanistic endeavour which entails studying social reality in order to understand particular events, occurrences, or phenomena from the perspectives of those who experience them or are affected by them. De Vos, Strydom, Schulze, and Patel (2011:4) explain that the social sciences entail studying human and cultural activity directly, particularly in the present, as opposed to the past.

A qualitative paradigm was adopted in order to attain the goal which was formulated for this study, as it is articulated in section 1.3. of this thesis. Hennink, Hutter, and Bailey (2011:8) explain that qualitative research, by using research methods such as in-depth interviews, focus group discussions, and observations, allows researchers to conduct detailed investigations of the experiences of the participants in their studies, from their own subjective perspectives. Qualitative researchers endeavour to understand the meanings and interpretations which participants ascribe to the events, occurrences, or phenomena in which they are interested.

5.4. The research approach

The study upon which this thesis is based was a purely qualitative one. According to Myers (2009:8), qualitative research enables researchers to understand perceptions, beliefs, and opinions of people within the contexts which are provided by the social and cultural environments within which they act and live. Qualitative research can be described as naturalistic, in that it endeavours to understand the everyday lives of people in the natural settings in which they function and live (Creswell, 2014). From a slightly different standpoint, Guest, Namey, and Mitchell (2013:2) maintain that qualitative research uses methods such as participant observation or case studies in order to narrate and describe specific settings or practices. From yet another perspective still, Merriam (2009:13) emphasises that qualitative researchers pay attention to the ways in which people make sense of their world and their experiences in it.

During the course of studying literature pertaining to qualitative research, the researcher learnt that the nature of the information which is required informs, to a very large extent, the best choice with respect to the approach which is adopted. According to Green and Thorogood (2009:5:38), among the other factors which inform the choices of researchers in this respect should be the goals of their studies. They contend that accurate assessments of goals should enable researchers to determine whether only qualitative research methods should be used or whether they should be augmented by quantitative methods. They explain that if the primary aim of researchers is to develop an in-depth understanding of events, occurrences, or phenomena from the subjective perspectives of participants, discern the meanings which they ascribe to them, or observe social phenomena in depth, a qualitative approach is likely to be most appropriate (Green & Thorogood, 2009:5:38). Ritchie and Lewis (2005:32) maintain that a qualitative approach is likely to suffice if the purpose of a study can be described as having any of the following aims:

- To investigate and describe an experience, a context, or a process.
- To discover or learn more about a particular phenomenon.
- To develop an understanding of a particular experience or context.
- To report on a particular experience, context, or process.

As the purpose of the study was to obtain an in-depth understanding of the available guidelines for practice for victims of violent and serious crimes in South Africa and to formulate appropriate guidelines for the various categories of providers of VE services, owing to the exploratory nature of the study, a qualitative approach was considered to be appropriate.

According to Maxwell (2013:30-31), qualitative research is particularly useful for studies which have any of the following five categories of goals:

- Understanding the meanings which the participants in studies ascribe to events, situations, and types of action in which they participate and of the explanations which they offer for their life experiences.
- Understanding the specific contexts within which participants act and the effects which they have upon their actions.
- Identifying unexpected occurrences and influences and creating grounded theories.
- Understanding the process which events and actions follow.
- Developing underlying explanations.

By means of a qualitative inquiry, the researcher was able to arrive at guidelines for practice which should be taken into consideration in the designing of procedures and the implementation of the VEP in practice. The flexible nature of qualitative research enabled the researcher to probe for information through successive questions, obtain deep insights into the experiences of the participants, and collect in-depth information concerning the services which providers of VE services provided to victims of crime and violence (Fouché & Delport, 2011:65).

Researchers usually have two sets of research methods available by means of which to collect, analyse, and interpret data, namely, qualitative and quantitative research methods (Fouché & Delport, 2011, Creswell, 2009, Marshall & Rossman, 2010). The methods differ with respect to the purposes for which they are used, the size and composition of research samples, the types of data which is collected, the ways in which data is analysed, and the nature of the findings which studies generate. Table

5.2 summarises the essential differences between qualitative and quantitative research.

Table 5.2.: Essential differences between qualitative and quantitative research

	Qualitative:	Quantitative:
Purpose	<p>*To gain an understanding of underlying reasons and motivations of people.</p> <p>* To provide insights into the setting of a problem, generating ideas or hypotheses for later.</p> <p>* To unearth trends in thought and opinion.</p>	<p>*To quantify data and generalise results from a sample to the population of interest.</p> <p>* To measure the incidences of different perceptions, beliefs, and opinions in a chosen sample.</p> <p>* Sometimes followed by qualitative research, which is used to conduct further investigations of particular findings.</p>
Research samples	<p>*Usually a small sample of non-representative cases.</p> <p>*Respondents selected to fulfil a given quota.</p>	<p>*Usually a large number of cases which represent the population of interest.</p>
Methods used to collect data	<p>Unstructured or semi-structured techniques, such as individual interviews or group discussions.</p>	<p>Structured techniques, such as online questionnaires, on-street or telephone interviews.</p>
Methods used to analyse data	<p>Non-statistical methods.</p>	<p>Statistical methods, with data usually being presented in the form of tables and graphs.</p>

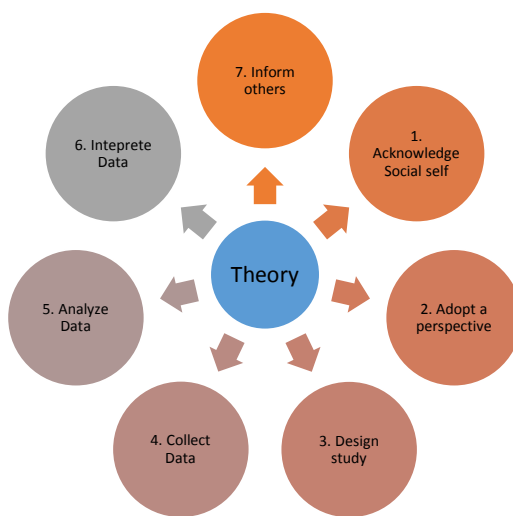
		Findings are conclusive and usually descriptive in nature.
Outcomes	Exploratory and/or investigative. Findings are not conclusive and cannot be used to make generalisations concerning the population of interest. Findings are used to develop an initial understanding and a sound base for further investigations.	Used to recommend a final course of action.

Source: Adapted from the McGill Qualitative Health Research Group

As English and van Tonder (2009) explain, qualitative studies are concerned with social phenomena and human behaviour, neither of which is easy to measure with any credible degree of accuracy. The data in qualitative studies is often collected through procedures such as interviews and focus group discussions and consists of expressions of the perceptions, beliefs, and opinions and feelings of the participants in particular studies. Merriam (2009) explains that there is no standard format for conducting qualitative research and that numerous different types of frameworks can be developed in order to conduct qualitative studies. The researcher elected to adopt the framework which Neuman (2006:15) developed for conducting qualitative studies, as it provides a coherent and logical structure by clearly illustrating the relationships between the individual steps of the research process. The framework comprises the following steps: acknowledge the social self, adopt a perspective, design the study, collect the data, analyse the data, interpret the data, and informing others by publicising the findings. All of these steps need be underscored by relevant theory. Although Figure 5.3. depicts the steps in graphic form, it needs be added that the sequence does not always need to be followed in a strictly undeviating manner,

because in qualitative research, the collecting, analysing, and interpreting of data are often carried out simultaneously (Neuman, 2006:15).

Figure 5.3.: Steps for conducting qualitative research in accordance with the framework of Neuman (2006:15)



5.4.1. Acknowledge the social self

Neuman (2006:14-15) maintains that before they embark upon their studies, qualitative researchers should begin with a self-assessment and reflections concerning their position in society. This assessment requires qualitative researchers to acknowledge their experience, knowledge, position, and their contributions to their societies. In the case of the researcher who conducted the study upon which this thesis is based, she began to acquire knowledge concerning research during her undergraduate studies towards a BA degree in social work at the University of the Western Cape, by conducting research concerning in camera hearings for rape victims who were children, as a requirement for the degree.

During her work as a probation officer, she conducted research concerning the sentencing of juveniles in the criminal justice system, with the intention of improving the reports of social workers which are submitted to courts by social workers in their capacities as probation officers, for the purpose of assisting judicial officers to pass judgements. She subsequently participated as a social work policy manager in the development of legislation and policy and also developed policies which were to be implemented by service providers who render services to victims of crime and violence. She has served on a number of steering committees in the Department of Social Development to oversee research projects which were conducted by consultants. During the course of working in the victim empowerment sector, she became aware of shortcomings with respect to standardised guidelines for practice for service providers, which provided the initial impetus for conducting this research study.

5.4.2. Adopt a perspective

The second step of adopting a perspective refers to making a decision whether to adopt a qualitative or quantitative approach to a proposed research study or to combine both qualitative and quantitative research methods. According to Neuman (2006:15 & 106), this step requires researchers to evaluate the different approaches to social science research in a comprehensive and open-ended manner, in order to enable them to make informed decisions on the basis of the nature and the purpose of their particular studies and the research questions which they wish to answer by conducting them (Neuman, 2006:104). The researcher considered the following characteristics of qualitative research as they have been summarised by Neuman (2006:32-46) as being of particular relevance to this research study:

- Qualitative researchers are interested in meaning, with respect to the ways in which people construct their understanding of the world by reflecting upon their experiences and integrating new knowledge with that which their experiences have already provided. As the primary purpose of this research endeavour was to develop guidelines for the implementation of victim empowerment programmes by providers of victim empowerment services, in-depth insights into the experiences of those who were tasked with the implementation of the programmes and the intended beneficiaries of the programmes were crucial to the validity of the findings of the study.

- Qualitative research entails fieldwork, which can entail gathering data for periods which can vary from a few months to several years. This study entailed collecting data for 3 months.
- Qualitative research can be exploratory in nature. The goal of the researcher in this study was to formulate questions which future research could endeavour to answer. The research question was: Which guidelines for practice should be developed to ensure the quality of standardised services which are provided through victim empowerment programmes?
- The data which is obtained from qualitative research is descriptive, in that qualitative researchers use methods such as semi-structured face-to-face interviews, focus group discussions, and direct observations to gather data. The data for this study was obtained mainly from interviews with professionals who rendered services to victims of crime and violence and victims to whom they rendered the services.

5.5. Research design

Babbie and Mouton (2001:74) define a research design as a plan, blueprint, or structural framework which details how a researcher intends to conduct a research study in order to solve a particular research problem. By contrast, Welman, Kruger, and Mitchell (2005: 52) characterise a research design as the plan according to which qualitative researchers secure the participation of participants in their studies, in order to collect information from them. In the case of this study, the research design was an explorative, descriptive, and contextual one. Schoeman (2010:34) explains that the goal of explorative research is to make an initial assessment of the nature of a particular event, occurrence, or phenomenon. Adopting an exploratory approach enabled the researcher to make a detailed assessment of the priorities which should inform the guidelines for practice with respect to providing victim empowerment services, on the basis of information which was provided by both professionals who render services to victims of violence and crime and by individual victims (Schoeman, 2010:34).

Domegan and Fleming (2007:66) maintain that exploratory research allows insights to be obtained into unknown and undocumented phenomena. One of the principal

motivations for adopting an exploratory approach was provided by the flexibility and the open-ended and inductive nature of exploratory research (Terre Blanche, Durrheim, & Painter, 2006:44). In addition, relatively little research has been conducted concerning the research topic in South Africa. Schoeman (2010:34) explains that the aim of studies which make use of descriptive data is to explain and describe the essential nature of particular social phenomena. For the purposes of this study, the social phenomenon which needed to be investigated in a finely nuanced manner, within the context of the subjective experiences of both providers of victim empowerment services and victims themselves, was that of crime and violence in South Africa.

5.6. Research questions

Fouché and De Vos (2011:94-99) explain that the individual objectives of research studies represent the specific goals which need to be attained in order to achieve their overall goals. Research questions are formulated in order to elucidate specific research problems in a manner which permits the events, occurrences, or phenomena which they concern to be investigated by conducting studies whose nature and scope are defined. Research questions can assist researchers to make decisions concerning the directions which their studies need to take and to delimit their specific concerns clearly. Creswell (2014) maintains that developing a research question represents an interactive and inductive endeavour which takes place over time. In the case of this study, the final version of the research question which encapsulated the concerns and aims of the researcher was 'Which guidelines for practice should be developed to ensure the quality of standardised services which are provided through victim empowerment programmes?'.

The following objectives were formulated in order to answer the research question as comprehensively as possible:

- **Objective 1**

To assess and evaluate the experiences of victims of crime and the services which are provided to them.

- **Objective 2**

To determine the guidelines for practice which should be followed or applied by providers of victim empowerment services.

- **Objective 3**

To determine and describe the guidelines for practice which should be applied in order to provide victim empowerment services which meet the needs of victims of crime and violence.

- **Objective 4**

To determine the roles and responsibilities of relevant government departments and NGOs in providing VE services to victims of crime and violence.

- **Objective 5**

To develop and present guidelines for practice which optimise the roles of providers of victim empowerment services and ensure that the needs of victims of crime and violence are effectively met.

5.7. Research methodology

The term 'research methodology' refers to all of the procedures and strategies which are developed or adopted in order to conduct a research study, such as the methods which are used to select research samples and to collect, analyse, and verify data.

5.7.1. Research populations

According to Silverman (2005:129), 'research population' is a term which is used to define the parameters concerning the units from which a research sample is chosen. Consequently, a research population comprises the units in a particular defined setting which possess specific characteristics in which researchers are interested in studying in order to answer the research questions upon which their studies are based. Neuman

(2011: 341) defines a population as an abstract formulation of a large group of many cases from which a researcher is able to draw a sample.

The research population for this study was comprised as follows:

- Providers of VE services who rendered services to victims of violence and crime who were employed by the JCPS Cluster departments, relevant NGOs and CBOs, and also at shelters and Khuseleka one-stop centres in the provinces of Mpumalanga, Gauteng, the Northern Cape and the Western Cape in South Africa. The delimitation of this research population was informed by the National Policy Guidelines for Victim Empowerment (2009:14), which tasks the departments of Social Development, Justice and Constitutional Development, Correctional Services, Health, and Education, the South African Police Service, and relevant civil society organisations with the implementation of the National Victim Empowerment Programme.
- Victims of violence and crime to whom victim empowerment services had been rendered, including those who were accommodated in shelters which are run by either the government or NGOs, in the provinces of Mpumalanga, Gauteng, and the Northern Cape. The research sample of victims in the province of Mpumalanga comprised two who were being accommodated in a shelter which is run by an NGO and six who were residing in a government shelter. The sample which was selected to represent victims in Gauteng comprised fourteen who were residing in a government shelter and nine who were doing so in a victim empowerment centre which is run by an NGO, while the sample which represented victims in the province of the Northern Cape comprised five who were being accommodated in a shelter which is run by an NGO.

5.7.2. Sampling

In the context of research in the social sciences, sampling entails selecting a smaller number of units than those which comprise a population as a whole, which are representative of it with respect to specific characteristics in which researchers are interested for the purpose of conducting particular research studies (Denscombe

2010:141). Sampling methods can be divided into two major categories, namely, probability and non-probability sampling. When probability sampling is used, which is usually employed in quantitative research, each individual member of a research population has an equal likelihood of being selected as a unit of the research sample (Wiid & Diggins 2009:199). By contrast when non-probability sampling is used, which is often the case in qualitative studies, specific factors influence the probability of individual members of populations being selected for research samples (Wiid & Diggins, 2009:199).

For the purposes of this study, the researcher used non-probability sampling, in the form of purposive sampling, to select the research sample (Kumar, 2011:127). She used her own judgement to select participants whose life experiences and firsthand knowledge pertaining to the research topic made them ideal informants. Creswell (2013:125) explains that purposive sampling is used for the deliberate identification of potential participants who are likely to provide relevant information. Neuman (2011:267) emphasises that in purposive sampling, qualitative researchers use their own judgement to select participants who have sufficient knowledge pertaining to their research topics to consider them to be expert informants. In the case of this study, the researcher was able to select only adult victims of crime for the research sample, because the National Policy Guidelines for Victim Empowerment stipulate that the National Victim Empowerment Programme is intended to provide services to adult victims. In those instances in which an adult victim is accommodated in a shelter with her children, the adult is regarded as a primary victim and the children as secondary victims.

Although the researcher had initially intended to conduct the research study in the province of Gauteng only and to assess the differences and similarities between rural and urban areas with respect to rendering of victim empowerment services, she elected to extend the remit of the study to Mpumalanga, as a predominantly rural province and the Western Cape, as a predominantly urban area. After the Western Cape Department of Social development denied the researcher access to shelters for the purpose of recruiting victims of crime and violence to participate in the study, she

decided to augment the research sample with victims who were located in the province of the Northern Cape. The provincial coordinators of the VEP assisted the researcher to contact relevant NGOs in the province, members of whose staffs assisted the researcher to solicit the participation of victims who were being accommodated in their shelters.

The selection criteria for providers of VE services required the participants to be:

- Male or female providers of VE services who rendered services to victims of violence and crime in the provinces in which the study was conducted.
- Providers of VE services who had more than a year of experience of working with victims of violence and crime.

Although some of the providers of VE services who participated in the study had received some training in the field of victim empowerment, it was not the case for all of the participants, as the experience of others had been confined to working in the criminal justice system and trauma counselling.

The selection criteria for victims of crime and violence who received VE services required them to be:

- Male or female victims of violence or crime.
- Victims who had been exposed to crimes such as domestic violence, assault, with intent to cause grievous bodily harm (GBH), robbery, rape, or sexual assault.
- Adults who were 18 years of age or older and above. Victims who are younger than 18 years of age are protected in accordance with the Children's Act.

In this study, a specific sample size could not be determined at the outset. The number of participants who were to be included in the sample could be determined only after the point of saturation had been reached and no new data was yielded by successive interviews.

Once the researcher was satisfied that no new insights were being gained from the interviews, the gathering of data was terminated and all of the interviews which had been audiotaped were transcribed and translated into English, to enable the data to be analysed. Although some of the interviews had been conducted in English, others were conducted in the home languages of the participants, namely, SiSwati, Sesotho, isiZulu, or Setswana. Eight focus group discussions were held, with the groups being comprised of either providers of VE services or victims of crime or violence to whom VE services were being rendered. A further six victims participated in the face-to face interviews. Fifty-three service providers and thirty-six victims who were receiving VE services were purposively selected to participate in the study.

Before she could embark upon conducting the study, the researcher was required to submit a research proposal which included a comprehensive overview of the ethical standards for professional research in the social sciences which would be respected and rigorously adhered to at all times during the conducting of the fieldwork. A letter which explained the nature and objectives of the proposed research study, the roles which the participants would be expected to perform, and the rights of the participants, along with a copy of the informed consent form which was to be signed by the participants were required to accompany the proposal, which was submitted to and approved by the Departmental Research and Ethics Committee of the Department of Social Work of the University of South Africa (UNISA) (please see Annexures 1 and 6). Once the proposal had been approved, the researcher was able to proceed with the next step, which entailed making contact with gatekeepers, other stakeholders, and, eventually, the participants.

A request for permission to conduct the study in the provinces of Gauteng, Mpumalanga, the Western Cape, and the Northern Cape was submitted to and approved by the Director-General for Social Development. Subsequently, letters were submitted to the provincial heads of department of the Department of Social Development for the provinces of Gauteng, Mpumalanga; the Western Cape, and the Northern Cape, to request permission and to obtain access to the providers of VE services, most of whom were members of Provincial Victim Empowerment

Management Forums, and the victims of crime and violence who were receiving VE services, from either government departments or NGOs which were registered with or funded by the Department of Social Development (please see Annexures 2 to 5).

Provincial coordinators of the VEP were requested to provide dates on which the members of the Provincial VEP Management Forum were due to meet, in order to provide the researcher with easy access to them. As the National Policy Guidelines for Victim Empowerment (2009) explain, the Provincial Victim Empowerment Management Forums are comprised of members from the Department of Social Development, which is responsible for leading and coordinating the forums, the departments of Justice and Constitutional Development, Correctional Services, Health, and Education, the South African Police Service, the provincial coordinators of the National Victim Empowerment Programme who are employed by the Department of Social Development, relevant civil society organisations, at the national, provincial, or local levels, and academic and research institutions. Obtaining the dates of the meetings of the Provincial VEP Management Forums provided the researcher with opportunities to make contact with members who were providers of VE services.

The provincial coordinator of the VEP for the province of Mpumalanga made arrangements with a shelter which was run by an NGO to enable the researcher to have access to the victims who were being accommodated in it, while the district coordinators arranged for her to have access to victims who were being accommodated in a government shelter. The provincial coordinator for Gauteng made arrangements with a one-stop centre to provide access to victims and the district coordinator did the same with an NGO which is funded by the Department of Social Development in Vanderbijlpark, in the district of Sedibeng in the province. The provincial coordinator for the province of the Northern Cape made similar arrangements with a shelter which was run by an NGO in the province.

In the case of the province of the Western Cape, a letter was sent to the provincial head of the Department for Social Development, who forwarded the request to the

departmental research unit. A number of follow-up calls were made to the unit without success. Although the researcher was unable to interview victims in the Western Cape, she was able to conduct interviews with providers of VE services after arrangements had been made with the provincial coordinator of the VEP. The researcher conducted an interview with providers of VE services who had been attending a workshop on sexual offences. The interview was conducted after the session, in order not to interfere with the workshop. The researcher followed up the interview by means of telephone calls and email messages to the provincial coordinator of the VEP, organisations which render VE services, and other relevant role players. All of the providers of VE services who were interviewed participated, either directly or indirectly, in rendering VE services to victims of crime and violence.

In Mpumalanga, seventeen providers of VE services participated in the study. Twelve were employed by the government, in the departments of Health, Correctional Services, or Social Development or the South African Police Service, while only five were from the civil society organisations (please see Chapter Six). Of the eight victims of crime who participated in the study in Mpumalanga, six participated in a focus group discussion which was held in the district of Nkangala. The other two victims participated in a face-to-face interview in the district of Ehlanzeni.

In Gauteng, eight providers of VE services participated in the study, five of whom were employed by NGOs, while the remaining three were government employees. All eight of the participants were black, while five were females and three were males. As three of the five participants who worked for NGOs were males, it is evident, as the National Directory on Services for Victims of Violence and Crime (2009) confirms, that Gauteng has more NGOs which render services to male victims than any of the other provinces. The directory lists four organisations in Gauteng which are dedicated to providing services to men. In addition, all of the participants in Gauteng who were providers of VE services were from 30 to 45 years of age, of whom isiZulu was the home language of five, SeSotho that of two, while one was English-speaking.

Two focus group discussions which comprised victims of crime were held in Gauteng, which catered for twenty-two participants. One of the discussions was held at Ikhaya

Lethemba, which is a Khuseleka One-Stop Centre in the city of Johannesburg. The other focus group discussion took place at a shelter in Vanderbijlpark. Fourteen people participated in the focus group discussion at Ikhaya Lethemba, of whom eight were victims of domestic violence, two of GBH, two of common assault, and two were rape victims. Some of the participants were not victims of only one type of abuse, but of combinations of two or three types, which included forms of abuse which occur within the context of marriage, verbal abuse, and insults from figures of authority, such as magistrates. Of the remaining eight victims who participated in a focus group discussion at a shelter in Vanderbijlpark, two were victims of emotional abuse, two of rape, one of GBH, one of abuse and nyaope addiction, one of abuse, and one of domestic violence. In addition, face-to-face interviews were conducted with two victims, both of whom were black and female, at Ikhaya Lethemba. Although the victims had participated in the focus group discussion, they requested to be interviewed separately from the group, to enable them to provide additional information.

Of the fourteen providers of VE services in the Northern Cape who participated in the study, eleven were employed by government departments and three by non-governmental organisations. The capacities in which the participants worked were of great relevance to the study, as they reflect a considerable degree of integration with respect to providing services to victims of crime and violence. The National Policy Guidelines for Victim Empowerment (2009:6) emphasises the need for the Victim Empowerment Programme to facilitate the establishment and integration of interdepartmental and intersectoral programmes and policies to support, protect, and empower victims of crime and violence, particularly women and children, and to ensure that the implementation of programmes and policies is monitored and evaluated at all levels of government, in close collaboration with civil society.

Although most of the participants were females, three were males and three of the fourteen were coloured, while the remainder were black. All of the participants spoke one or more of the languages which are commonly spoken in the province. The spread of races and home languages among the participants was of relevance to the concerns

of the study, in that victims who seek services from any of the organisations which provide them would inevitably prefer to discuss their problems with service providers in languages which they feel comfortable speaking.

The five victims of crime who participated in the study in the Northern Cape were all females, of whom two were black, two were white, and one was coloured. Both of the black participants had isiXhosa as their home language, while for the remaining three it was Afrikaans. Although the researcher informed them that they should speak the language with which they would be most comfortable during the group interview, it was evident that although most of the participants were Afrikaans-speaking, they felt sufficiently comfortable participating in the group in English.

Of the fourteen providers of VE services who participated in the study in the Western Cape, thirteen were employed in government departments and only one was from the NGO sector. Eight were females and six were males. As the participants belonged to a range of different racial groups, the sample reflected the racially diverse character of the Western Cape, a province in which coloured people are predominant. Statistics which were released after the conducting of the South African National Census of 2011 revealed that 49 percent of the people of the Western Cape described themselves as coloured, while 33 percent described themselves as black, and only 17 percent described themselves as white. Consequently, VE services need to be provided in the Western Cape in a manner which takes the needs of the coloured community, in particular, into account with respect to their home language.

It needs to be emphasised that the selection criteria for the providers of VE services in the research sample did not place undue emphasis upon experience, in order both to avoid limiting the numbers of potential participants and also to obtain a range of different perceptions, beliefs, and opinions from participants who had varying degrees of experience, although a minimum of one year in a VE-related field was stipulated. According to the Themba Lesizwe Organisation (2005), any person who renders services to victims of crime and violence can be regarded as a provider of VE services.

For the purposes of this study, the term refers to officials who are employed by departments of the JCPS Cluster and to providers of VE services who represent civil society and faith-based organisations. Before the collecting of data commenced, a consent form (please see Annexures 5 and 6) was provided to the people who agreed to participate in the study, irrespective of whether they did so as providers of VE services or as victims of crime and violence.

5.7.3. Methods used to collect data

Interviews, focus group discussions, and observations of individual and groups of participants are commonly used methods to gather qualitative data (Fossey, Harvey, McDermott, & Davidson, 2002:726). In this study, data was collected by means of semi-structured interviews and focus group discussions. According to Becker and Bryman (2005:256), an interview can be defined as a short-term interaction between two strangers, for the explicit purpose of one person obtaining information from the other. As it has been explained, the researcher made use of semi-structured interviews as an optimal means of obtaining richly detailed information from the participants. As Becker and Bryman (2005:268) explain, semi-structured interviews permit interviewers to prepare and refer to interview guides to enable them to direct the course of interviews to cover topics which are of particular interest. Adjustments were systematically made to the guide in response to the courses which the interviews followed. The interviews varied considerably in terms of their degree of structure. As Coolican (1994) points out, interviewers need to acquire a number of specific skills in order to obtain valuable data, including effective listening skills, the ability to establish good rapport with interviewees, and the ability to interact with interviewees in a non-judgemental manner.

The interviews with victims in Mpumalanga were conducted at the Greater Nelspruit Rape Intervention Programme (GRIP) shelter in Nelspruit, with each interview having a duration of approximately 30 minutes. The focus group discussion in which victims participated was held at the Tirisano Shelter, which is located in another district of

Mpumalanga. The discussion had a duration of approximately 50 minutes. The focus group discussion in which providers of VE services participated was held in White River, where a group of service providers had gathered to participate in a workshop. The discussion was scheduled in advance, took place after the workshop had been concluded, and lasted approximately 60 minutes.

In Gauteng, one of the focus group discussions with victims of violence and crime was held at the Ikhaya Lethemba Khuseleka One-Stop Centre and lasted approximately 60 minutes. The other discussion was held at the Vanderbijlpark Trauma Centre, an NGO which is funded by the Department of Social Development, and had a duration of approximately 60 minutes. The face-to-face interviews with victims took place at the Ikhaya Lethemba Khuseleka One-Stop Centre and lasted 30 minutes in the case of one victim and 45 minutes in that of the other. The focus group discussion for providers of VE services took place at the Vanderbijlpark Trauma Centre, where a meeting of stakeholders in the VEP had been scheduled. The session took place after the meeting and lasted for approximately 60 minutes.

In the Northern Cape, the focus group discussion for victims of violence and crime had been scheduled in advance and was at the Tarma Shelter in Kimberly. It had a duration of approximately 45 minutes. Face-to-face interviews were also conducted at the same location and lasted approximately 30 minutes in the case of one interview and approximately 45 minutes in that of the other. The focus group discussion with providers of VE services took place at the Protea Hotel in Kimberly, after a workshop on sexual offences for stakeholders in the provincial VEP. The session lasted approximately 45 minutes.

The focus group discussion for providers of VE services in the Western Cape took place after a workshop on sexual offences which the participants had attended. The discussion had been scheduled in advance and had a duration of approximately 40 minutes.

Although English was used in all of the interviews and focus group discussions, the participants were encouraged to respond to questions in their home languages, in order to enable them to express themselves in languages with which they were most familiar. The researcher did not make use of services of language translators to translate the transcriptions of the interviews and focus group discussions, as she considered that she was sufficiently competent to translate all of the languages which had been used during the gathering of the data. A tape recorder and a digital voice recorder were used to record the interviews and focus group discussions, with the consent of the participants. The transcriptions were supplemented with notes which had been taken during the interviews and focus group discussions, in order to record salient concerns which needed to be expanded upon in subsequent interviews and discussions, and also to capture the non-verbal communication of the participants. Although face-to-face semi-structured interviews and focus group discussions were the principal sources of data, direct observations were also incorporated into the data.

5.7.4. Analysis of the data

All of the data which had been collected was analysed by means of thematic analysis, which enabled the researcher to identify the themes and sub-themes which gradually emerged from the data. Patton (2002) explains that thematic analysis allows significant concerns to emerge from patterns in the data, without making prior assumptions concerning relationships and causes. The researcher favoured and chose the method of qualitative analysis owing to its flexibility, rigour, ability to generate unanticipated insights, and for the possibilities which it provides for psychosocial interpretations of data (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006; Thomas & Harden, 2008). In addition, and in accordance with the goal of the study concerning the development of guidelines for practice, the method enabled the performing of qualitative analyses which were well-suited to informing the development of policy (Braun & Clarke, 2006).

Table 5.3 provides a summary of the steps which were suggested by Braun and Clarke (2006) for performing a thematic analysis and followed to analyse the data which was collected in this study.

Table 5.3.: Steps for performing a thematic analysis

PHASES		DESCRIPTION OF ANALYSIS PROCESS
1.	Familiarise yourself with the data	a) Prepare the narrative by transcribing the data b) Read and re-read the data and record initial ideas
2.	Generate initial codes	a).Code interesting features of the data in a systematic fashion throughout the entire data set b) Collate data which is relevant to each code
3.	Search for themes	a) Collate codes into potential themes b) Gather all data which is relevant to each potential theme
4.	Review themes	a) Check to dermine if themes correspond with the coded extracts b) Check to determine if themes correspond with the entire data set c) Review the data to search for additional themes d) Generate a thematic map of the analysis
5.	Define and name themes	a) Continuous analysis to refine the specifics of each theme and the overall story which the analysis tells b) Generate clear definitions and names for each theme

6.	Produce the report	a) Select vivid, compelling examples in the form of extracts b) Perform a final analysis of the selected extracts c) Evaluate the analysis in relation to the research question, the objectives of the study, and the literature which was reviewed prior to conducting the study d) Produce a scholarly report of the analysis
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Adapted from Braun and Clarke (2006)

In the process of analysing the data, the information which had been gathered was organised into meaningful episodes of a single narrative. Accordingly, the accounts of the participants were analysed with the aim of reorganising them into a new unifying framework (Braun & Clarke, 2006). The individual steps of the thematic analysis which was performed in accordance with the sequence which is recommended by Braun and Clarke (2006) are discussed in the sections which follow.

5.7.4.1. Familiarisation with the data

The researcher began the process of familiarisation by revisiting the mini-analysis which she had performed during the process of collecting the data. In addition, the data was still fresh in her mind, as she had transcribed all of the interviews and focus group discussions, as opposed to hiring a professional transcriber. The researcher concurs with the assessments of Bird (2005) and Kvale and Brinkman (2009), who maintain that the transcription of data should be acknowledged as a crucial component of analysing data, because it entails a great deal more than the mere verbatim transcription of conversations and discussions. Braun and Clarke emphasise (2006: 88) that time which is devoted to transcribing data is not wasted, as it informs the early stages of performing a sufficiently rigorous analysis and researchers will develop a far more thorough understanding of their data as a result of having transcribed it.

After she had completed the transcriptions of all of the interviews and focus group discussions, the researcher read each one carefully, before proceeding to re-read them several times as she allowed herself to absorb all of the relevant details which they contained. This procedure assisted her to obtain a general sense of each interview and focus group discussion in its entirety before it was broken down into themes. During the process of transcribing the recordings, the researcher noticed some potentially significant concepts and ideas, which she recorded as short phrases or possible follow-up questions in the margins of the field notes, as they provided potential points of reference for integrating the data, thereby laying the foundations for subsequent analysis (Fouché & Schurink, 2011). This strategy was adopted in response to the assessment of Daiute and Lightfoot (2004:83) that careful readers will hear many voices when they read and absorb narrative texts, as the texts are partially shaped by interactions with audiences and, consequently, should be read, understood, and analysed within the context of the voices themselves and within the contexts in which they are produced (Chase, 2005; Daiute & Lightfoot, 2004). An independent coder assisted with the transcribing of the transcripts.

5.7.4.2. The generation of initial codes

Coding is the most crucial process in the analysis of qualitative data. It entails the classification or categorising of single pieces of data within a system. In this study, the codes identified features of the data which attracted the attention of the researcher. The researcher reasoned that the codes which were identified could be assessed in relation to services which victims of crime needed most. Although the coding procedures enabled the researcher to gain compelling insights into the lived experiences of the participants from the data which had been collected, some of the insights had definite implications for a sound theoretical understanding of the services which needed to be provided to victims of crime and violence (Rubin & Babbie, 2005). At the same time, other themes and sub-themes which emerged from the codes were informed solely by the data.

Coding was carried out manually. Different coloured highlighters and pens were used to denote potential patterns in the data. Particular colours symbolised individual codes. Text which had a common colour was then collated together within each code. Organising and ordering the codes entailed cutting and pasting extracts of data from individual transcripts onto soft copy and collating them together under single codes. Coding and collating common threads was essential to the analysis process, as doing so enabled the researcher to identify elements which subsequently formed the basis for some of the themes which were to emerge.

5.7.4.3. Searching for themes

Searching for themes is a process which entails reducing the raw data into manageable proportions. In this thematic analysis, it entailed grouping pieces of information which seemed to pertain to the same phenomenon in a process in gradual accretions which enabled recognisable themes to begin to emerge. The process was a tentative one, owing to the nature of the relationships which appeared to exist. During this process, the researcher started sorting the different codes into possible themes. It became apparent that codes which recurred frequently in the data were often embedded within different narratives, which in this analysis resulted in the emergence of a diverse range of themes (Phoenix, 2009:67).

Attride-Sterling (2006:385) characterises thematic networks as web-like illustrations which summarise the main themes of which a piece of text is constituted. The researcher used thematic networks in the form of spider diagrams. The codes were initially inserted without the extracts, which were subsequently added and organised in accordance with the themes which had been identified. After some of the codes had been combined, ten overarching themes emerged, some of which yielded sub-themes. Themes which did not appear to belong with others were isolated and question marks were placed alongside them.

5.7.4.4. Reviewing themes

Reviewing themes entails refining the core themes which had been identified in the search for themes. As the data of which individual themes are comprised ought to gel and fit together in a meaningful manner, it was crucial that fine distinctions between the themes should be made (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). During the course of reviewing the themes, the researcher assessed that some of the themes did not gel sufficiently convincingly and that it was necessary to check to determine whether the themes were problematic in themselves or if some of the extracts were not suitable. Finally, the researcher was able to conclude that the ten core themes which had been previously identified appeared to have extracts and sub-themes which overlapped with other sub-themes. The ordered interview extracts for each theme were then reviewed and reconsidered, in order to confirm the coherence of the extracts within each theme. Subsequently, the ten core themes emerged as sub-themes and some of the extracts were omitted owing to repetition. In addition, the researcher evaluated the usefulness of the themes and returned to them, identified the concerns which they covered, and revised them accordingly. At that point, the themes and sub-themes which emerged were added or amalgamated with previous ones, or omitted completely (Emerson, Fretz, & Shaw, 2011; Murchison, 2010). At this stage, the themes appeared to match the data which had been collected.

5.7.4.5. Defining and naming themes

According to Braun and Clarke (2006:92), it is necessary to define and further refine the themes of which the analysis is to be comprised and to analyse the data from which they emerged. This procedure entailed identifying the core ideas of each theme and identifying the pieces of data which expressed them. Murchison (2010) explains that themes should have either a direct or an indirect bearing upon the objectives of studies and the research questions which researchers endeavour to answer by conducting them. This assessment is an illuminating one, as it demonstrates that thematic analysis entails researchers being guided by the meanings of themes and

their relationships with other themes (Murchison, 2010:176). The themes which emerge as a result of common threads which are discerned in data act as the foundation blocks for the findings which research studies ultimately generate, as examples from themes can be used to determine the extent to which the research questions upon which studies are based have been answered.

The extracts which had been arranged were reexamined and the researcher evaluated both their significance to the study and the reasons for their significance. The names which were assigned to the themes concisely summarised the essential character of each theme (Attride-Sterling, 2001; Braun & Clarke, 2006). The researcher was able to incorporate the insights which had been obtained from the review of the relevant available literature into the analysis of the data which had been provided by the participants. In addition, the final analysis of the data benefited from the ability of the researcher to move back and forth between generating and analysing data to confirm or disconfirm ideas which emerged (Babbie & Mouton, 2002; Hawe & Potvin, 2009; Ryan & Bernard, 2003).

5.7.4.6. Production of the report

The researcher gave a great deal of thought to the manner in which she presented the findings of this research study, as it would inevitably have a significant influence upon how the research topic was perceived by academics, service providers, and policy makers (Liamputtong, 2007). The researcher strove to incorporate the essence of the relationships which developed between herself and the participants in the report, in order to capture the way in which the participants opened up to her throughout the gathering of the data (Fouché & Schurink, 2011:314), as narratives are joint constructions and are considered to be a by-product of the relationships which develop between researchers and participants (Potter & Hepburn, 2005). Consequently, the researcher endeavoured to ensure that the character of the report was both reflective and reflexive (Singh, cited by Liamputtong, 2007:190).

Although the researcher transcribed the audiotape recordings herself, she sought assistance in producing the final report by asking an independent coder who had experience in qualitative research methods to conduct a separate analysis of the qualitative data, in order to ensure the trustworthiness of the findings of the study. The findings in the report of the independent coder were compared with those of the researcher, during a consensus meeting which was arranged by the researcher's promoter. Themes, sub-themes, and narratives were also compared, in order to assess consistency.

5.7.5. Verification of the data

It is crucial for researchers to bear in mind that numerous categories of problems can be encountered during the course of endeavouring to interpret information which is obtained from face-to-face encounters such as interviews. Factors which can compromise the reliability of qualitative data include:

- The problem of social desirability bias, which refers to the tendency of some interviewees to attempt to present themselves in the best possible light. In these instances they are likely not to provide honest answers to personal questions. When interviewers suspect that interviewees are displaying social desirability bias, they can counteract its effects by probing through asking additional questions, particularly questions to which there are no obvious socially desirable answers.
- The data which interviewers obtain may reveal more concerning the processes through which interviewers and interviewees interact socially than concerning the thought processes and attitudes of interviewees.
- Due consideration needs to be given to the possibility of self-fulfilling prophecies, which refer to the tendency for expectations with respect to other people to result in their fulfilment.

The researcher made use of the model which was developed by Guba to ensure the trustworthiness of qualitative data, as it is explained by Krefting (1991:214). The model was chosen because it is well structured and can be easily applied in practice. The four criteria which Guba advances for trustworthiness, truth value, applicability, consistency, and neutrality, are summarised as follows:

- **Truth value**

According to Krefting (1991:215), truth value is concerned with determining whether the findings of a study provide a true reflection of the experiences of those who participated in it. As the truth value is a measure of the credibility of the findings, the researcher took the following measures to meet the criterion:

- *Interviewing techniques*: Asking probing questions, observing verbal and non-verbal expressions of the participants, and restating and summarising are all measures which can be taken to ensure the credibility of the findings of a study.
- *Triangulation*: Babbie and Mouton (2001:274) describe the triangulation of results as a procedure which can enable researchers in the social sciences to overcome the personal biases which can detract from the credibility and reliability of the findings of studies in which a single approach is adopted. In this study, triangulation was applied to the sources of data, by interviewing two groups of participants, namely, providers of VE services to victims of violence and crime and victims themselves. In addition, the researcher also triangulated the data with the findings of studies which were reviewed in the relevant available literature.
- *Peer examination*: The researcher sought the advice and assistance of colleagues who were well-versed in qualitative research. Throughout the conducting of the study, the researcher consulted with her promoter, who is an expert in the field of qualitative research methods. The contribution of an independent coder was also used to evaluate the interpretations of the researcher of the data. The researcher also requested the assistance of external providers of VE services in the development of the guidelines, whose contributions were incorporated into them (please see Chapter Eight).
- *The authority and expertise of the researcher*: As it has been explained, the researcher is employed by the Department of Social Development as a social

worker. Apart from the fields of specialised expertise which have been covered, she served as a national coordinator of the National Directory on Services for Victims of Violence and Crime (2009). Consequently, she has comprehensive knowledge concerning most of the services which are rendered by relevant agencies to victims of crime and violence and she is also aware that there are no guidelines for practice in the field of victim empowerment at present.

- **Applicability**

As Krefting (1991:216) explains, applicability refers to the degree to which the findings can be applied to other contexts and settings or to other populations. Consequently, applicability amounts to the extent to which the findings of studies are transferable. In order to ensure transferability, the researcher provided a highly detailed account of the research methodology which was employed to conduct the study.

- **Consistency**

Guba, cited by Krefting (1991:216), maintains that consistency in qualitative research refers to the likelihood of the findings of particular studies being consistent if they are conducted a second time, with the same participants or in a similar context. Consistency ultimately refers to the dependability of findings, which was achieved in this study through the participation of an independent coder. The researcher and the coder independently coded the data and subsequently held discussions with the promoter concerning the themes which emerged from the two separate analyses of the data.

- **Neutrality**

Neutrality refers to the extent to which the findings of studies are free from bias and the degrees of transparency which researchers maintain throughout the conducting of their studies. As neutrality in qualitative research refers more to the neutrality of data than to that of researcher, the criterion of conformability is of particular relevance, as it concerns the extent to which other researchers agree with or corroborate the findings of research studies. As it has been explained, the researcher ensured the neutrality of the data which was collected in her study by triangulating the sources from which it was obtained.

5.8. Ethical considerations

Researchers in the social sciences are required to respect and adhere to stringent ethical standards and principles, owing to the participation of human beings in their studies (Van den Hoonaard & Van den Hoonaard, 2013:17). Researchers throughout the world share similar values and acknowledge the need to conduct ethical studies whose priorities include maintaining and respecting human dignity, respecting the rights of participants, and safeguarding their welfare (Van den Hoonaard & Van den Hoonaard, 2013:23). Strydom, cited by De Vos *et al.* (2005:57), maintains that the term 'ethics' implies a set of standards to guide the conduct of researchers in the social sciences, particularly with respect to ethically acceptable and unacceptable conduct. It is for these reasons that the researcher adopted the following ethical considerations when conducting the study as outlined by Strydom, cited by De Vos *et al.*, (2005:58 – 64), the ethical principles to which researchers in the social sciences need to adhere rigorously include, but are not confined to:

➤ **Avoidance of harm:**

Researchers need to take all reasonable measures to ensure that the participants in their studies should be protected from physical, emotional, or psychological harm. Accordingly, it is the responsibility of researchers to provide potential participants with comprehensive explanations of the nature of their studies, the implications of participating in them, the possible benefits which could be derived from participating, and the hazards to which they could possibly be exposed, to enable them to make informed decisions concerning whether or not to participate. Although the participants in this study were not exposed to any form of physical harm, the researcher was acutely aware of the sensitive nature of the information which they would provide and endeavoured to reassure the participants that it would be treated with the utmost care and regarded as being strictly confidential. In instances in which participants appeared to become unsettled by recounting their experiences, the researcher arranged for appropriate counselling and debriefing.

➤ **Informed consent:**

Informed consent is necessary in all research in which human beings participate. Participants need to be aware of what their participation is likely to entail, the procedures by means of which studies are to be conducted, and the possible advantages and disadvantages which their participation could entail. They also need to be presented with the credentials of researchers in relation to their professional competence and the institutions which they represent. Participants need to be assured that their rights will be respected and upheld and their identities will be protected. Informed consent is mandatory, as it ensures that people are not coerced into participating in studies. In this study, participants were required to sign a consent form to confirm that they had voluntarily consented to participate.

➤ **Confidentiality and the avoidance of violations of privacy**

The principle of confidentiality is intended to protect the privacy and identities of participants. It acknowledges the right of all people to decide the courses of their lives, to whom they divulge personal information, and the nature of the information which they are willing to divulge. In research, privacy is also the obverse of confidentiality, with respect to the implicit or explicit understanding between researchers and participants concerning how the information which participants provide is to be treated.

Holloway and Wheeler (1998:46) suggest the following measures to protect participants by ensuring their anonymity and treating the information which they provided as being confidential:

- Change minor details to preclude the possibility of informants being recognised.
- Assign pseudonyms to participants. Only the researchers concerned should be able to identify individual participants from their pseudonyms.

In order to manage the information which participants provide in an anonymous and confidential manner, Holloway and Wheeler (1998:45) suggest the following precautions:

- Tapes, notes, and transcripts of recordings are essential to qualitative research and need to be kept safe at all times. They should be locked away in a cabinet to which only the researcher has access.
- Researchers need to ensure the anonymity of the participants in their studies. Their names should not be written on the cases of tapes or in transcripts. Pseudonyms or numbers should be used, and lists which contain their real names should not be stored near tapes, notes, or transcripts of recordings.
- If other people, such as supervisors, promoters, typists, or independent coders have access to the information, however limited, the names of participants should not be disclosed. Participants should be asked for permission before their identities are made public.
- Tapes and video recordings and transcripts should be erased or destroyed upon completion of research studies.
- As the findings of any research study are recorded in writing for public consumption, it is crucial that correct information is recorded, to preclude the possibility of other researchers who may need to conduct further studies being misled by incorrect information. As Strydom, cited by De Vos *et al.* (2005:65) explain, it is an ethical obligation of researchers to ensure that their findings are truthful and appropriately recorded.

Throughout the conducting of this research study, the researcher took all reasonable measures to crosscheck all information which had been obtained from the participants before documenting it in the research report, in order to preclude the possibility of any information being presented in a distorted manner.

Chapter Six

Research Findings

Section A

6.1. General introduction

This chapter takes the form of a presentation of the findings of the research study in relation to their implications for the development of appropriate guidelines for providers of VE services. The chapter also provides an assessment of the services which have been provided to victims of crime to date and whether they have been sufficiently effective. Owing to the great amount of data which was collected, the findings of the study are presented in two chapters. This chapter provides an in-depth discussion of the first five themes which emerged from the data, while Chapter Seven is devoted to the remaining five. The findings are presented according to themes, sub-themes, categories, and even sub-categories in some cases. In order to analyse the data, the information which each participant provided was organised into meaningful narratives, which entailed reorganising them as components of a new framework (Creswell, 2007:56). As Neuman (2006:181) explains, in qualitative research data is presented mainly in the form of verbatim written transcriptions of recordings or, in some cases, the actual recordings of the words of participants.

The themes, sub-themes, categories, and complementary narratives from the transcripts were compared and contrasted with existing theories and relevant excerpts of the relevant available literature which was reviewed prior to conducting the study, in order to establish the credibility and the trustworthiness of the findings (Creswell, 2003:196). This procedure is usually referred to as a literature control (Creswell, 1994:23). It also needs to be emphasised that owing to the contextual nature of the study, in some instances sub-themes overlapped (Neuman, 2006:158).

6.2. Demographic data obtained from the participants

In this section, the demographic data of the providers of VE services in each province who participated in the study is presented in two tables. One table summarises the information pertaining to the government departments or types of organisations in which the participants were employed and their genders, racial classifications, age groups, and home languages. The other table summarises their levels of educational attainment, work experience, and the positions which they held in their organisations. The demographic data for victims of violence and crime is also presented in two tables. The first summarises their genders, home languages, racial classifications, age groups, and employment status, while the second summarises the types of victimisation to which they have been subjected, the years in which their traumatic experiences occurred, the locations at which they occurred, and the providers of VE services who rendered services to them.

6.2.1. Demographic data obtained from providers of VE services in each of the four provinces in which the study was conducted

A total of fifty-three providers of VE services were purposively selected to participate in this study. The demographic data which the participants in each of the four provinces provided are summarised in the tables which appear in the sections which follow.

6.2.1.1. Demographic data obtained from providers of VE services in Mpumalanga

Table 6.1.: Mpumalanga: Employers, genders, racial classifications, age groups, and home languages of the participants

Name	Employer	Gender	Race	Age group (years)	Home language
Thabby	Health	Female	Black	30-45	siSwati
TC	Health	Female	Black	46-55	isiZulu
Marccy	CSO	Female	Black	30-45	isiNdebele
Fisha	CSO	Female	Black	30-45	siSwati

Lee	CSO	Female	Black	30-45	siSwati
Altty	CSO	Female	White	19-29	Afrikaans
Phiri	DSD	Female	Black	30-45	isiZulu
Zozo	DSD	Female	Black	46-55	isiNdebele
Milly	SAPS	Female	Black	19-29	siSwati
Anto	SAPS	Female	Black	46-55	isiNdebele
Tshego	CSO	Female	Black	19-29	Setswana
Sixo	DCS	Male	Black	46-55	siSwati
Sli	DSD	Female	Black	19-29	isiZulu
Thulas	DSD	Female	Black	30-45	siSwati
Tree	DSD	Female	Black	30-45	siSwati
Sunny	DOJ	Female	Black	30-45	isiZulu
Mum	DSD	Female	Black	30-45	isiNdebele

Source: research data

As it can be seen in Table 6.1, twelve of the seventeen participants were employed by government departments, while five worked for civil society organisations. Sixteen were females and only one was male. Sixteen were black and only one was white. A majority of nine were from 30 to 45 years of age, three fell into the age range from 46 to 55 years, while four fell into that from 19 to 29 years. For six siSwati was their home language, for four it was isiZulu, for four it was isiNdebele, for it was Setswana, and for another it was Afrikaans.

The institutions and organisations in which the participants were employed demonstrated that VE services are provided by a number of different government departments and civil society organisations. This finding bears out the stated agenda of the National Policy Guidelines for Victim Empowerment (2009), in that VE services are provided to victims of crime and violence by a number of different role players at present, both governmental and non-governmental. The preponderance of female participants in the sample accords with official assessments that women are predominant in the VE sector (Faull & Mphuthing, 2009). The large numbers of female providers of VE services could also be construed as being advantageous for victims

of crime and violence, as most of the people who seek assistance from providers of VE services are female. The wide range of different languages which were spoken by the participants suggests that in many cases, victims are likely to receive assistance from providers of VE services who are able to speak their home languages. Feldman, Bell, and Berger (2003:54) maintain that conducting interviews in languages which are best understood by individual interviewees usually increases their willingness to divulge information, because they feel comfortable during the interviews.

Table 6.2.: Mpumalanga: Levels of educational attainment and work experience of the participants

Name	Highest academic qualifications	Work experience	Experience in the field of VE services	Position held at present
Thabby	Postgraduate tertiary	17 years	6 years	Manager
TC	Postgraduate tertiary	16 years	-	Manager
Marccy	Bachelor's degree	5 years	4 years	Social worker
Fisha	Secondary school	12 years	-	Manager
Lee	Postgraduate tertiary	15 years	8 years	Manager
Altty	Bachelor's degree	5 years	5 years	Social worker
Phiri	Postgraduate tertiary	33 years	10 years	Manager
Zozo	Post graduate tertiary	26 years	14 years	Manager
Milly	Bachelor's degree	7 years	2 years	Police official

Anto	Postgraduate tertiary	25 years	-	Manager
Tshego	Bachelor's degree	1-1/2 years	-	Volunteer
Sixo	Postgraduate tertiary	23 years	-	Manager
Sli	Bachelor's degree	3 years	-	Social worker
Thulas	Secondary school	5 years	5 years	Volunteer
Tree	Postgraduate tertiary	10 Years	0	Monitoring & Evaluation Officer
Sunny	Postgraduate tertiary	8 years		
Mum	Postgraduate tertiary	15 years	10 years	Social worker

Source: research data

Table 6.2 reveals that ten of the seventeen participants held postgraduate qualifications, five held Bachelor's degrees, and two had not advanced beyond secondary school. The most experienced participant had 33 years of experience and 10 specifically in the VE sector. This finding suggests that people who work in the VE sector are able to draw on the knowledge of highly experienced personnel, which bodes well for the quality of the services which are rendered to victims of crime and violence. The considerable experience of significant numbers of the participants should also contribute significantly to the credibility of the findings of this study. Four of the participants were employed as social workers, two were volunteers, one was a police officer, one was a Monitoring and Evaluation Officer and eight occupied the positions of managers, although not all were managers in the field of social work. Others were administrative managers in different government departments or NGOs.

6.2.1.2. Demographic data obtained from providers of VE services in Gauteng

Table 6.3.: Gauteng: Employers, genders, racial classifications, age groups, and home languages of the participants

Name	Employer	Gender	Race	Age group	Home language
Tappy	NGO	Male	Black	30-45	Sesotho
Bassy	NGO	Female	Black	30-45	isiZulu
Paulla	DSD	Female	Black	30-45	Sesotho
Mickie	NGO	Female	Black	30-45	English
Bongie	DSD	Female	Black	30-45	isiZulu
Zwa	NGO	Male	Black	30-45	isiZulu
Posh	DSD	Female	Black	30-45	isiZulu
Glass	NGO	Male	Black	30-45	isiZulu

Source: research data

As Table 6.3 reveals, eight providers of VE services participated in the study in Gauteng, of whom five were employed by NGOs and three by the Department of Social Development. Five were females and three were males and all were black. Three of the five participants who worked for NGOs were males. As it was explained earlier, the National Directory on Services for Violence and Crime (2009) confirms that four organisations in Gauteng are dedicated to rendering services to men. All of the participants were from 30 to 45 years of age, and five were isiZulu-speaking, two spoke Sesotho and one English.

Table 6.4.: Gauteng: Levels of educational attainment and work experience of the participants

Name	Highest academic qualifications	Work experience	Experience in the field of VE services	Position held at present

Tappy	Bachelor's degree	10		Counsellor
Bassy	Bachelor's degree	21		Manager
Paulla	Bachelor's degree	10		Social worker
Mickie	Bachelor's degree	5		Social worker
Bongie	Bachelor's degree	7		Social worker
Zwa	Bachelor's degree	8		Manager
Posh	Bachelor's degree	4		Social worker
Glass	Bachelor's degree	9		Manager

Source: research data

All of the participants held Bachelor's degrees. Of the eight, four were social workers, three were managers, and one was a counsellor. The most experienced participant had 21 years of experience, while the least experienced had worked for years as a social worker, which should have been sufficient to render effective services to victims.

6.2.1.3. Demographic data obtained from providers of VE services in the Northern Cape

Table 6.5.: Northern Cape: Employers, genders, racial classifications, age groups, and home languages of the participants

Name	Employer	Gender	Race	Age group	Home language
Nzama	DOJ	Female	Black	30-45	isiXhosa

Glad	NGO	Female	Coloured	19-29	Afrikaans
Zann	NPA	Female	Black	30-45	isiXhosa
Tenjje	DSD	Female	Black	30-45	isiXhosa
Claudy	DSD	Female	Coloured	30-45	Afrikaans
Nickie	DOJ	Female	Black	30-45	Sesotho
Vikky	DSD	Female	Black	30-45	Setswana
Mkhu	DSD	Male	Black	30-45	isiXhosa
Charlie	DSD	Male	Black	30-45	isiXhosa
Dineo	NGO	Female	Black	19-29	Setswana
Christ	NGO	Female	Coloured	30-45	Afrikaans
Bare	NPA	Female	Black	30-45	Setswana
Zwandi	NPA	Male	Black	19-29	isiXhosa
Njesy	DOJ	Female	Black	30-45	isiXhosa

Source: research data

Of the fourteen participants in the Northern Cape, eleven were employed by government departments and three by non-governmental organisations. The spread of government departments and NGOs reflects a considerable degree of integration in the rendering of services to victims of violence and crime. This finding accords with the National Policy Guidelines for Victim Empowerment (2009:6), which emphasises the Victim Empowerment Programme as a means of facilitating the establishment and integration of interdepartmental and intersectoral programmes and policies to support, protect, and empower victims of crime and violence, particularly women and children. Its purpose is also to ensure that the implementation of programmes and policies is monitored and evaluated at all levels of government, in close collaboration with civil society.

Although the majority of the participants were females, three were males, the coloured population was represented to a greater degree than it was in the previous two provinces, and the diversity of the languages which are spoken in the province was also well represented. Twelve of the participants were from 30 to 45 years of age, while a small minority of two were from 19 to 29 years of age.

Table 6.6.: Northern Cape: Levels of educational attainment and work experience of the participants

Name	Highest academic qualifications	Work experience	Experience in the field of VE services	Position held at present
Nzama	Tertiary			
Glad	Primary education	5 years	-	Lay counsellor
Zann	Postgraduate tertiary	3 years	3 years	Manager
Tenjie	Postgraduate tertiary	11 years	8 years	Social worker
Claudy	Postgraduate tertiary	19 Years	-	Social work supervisor
Nickie	Tertiary	17 Years	-	Manager
Vikky	Postgraduate tertiary	12 Years	9 Years	Social worker
Mkhu	Postgraduate tertiary	6 Years	3 years	Social worker
Charlie	Tertiary	1 year		Social Worker
Dineo	Tertiary	6 years		Counsellor
Christ	Tertiary	5 years		Social worker
Bare	Tertiary	2 years		Case manager
Zwandi	Tertiary	10 years		Site coordinator
Njesy	Tertiary	2 years		Legal officer

Source: research data

Five of the participants held postgraduate tertiary qualifications, eight held tertiary educational qualifications, and one had not progressed beyond primary education. The last mentioned participant had worked as a lay counsellor for 5 years for a non-governmental organisation. The most experienced of the participants had worked for

19 years, while the least experienced had worked for only 1 year. Five worked as social workers, two as managers, two as counsellors, one as a site coordinator, one as a legal officer, and one as a case manager. As the managers in the sample worked in different departments, it was evident that there is advocacy for providing appropriate services to victims at the level of management. As the Uniform Protocol for the Management of Victims, Survivors, and Witnesses of Domestic Violence and Sexual Offences (2005) explains, the participant who was a site coordinator also worked at the level of management, as site coordinators are responsible for coordinating services which are rendered to victims of crime and violence at Thuthuzela Care Centres.

6.2.1.4. Demographic data obtained from providers of VE services in the Western Cape

Table 6.7.: Western Cape: Employers, genders, racial classifications, age groups and home languages of the participants

Name	Employer	Gender	Race	Age group	Home language
Ally	DCS	Male	Black	30-45	isiXhosa
Tobby	DSD	Female	Black	30-45	isiXhosa
Nobby	DOJ	Female	Black	19-29	isiXhosa
Vuma	DSD	Female	Black	19-29	isiXhosa
Charlly	DCS	Male	Coloured	30-45	Afrikaans
Mzakes	DSD	Male	Black	46-55	isiXhosa
Owen	DOJ	Male	Coloured	30-45	Afrikaans
Nwabo	DOJ	Male	Black	19-29	isiXhosa
Lwandy	NPA	Male	Black	19-29	isiXhosa
Maly	NPA	Female	Black	30-45	isiXhosa
Fikky	NGO	Female	Black	19-29	isiXhosa
Luntu	DOJ	Female	Black	19-29	isiXhosa
Rose	DCS	Female	Indian	30-45	English
Hajjy	NPA	Female	Indian	30-45	English

Source: research data

Thirteen of the fourteen participants in the Western Cape were employed by government departments, while only one worked in the NGO sector. Eight were females and six were males. Although the sample was not an accurate demographic representation of the province, as only two of the participants were coloured, it nevertheless reflected the racial diversity of the province. Seven of the participants were from 30 to 45 years of age, six were from 19 to 29 years of age, and one fell into the age range of from 46 to 55 years. All of the black participants spoke isiXhosa, while the home language of the coloured participants was Afrikaans, and that of the two Indian participants was English.

Table 6.8.: Western Cape: Levels of educational attainment and work experience of the participants

Name	Highest academic qualifications	Work experience	Experience in the field of VE services	Position held at present
Ally	Tertiary	16 Years	-	Manager
Tobby	Tertiary	8 Years	-	Social Work Manager
Nobby	Tertiary	3 months	0	Court clerk
Vuma	Tertiary	1 year and 5 months	5 months	Social worker
Charlly	Tertiary	20 years	7 years	Manager
Mzakes	Tertiary	20 years	-	Manager
Owen	Tertiary	8 years	1 year	Legal Administrative officer
Nwabo	Tertiary	5 years	5 years	Legal Administrative Officer
Lwandy	Tertiary	1 year	1 year	Advocate
Maly	Secondary school	12 years	12 years	Volunteer

Fikky	Secondary school	3 years	3 years	Court Preparation Officer
Luntu	Tertiary	16 years	6 years	Court clerk
Rose	Tertiary	12 years	-	Manager
Hajjy	Tertiary	8 Years	4 years	Court Preparation Officer

Source: research data

Of the fourteen participants, twelve held tertiary qualifications and only two had not advanced beyond secondary school. The most experienced participant had 20 years of work experience, held the position of manager at the time of the conducting of the study, and had worked in the VE sector for 7 years. Although the participants were requested to disclose the numbers of years for which they had worked in the VE sector, some chose instead to confine the information which they provided to their general experience with respect to working with victims of crime and violence. Although the participant who had 12 years of experience in the VE sector, more than any of the others, had not proceeded beyond secondary school, her broad knowledge and experience of rendering VE services made her one of the most valuable informants in the sample. Conversely, all of the participants, irrespective of their experience or the positions which they held, were able to make substantial contributions to the data which was collected. The information which was provided by both experienced and relatively inexperienced providers of VE services enabled the researcher to construct a richly detailed account of the realities which are encountered in rendering services to victims. The advantage of having participants who had a great deal of experience and also worked at the level of management enabled the researcher to determine the levels of support which are provided to providers of VE services within their organisations.

6.2.2. Demographic data obtained from victims to whom VE services were rendered

A total of thirty-four victims of crime or violence who were receiving assistance from providers of VE services were purposively selected to participate in this study. The demographic data concerning their genders, home languages, racial classifications,

age groups, and employment status at the time at which the study was conducted are summarised in Table 6.9.

6.2.2.1. Demographic data obtained from victims of crime and violence in Mpumalanga

Table 6.9.: Mpumalanga: Genders, home languages, racial classifications, age groups, and employment status of victims

Name	Gender	Home Language	Race	Age group	Employment status
Sara	Female	Setswana	Black	30-45	Unemployed
Hellary	Female	Setswana	Black	19-29	Unemployed
Dah	Female	isiNdebele	Black	30-45	Unemployed
Vero	Female	Setswana	Black	30-45	Unemployed
Noma	Female	Setswana	Black	30-45	Unemployed
Mpumie	Female	isiNdebele	Black	30-45	Unemployed

Source: research data

All six victims who participated in the study in Mpumalanga were females, black, and their home languages were Setswana and isiNdebele. Five were from 30 to 45 years of age and the remaining participant fell into the age range of from 19 to 29 years. All of the participants were unemployed. Although they were not questioned concerning their levels of educational attainment, their unemployed status suggested that their educational qualifications would have been limited. Watson and Lopes (2017), in a policy brief concerning shelters, explained that most of the women in the shelters were young and under the age of 36 years, had limited education, were usually unemployed, and had limited access to other forms of income such as child support grants. They also revealed that some victims were accommodated in the shelters with their children (Watson & Lopes, 2017).

Table 6.10.: Mpumalanga: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and the providers of VE services who rendered assistance to the victims

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services
Sara	Robbery	2012	Home	Tirisano
Hellary	Arson	2012	Home	Tirisano
Dah	Domestic violence	2011	Home	Tirisano
Vero	Assault GBH	2011	Home	Tirisano
Noma	Domestic violence	2012	Home	Tirisano
Mpumie	Domestic violence	2012	Home	Tirisano

Source: research data

As it can be seen in Table 6.10, three of the participants had been victims of domestic violence, one of robbery, one of arson, and one of assault GBH. The traumatic experiences of four of the six participants occurred in 2012, while those of the remaining two occurred in 2011. Each of the incidents took place in the homes of the victims. This finding is corroborated by the manual of the Integrated Domestic Violence Training Programme (2004:17-21), which explains that women and children are often in danger in the one place in which they should be safe, namely, the homes of their families. According to the manual, for victims of domestic violence, home is a place in which they are subjected to regimes of terror and violence at the hands of people close to them, whom they should be able to trust and depend on for their safety.

Table 6.11.: Individual victims: Genders, home languages, racial classifications, age groups, and employment status

Name	Gender	Home language	Race	Age group	Employment status
Thembeke	Female	Siswati	Black	19-29	Unemployed
Nonnie	Female	Sitsonga	Black	19-29	Unemployed

Source: research data

Table 6.11 summarises the demographic data which was provided by the two victims who participated in face-to-face interviews. Although both were unemployed black females whose ages fell into the age range of from 19 to 29 years, they had different home languages.

Table 6.12.: Individual Victims: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and the providers of VE services who rendered assistance to them

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services
Thembeke	Assault and abuse	2010	Home	SAPS, DSD, Nelsville shelter, and GRIP
Nonnie	Assault GBH	2011	Home	GRIP

Source: research data

As it can be seen in Table 6.12, Thembeke was a victim of assault and abuse. Owing to the continuous assault and abuse to which she had been subjected, she had been homeless since 2010. She explained that she had received assistance from the South African Police Service, the Department of Social Development, the shelter in Nelsville, and the Greater Nelspruit Rape Intervention Project (GRIP). As a consequence of long-term victimisation, she resides in a shelter as a homeless victim at present. Nonnie was a victim of assault GBH at home in 2011 and received assistance from the GRIP.

6.2.2.2. Gauteng: Focus group discussions at Ikhaya Lethemba and the Vanderbijlpark Trauma Centre

Table 6.13.: Ikhaya Lethemba: Genders, home languages, racial classifications, age groups, and employment status of victims

Name	Gender	Home language	Race	Age group	Employment status
Dudu	Female	isiZulu	Black	30-45	Unemployed
Gloria	Female	isiZulu	Black	19-29	Unemployed
Precious	Female	Sesotho	Black	30-45	Unemployed
Melody	Female	English	Black	30-45	Unemployed
Sindy	Female	isiZulu	Black	19-29	Student
Nonyukela	Female	isiXhosa	Black	30-45	Part-time Student
Fefe	Female	isi Xhosa	Black	19-29	Self-employed
Zim	Female	isiNdebele	Black	30-45	Employed
Khona	Female	SePulane	Black	30-45	Unemployed
Portia	Female	isiZulu	Black	19-29	Unemployed
Lilly	Female	English	Coloured	30-45	Unemployed
Prue	Female	Sesotho	Black	30-45	Unemployed
Zari	Female	Sesotho	Black	30-45	Self-employed
Reboni	Female	Setswana	Black	30-45	Unemployed

Source: research data

Table 6.13 summarises the demographic data which was provided by the fourteen victims who participated in the focus group discussion which was held at the Ikhaya Lethemba one-stop centre in Gauteng. All were female and, with the exception of one who was coloured, all were black. Although all racial groups in South Africa are exposed to the risk of becoming victims of crime and violence, no whites or Indians were being accommodated at the shelter at the time of the focus group discussion.

The National Policy Guidelines for Victim Empowerment (2009) characterises anyone who falls prey to crime or violence as a victim, irrespective of race, gender, sexual orientation, marital status, ethnic or social origins, colour, age, disability, religion, conscience, belief, culture, or language. Ten of the fourteen participants fell into the age range from 30 to 45 years, while the remaining four fell into that from 19 to 29 years. Nine were unemployed, two classified themselves as being self-employed, and

two were students. These findings suggest that women who are unemployed may be particularly vulnerable to being abused by their partners. The findings of a study which was conducted by Anderberg, Rainer, Wadsworth, and Wilson (2013) appear to confirm this assessment. They concluded that male and female unemployment have opposite-signed effects upon incidences of domestic abuse, in that an increase in male unemployment tends to decrease incidences of intimate partner violence, while an increase in female unemployment tends to increase incidences of domestic abuse.

The exclusively female character of the focus group underscores the particular vulnerability of women and girls to being the victims of violent acts. Although both men and women can be abused, most victims are women. By contrast, men can even be the victims of domestic violence. According to Evans (2016), in a report which was published in the *Sunday Times* of January 18, 2016, the findings of new research reveal that male victims of domestic abuse are usually reluctant to report attacks because they are often subjected to false accusations themselves. Although it is estimated that more than 7 million men throughout the world each year fall victim to violent attacks at the hands of their partners, many are too ashamed to report the offences. According to Swan, Gambone, Caldwell, Sullivan, and Snow (2008), children in homes in which domestic violence occurs are more likely to be abused or neglected than those who do not experience or witness domestic violence. As most children in homes in which domestic violence takes place are either acutely aware of or directly affected by it, in several instances, victims of domestic violence are accommodated with their children in shelters.

Table 6.14.: Ikhaya Lethemba: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and the providers of VE services who rendered assistance to the participants

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services

Dudu	Domestic violence	2012	Home	Lifeline and Ikhaya Lethemba
Gloria	Assault GBH	2012	Home	Ikhaya Lethemba
Precious	Assault GBH	2012	Home	Lifeline and Ikhaya Lethemba
Melody	Rape	2012	Home	Lifeline and Ikhaya Lethemba
Sindy	Abuse	2012	Home	Ikhaya Lethemba
Nonyukela	Assault GBH and domestic violence in marriage	2011	Home	Ikhaya Lethemba
Fefe	Domestic violence	2011	Home	Lifeline and Ikhaya
Zim	Domestic Violence	Since 2010	Home	Lifeline and Ikhaya Lethemba
Khona	Rape, abuse, and verbal abuse by a magistrate	2012	Home and in court	Ikhaya Lethemba
Portia	Assault and domestic violence	2012	Home	Lifeline and Ikhaya Lethemba
Lilly	Domestic violence	2012	Home	Lifeline
Prue	Domestic violence	2012	Home	Ikhaya Lethemba
Zari	Assault and rape	2011 and 2012	Home and outside	Ikhaya Lethemba
Reboni	Verbal abuse and domestic violence	2011	Home	Orlando Trauma Centre

Source: research data

Of the fourteen participants, eight had been victims of domestic violence, two of assault GBH, two of rape, and two of common assault, although some had been victims of two or three types of abuse. Although forms of abuse such as abuse which occurs inside of marriage and verbal abuse are considered to be common, it is often difficult to obtain accurate statistics concerning domestic violence, mainly because domestic violence tends not to be regarded as a sufficiently serious crime and police statistics reflect only reported crimes such as assault, rape, or malicious damage to property. According to Birdsay and Snowball (2013), the vast majority of victims of abuse, particularly of sexual abuse and domestic violence, choose not to report the crimes which have been committed against them. They maintain that the most common reasons for not reporting domestic violence to the police include perceptions of victims of the incidents as personal or private matters, fear of retaliation from their abusers, and a lack of faith in the ability or the will of the police to take effective and appropriate action. In cases of rape in particular, it is estimated that no more than 20 percent of all assaults are ever reported to the police. Although many types of behaviour constitute domestic violence, several, such as forced isolation, verbal abuse, stalking, and economic abuse, are not defined as crimes (The Integrated Domestic Violence Training Programme manual, 2004).

Ten of the participants disclosed that they had been abused in 2012, three that the abuse had occurred in 2011, and one explained that she had been abused since 2010. Although all of the participants reported that they had been abused at home, two revealed that they had also been subjected to abuse at other locations. In the case of one, she had also been abused outside of her home and, in that of the other, it had taken the form of verbal abuse by a magistrate in a court. Slabbert (2014) bears out these findings by maintaining that violence against women occurs mainly in their homes, although homes are generally considered to represent places of safety for women and children. She explains that homes can constitute one of the most dangerous categories of places in societies when violence occurs in intimate relationships. Although all of the participants were being accommodated by the Ikhaya Lethemba one-stop centre at the time of the focus group discussion, eight revealed that they had received assistance from other providers of VE services prior to being admitted by the centre.

Table 6.15.: Vanderbijlpark Trauma Centre: Genders, home languages, racial classifications, age groups, and employment status of victims

Name	Gender	Home language	Race	Age group	Employment status
Thando	Female	isiXhosa	Black	19-29	Unemployed
Netha	Female	Sesotho	Black	30-45	Unemployed
Kayise	Female	isiZulu	Black	30-45	Self-employed
Tshidi	Female	Sesotho	Black	30-45	Employed
Joss	Female	Sesotho	Black	46-55	Unemployed
Selly	Female	Sesotho	Black	19-29	Unemployed
Hlari	Female	Sesotho	Black	30-45	Unemployed
Addie	Female	Sesotho	Black	46-55	Unemployed

Source: research data

Table 6.15 summarises the demographic data which was obtained from the other focus group discussion in Gauteng, which was held at the Vanderbijlpark Trauma Centre, which is located in the district of Sedibeng. All of the participants were black females, for six of whom their home language was Sesotho, while for one it was isiZulu and for another it was isiXhosa. Four fell into the age range of from 30 to 45 years, two into that from 19 to 29 years, and two into that from 46 to 55 years. From these findings it is evident that age does not appear to be a significant factor in relation to who is most at risk with respect to falling victim to crime and violence. Six of the participants were unemployed at the time, one was in employment, and one was self-employed.

Table 6.16.: Vanderbijlpark Trauma Centre: Types of victimisation, years in which victimisation occurred, location at which victimisation occurred, and the providers of VE services who rendered assistance to the participants

Name	Types of victimisation	Years in which victimisation occurred	Locations at which	Providers of VE services
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			victimisation occurred	
Thando	Rape	1980s	Home	Vanderbijlpark Trauma Centre
Netha	Nyaope-related abuse	2013	Home	Vanderbijlpark Trauma Centre
Kayise	Domestic violence	2012	Home	Vanderbijlpark Trauma Centre
Tshidi	Emotional abuse	August 2013	Home	Vanderbijlpark Trauma Centre
Joss	Assault GBH	March 2013	Home	Vanderbijlpark Trauma Centre
Selly	Abuse	April 2012	Street	Vanderbijlpark Trauma Centre
Hlari	Rape	2013	Home	Vanderbijlpark Trauma Centre
Addie	Emotional abuse	2013	Home	Vanderbijlpark Trauma Centre

Source: research data

Two of the participants had been victims of emotional abuse, two of rape, one of assault GBH, one of abuse which stemmed from the use of nyaope, one of domestic violence, and one of unspecified forms of abuse. The participant who had been subjected to abuse owing to the use of nyaope had been emotionally abused as a result of the behaviour of her son. She had been in a constant state of extreme anxiety concerning what else he was likely to steal from the house to sell to buy nyaope. In the case of this participant, the researcher did not confine her attention to victims of violence and crime in the conventional sense. As the participant had suffered abuse and distress owing to the criminal behaviour of her son, the researcher considered her to be the victim of emotional abuse which may not have been intended by the perpetrator and included her in the group. The experience of the researcher proved to be invaluable in the case of this participant, as the researcher was aware that the abuse of nyaope could result in the committing of crimes and was able to appreciate that the participant was in effect a victim of crime, irrespective of whether the

perpetrator was a member of her immediate family and may not have intended to inflict harm by stealing from her.

Five of the participants underwent their traumatic experiences in 2014, while two had done so in 2012, and one had been abused repeatedly during the 1980s. In the cases of seven of the participants, the abuse had occurred at home and only one had been abused outside of her home. All of the participants were receiving assistance from the Vanderbijlpark Trauma Centre. The participant who had been raped during the 1980s revealed that she had refrained from disclosing her abuse to anyone for a long time and that she had done so only after counselling sessions with the social workers at the centre. This participant was one of several who suggested that the centre needed to market its services in the local community, as they had been beneficial to them.

Table 6.17.: Individual Victims: Genders, home languages, racial classifications, age groups, and employment status

Name	Gender	Home language	Race	Age group	Employment status
Portia	Female	isiZulu	Black	19-29	Unemployed
Nonyukela	Female	isiXhosa	Black	30-45	Unemployed

Source: research data

Table 6.17 summarises the demographic data which was provided by the individual victims who participated in the face-to-face interviews which were conducted at the Ikhaya Lethemba one-stop centre in Gauteng. Although they had participated in the focus group discussion which was held there, they requested to be interviewed separately from the group to enable them to provide additional information. Both participants were female and black. The home language of one was isiZulu and she fell into the age range from 19 to 25 years, while the home language of the other participant was isiXhosa and she fell into the age range from 30 to 45 years. Both participants were unemployed.

Table 6.18.: Individual Victims: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and the providers of VE services who rendered assistance to them

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services
Portia	Physical abuse	2012	Home	Ikhaya Lethemba
Nonyukela	Physical abuse	2010	Home	Ikhaya Lethemba

Source: research data

6.2.2.3. The Northern Cape: Focus group discussion at the Tarma Shelter

Table 6.19.: Tarma Shelter: Genders, home languages, racial classifications, age groups, and employment status of victims

Name	Gender	Home language	Race	Age group	Employment status
Getty	Female	isixhosa	Black	30-45	Employed
Mandy	Female	Afrikaans	White	30-45	Employed part-time by the Tarma Shelter
Anna	Female	Afrikaans	Coloured	30-45	Student
Lenda	Female	Afrikaans	White	30-45	Unemployed
Tisha	Female	isixhosa	Black	19-29	Employed

Source: research data

The five participants all females. Two were black, two were white, and one was coloured. Both of the black participants spoke isiXhosa, while the remaining three spoke Afrikaans. Although the researcher requested that they should participate in the discussion in the languages with which they were most familiar, English provided a

common ground for all of the participants, which facilitated the transcription of the discussion for the researcher.

Table 6.20.: Tarma Shelter: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and providers of VE services who rendered assistance to the participants

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services
Getty	Emotional, physical, and financial abuse	2009	Home	Sinothando Care Centre and Tarma Shelter
Mandy	Molestation and physical and emotional abuse	During youth and from 2009 to 2012	Home	Tarma Shelter
Anna	Verbal and physical abuse	2012	Home	Tarma Shelter
Lenda	Domestic violence	2012	Home	Tarma Shelter
Tisha	Robbery	2012	Outside of the home	SAPS and Tarma Shelter

Source: research data

As it can be seen in Table 6.20, the participant who was renamed Getty had been the victim of emotional, physical, and financial abuse in 2009. Mandy had been the victim of sexual molestation when she was young and of physical and emotional abuse from 2009 to 2012. She divulged the molestation to which she had been subjected during

her youth because she believed that her earlier experiences had contributed to her willingness to submit to physical and emotional abuse in later life. Although she blamed herself for the repeated abuse to which she had been subjected, she also underscored her passive behaviour by attributing her traumatic experiences to bad luck. Anna had been the victim of verbal and physical abuse in 2012, while Lenda had been the victim of domestic violence during the same year. Although all of the other participants had undergone their traumatic experiences at home, Tisha had been the victim of robbery while she was away from her home in 2012. All of the participants were receiving support and assistance from the Tarma Shelter, but two revealed that they had previously received assistance from other providers of VE services, namely, the Sinothando Care Centre, in the case of one, and the SAPS in that of the other. This finding is significant, in that it serves to demonstrate that victims can be moved from one provider of VE services to another through appropriate referrals, to enable their specific needs to be met. The Trafficking in Persons Report (2014) which was published in the United States emphasised the need for proactive approaches to combat human trafficking, by identifying segments of populations in which the levels of risk are particularly high. Although no victims of human trafficking participated in this study, proactive approaches are equally crucial to providing effective VE services to victims of crime and violence.

Table 6.21.: Individual victims: Genders, home languages, racial classifications, age groups, and employment status

Name	Gender	Home language	Race	Age group	Employment status
Getty	Female	isiXhosa	Black	30-45	Employed
Mandy	Female	Afrikaans	White	30-45	Employed part-time by the Tarma Shelter

Source: research data

Table 6.21 summarises the demographic data which was provided by the two participants in the focus group discussion who subsequently participated in face-to-face interviews. As it is reflected in Table 6.19, Getty was an unemployed victim of

emotional, physical, and financial abuse who had received assistance from both the Sinothando Care Centre and the Tarma Shelter. The abuse to which she had been subjected occurred in 2012. By contrast, Mandy had been sexually abused during her youth and subsequently suffered physical and emotional abuse during a 3-year period.

Table 6.22.: Individual victims: Types of victimisation, years in which victimisation occurred, locations at which victimisation occurred, and the providers of VE services who rendered assistance to the participants

Name	Types of victimisation	Years in which victimisation occurred	Locations at which victimisation occurred	Providers of VE services
Getty	Emotional, physical, and financial abuse	2012	Home	Sinothando Care Centre and Tarma Shelter
Mandy	Molestation and physical and emotional abuse	During youth and from 2009 to 2012	Home	Tarma Shelter

Source: research data

6.3. Overview of themes, sub-themes, and categories

Nine themes, with sub-themes, categories, and sub-categories, emerged from the thematic analysis of the data which had been gathered from participants, which are summarised in Table 6.23.

Table 6.23.: Themes, sub-themes, categories, and sub-categories which emerged from the thematic analysis

Theme 1: Reasons for victims seeking accommodation in shelters or consulting VE organisations and types of victimisation suffered by the participants		
Sub-theme	Category	Sub-category
Types of victimisation	Rape or molestation	

	Domestic violence	
	Robbery	
	Assault GBH	
	Emotional and physical abuse	
Lack of alternative accommodation	Lack of parents or relatives	
	Fear of being abused by son	
Numbers of victims with whom providers of VE services engage each month		
Theme 2: Responses to victimisation		
Sub-theme:		
Initial responses of participants to experiences of victimisation		
Referrals to shelters		
Interventions by the police		
Self-referrals to shelters		
Place of refuge after victimisation		
Theme 3: Types of services provided to victims		
Sub-theme:		
Counselling and therapeutic services		
Trauma debriefing		
Awareness and outreach programmes		
Provision of shelter and accommodation		
Protection orders		
Theme 4: Effectiveness of VE services which are provided to victims		
Sub-theme:		
Provision of much-needed shelter to victims		

Provision of accommodation to victims		
Provision of safety to victims		
Likelihood of victims recommending the shelters in which they are accommodated at present to others		
Theme 5: Hardships and privations experienced by the participants in shelters or care centres		
Sub-themes:		
Shortages of social workers or therapeutic services		
Ill-treatment by house mothers		
Health-related problems		
Lack of updated information concerning court proceedings with respect to cases		
Unacceptable food and inappropriate menus		
Inadequate ablution facilities or sanitation		
Underutilisation of available resources in the shelters		
Lack of recreational activities and spaces to play for children		
Children being kept out of school		
Excessively long stays in shelters	Effects of staying too long in shelters: Losing employment	
	Perceptions of life in shelters being akin to imprisonment	
Closures of shelters		
Theme 6: Suggestions for improving VE services in shelters and care centres		
Sub-theme		

Create awareness through outreach programmes		
Provide adequate therapeutic services by employing additional social workers	Referrals of victims to specialised providers of VE services	
Encourage victims to seek assistance when they are victimised		
Market VE services effectively		
Build more shelters		
Establish support groups and women's groups		
Hold workshops		
Introduce income-generating activities in shelters		
Provide education to children in shelters		
Introduce recreational activities for children in shelters		
Develop an effective shelter infrastructure		
Introduce programmes to enable victims to develop skills which make them employable		
Housemothers should provide support to victims		
Provide proper ablution facilities and sanitation		
Introduce day passes for victims who are accommodated in shelters		
Provide victims with RDP houses		

Help victims to overcome their fear of returning to their homes		
Ensure the participation of all crucial stakeholders		
Provide victims with the information which they need to overcome the effects of victimhood		
Theme 7: Availability of guidelines for providing services to victims		
Sub-theme:		
Guidelines vary according to the nature of the crimes which are committed against victims		
Guidelines for victims of domestic violence		
Guidelines for victims of human trafficking		
Legislation and policy pertaining to victim empowerment		
Norms and minimum standards		
Victims' Charter		
Theme 8: The standardisation of guidelines		
Sub-theme:		
Guidelines developed by the government		
Guidelines developed by the SAPS		
A lack of guidelines	Problems which result from unfunded organisations	
	A lack of implementation	
Lack of adherence to guidelines during implementation		
Theme 9: Suggestions for improving existing guidelines for rendering VE services to victims		

Sub-theme:	Categories	
The need to review guidelines		
The need to develop appropriate guidelines for rendering services to each category of victim	The need to develop specific guidelines for shelters and one-stop centres.	
Standardised costing of services rendered through the VEP		
The need to develop appropriate legislation pertaining to VE		
The need to develop guidelines for rendering aftercare services and enabling personnel to develop necessary skills		
The need to provide comprehensive integrated services to victims		
	The need to develop appropriate protocols	
The need to improve the existing referral system		
The need for a proper monitoring and evaluation system		
The necessity of consulting the guidelines		
Theme 10: Factors which impede the effective implementation of the VEP		
Sub-theme		
A lack of appropriate programmes for victims	The need to introduce programmes which foster economic empowerment by enabling victims to develop skills which allow them to generate incomes	Teaching office administration skills, such as using computers and bookkeeping

		Teaching entrepreneurial skills, such as sewing, beadwork, and gardening
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Source: research data

6.3.1. Theme 1: Reasons for victims seeking accommodation in shelters or consulting VE organisations and types of victimisation suffered by the participants

6.3.1.1. Sub-theme: Types of victimisation

Crime, as a complex social problem, is on the increase in South Africa and it affects people in all segments of society (The National Policy Guidelines for Victim Empowerment, 2009). The adverse consequences of falling victim to crime or violence can be wide-ranging. According to Wasserman and Ellis (2006), the effects which victims experience can range from minor discomfort or loss to severe psychological, emotional, or physical trauma or economic and material loss. The National Policy Guidelines for Victim Empowerment (2009) acknowledge that victims of crime and violence are numerous throughout all of the provinces, regions, and communities of South Africa. Consequently, it is imperative that victims of violence and crime should be provided with services which meet their specific needs, in accordance with the types of traumatic experience which they have undergone. The Victim Empowerment Programme is intended to facilitate access to appropriate services for all people in South Africa who, individually or collectively, have suffered harm, trauma, or material deprivation as a consequence of violence, crime, natural disasters, human accidents, or socioeconomic conditions, to restore their well-being and promote the development of a healthy, peaceful, and economically viable society.

Although the researcher was concerned in this study with the victims of serious crimes such as murder, rape, car hijacking, armed robbery and assault, the victims of other types of crimes and violent acts were included in the research sample. Of the thirty-

five participants who comprised the sample of victims, only twelve had been victims of serious and violent crimes. Six had been victims of assault GBH, four of rape, and two of robbery. By contrast, most of the participants had been victims of domestic violence. Although it also needs to be emphasised that any form of crime can be regarded as serious, depending on the intensity with which and the circumstances in which it is committed, the status of all of the crimes which have been listed as serious is determined by their inclusion under Schedule 2 of the Criminal Law Amendment Act (No. 105 of 1997). Section 51 of the Act prescribes the minimum sentences for each type of offence.

Figure 6.1.: Types of victimisation experienced by the participants



Source: research data

Figure 6.1 illustrates the types of victimisation to which the victims who participated in the study had been subjected. Although each type of victimisation is represented by separate sub-themes, some of the sub-themes also generated categories. The sub-themes are discussed in relation to existing theories and relevant literature in the sub-sections which follow.

6.3.1.1.1. Category: Rape

Eileraas (2011) defines rape as unwanted sexual intercourse which entails the use of force and the absence of consent on the person upon whom the act is inflicted. The Multimedia Encyclopedia of Women in Today's World (2011) explains that some jurisdictions define rape as an act which entails forced penile penetration of the vagina, while other jurisdictions define all non-consensual sex as rape. Similarly, some legal definitions of rape encompass oral sex, masturbation, and penetration with any foreign object, including, but not limited to, the penis. In South Africa, the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007 classifies rape as a sexual offence. According to Walsh and Ellis (2007), rape statistics vary considerably from one country to another and, as not all acts of rape are reported, it is difficult to

compile accurate international rape statistics. Burgess *et al.* (2010) concur with this assessment by explaining that there are inherent problems in determining accurate statistics pertaining to rape cases. They also point out that owing to the under-reporting of instances of rape, the majority of rape offenders are never arrested or convicted. According to Violence Against Women (2010), South Africa has the highest per capita rate of reported rape cases in the world, despite the great many instances of rape which go unreported. The journal also reveals that during the 2010/2011 financial year more than 2700 rape survivors sought direct support, a number which increased to more than 5000 during the 2011/2012 financial year. Some of the survivors had reported the crimes, while others had not done so.

As only four of the thirty-five victims who participated in the study were rape victims, it is evident, despite the seriousness of the crime and its epidemic levels of prevalence in South Africa, relatively few victims appear to be receiving appropriate professional assistance. The after-effects of rape were explained by one of the participants who had been raped during the 1980s. As she had received no psychosocial support in the aftermath of the incident, she was left severely emotionally scarred. In her own words:

I was not coping, the incident kept on coming into my mind. Another woman told me about this place for counselling. Now I am dealing with that problem.

As another participant who had been raped explained:

I was raped by my husband in 2012. I reported the case. When attending the case in court, the magistrate insulted me, saying that I cannot report my husband. No rape can happen between married people. When I informed the court how my husband did it, the magistrate continued to insult me and I don't want to go back to that court, as they do not protect women. Instead they abuse them also.

Another rape victim related her story as follows:

When I was a child I was also a victim because my father molested me. My child was molested, my son was 2 years old. But I kept everything to myself for 45 years. I didn't want to talk about it. I kept it to myself, I kept my sadness in my heart for so long. I

was physically and emotionally abused by my ex-boss for 11 years. I was working for him and he is the person that touched my little boy because I was in a relationship for 3 years. So yes, it is very difficult at this moment. So, the other thing is that I was sleeping on the street, I didn't have a place to stay. I literally slept in my car for a month. I didn't have food to eat, I didn't wash myself. So I made a plan to come to this shelter to work as a caretaker. In another excerpt of her account she said:

I was keeping it for so long. You know my mother died in 1969. She was a young woman and she had a heart disease. So yes, and I told her on one of my vacations that my father was touching my breast. And I left it. So because I think of the cause of her sickness I feel a little bit down because I feel at that moment that I caused it. My brother is also not, you know, I don't know, my family, I don't know what to say about it. My father comes in my room. I put a label on the door to say 'Knock on the door before you can come in', but it didn't matter to him. My brother was watching me from the window by the bathroom. He was taking my underwear. So, yes it was not nice, it was really not nice, so yes, I come from an abusive relationship, my relationships do not work, so I don't know.

From the accounts of the participants, it is evident that victims are severely traumatised as a consequence of having been raped and are often unable to cope in the aftermath of their traumatic experiences. In some instances they consult providers of VE services for assistance to enable them to cope with their trauma. The findings revealed that the fifty-three providers of VE services who participated in the study in the four provinces had rendered assistance to only six victims of rape. This figure excludes victims of rape who had received assistance from those participants who were employed by the SAPS, who explained that they assisted all types of victims. One of these participants emphasised that the SAPS rendered assistance to both rape victims and abused children.

6.3.1.1.2. Category: Domestic violence

Domestic violence includes physical, sexual, psychological, and economic abuse. It also refers to any form of violence between partners in an intimate relationship. Although it can occur at any time or place, in most cases, it occurs in relationships

between partners, who may be married, cohabiting, or living apart, or ex-partners (Holtmann, cited by Du Plessis, 2001). The South African Domestic Violence Act, 1998 (116 of 1998) defines domestic violence by means of a broad definition of domestic relationships in which violence can occur. It includes relationships between parents and their children, people who either are or have had parental responsibility for children and the children, and also relationships between people who share the same residence. Although the South African Police Service adheres to the definition of the Domestic Violence Act, it also cautions that domestic violence is often erroneously thought to be confined to physical violence whose acts, behaviour, and consequences can vary in intensity, the forms which they assume, and frequency. The crime of domestic violence is prevalent in all communities in South Africa and cuts across social, ethnic, religious, economic, and racial lines. According to the manual of the Integrated Domestic Violence Training Programme (2004), domestic violence is an offence and a highly problematic phenomenon which needs to be redressed by the government, providers of relevant services, communities, and victims. The most significant obstacle to combating the phenomenon concerns its nature, in that incidents of domestic violence are limited to the confines of homes and not many women are willing to countenance the possible consequences of speaking out. Consequently, their silence perpetuates cycles of violence.

The eight participants in this study who had been victims of domestic violence all revealed that the incidents had taken place in their homes. In the words of one of the participants:

I am a married woman, I don't know whether I am still married, but I met this guy 10 years ago in the Eastern Cape. I can say everything was fine, maybe because we were from the Eastern Cape, but the moment we moved to Gauteng, we were in Pretoria and we have been having business there. It is here where I started to see his true colours. He doesn't care about me, we always fight, he does not bring money. He doesn't have time for the family. Always with friends or out for two months. He says he has been in Cape Town. Yes, I can't lie: that is the problem that I was getting from my husband. My husband is a drug dealer. I don't know how I can beat that thing, because he keeps us fighting unnecessary. But I can't continue like that, right! I have been going up and down, going to the seniors of the Islam just for a spiritual help, even

if there is any help that can help me for him, even if there is no future. He is not using them, he is selling, and he likes that business. We've been fighting over and over and that's why I ran out on him. And has time only for the families from the business money and everything, that's why I regarded Ikhaya Lethemba as home, because I can't go home Even if you can have everything, but you supposed to be there. But I am the only one who has been tortured.

The Domestic Violence Act (1998:2) is intended to afford victims of domestic violence the maximum protection from domestic abuse which the law can provide and to introduce measures which ensure that the relevant organs of state give full effect to the provisions of the act, thereby underscoring the commitment of the state to the elimination of domestic violence. The act also acknowledges domestic violence as a serious social evil and that victims of domestic violence are among the most vulnerable members of society. Statistics also reveal that women and children are most likely to be the victims of domestic violence, while the incidences of men being victimised are considerably lower. The findings of studies of domestic violence demonstrate that interpersonal crimes do not result from the behaviour of victims, but from that of offenders. Section 1 of the Domestic Violence Act (1998:1-2) defines domestic violence in broad terms, which include sexual abuse, physical, economic, emotional, verbal, and psychological abuse, intimidation, harassment, stalking, damage to property, and entering the residences of complainants without consent (Integrated Domestic Violence Training Programme manual, 2004:23–25).

The forms of abuse which constitute domestic violence are discussed as a sub-category in the sub-section which follows.

6.3.1.1.3. Sub-category: Physical, emotional, verbal, and financial abuse

Holcomb and Holcomb (2014) define abuse as a pattern of behaviour which entails one person endeavouring to gain and maintain power and control over another, which can take many forms, such as physical or emotional abuse. They explain that the patterns usually become established over time and tend to be cyclical in character.

According to the manual of the Integrated Domestic Violence Training programme, abuse often continues until the person who is being abused obtains outside assistance or leaves the abusive relationship. In some instances, a third party, such as a friend or a member of the family of the victim, who becomes aware of the abuse, intervenes to protect the victim. Financial abuse is often more subtle and insidious than most other forms of abuse, as it entails an intimate partner controlling the access which the other partner has to economic resources, thereby diminishing the personal autonomy of the victim and ensuring complete dependence upon the perpetrator. It has been found that in many instances, women who are in financially abusive relationships tend not to leave them permanently, despite not having their financial needs met by their partners (Cameron, 2014).

Emotional abuse can take a great many non-physical forms, such as threats, insults, constant monitoring, humiliation, intimidation, isolation, or stalking. Examples of behaviour which constitute emotional abuse include:

- Calling victims by insulting names and continually belittling and humiliating them.
- Shouting and screaming at victims.
- Intentionally embarrassing victims in public.
- Preventing victims from seeing or maintaining contact with friends and members of their families.
- Continually advising victims concerning their behaviour and the clothes which they should wear.

Only three of the participants who had been victimised revealed that they had been emotionally abused. One explained that the abuse which she had suffered had been emotional only, while the other two maintained that they had been subjected to emotional, verbal, and physical abuse. As one of the two explained:

I was abused by my mum emotionally, physically, and financially, in the sense that she (the mother) moved out of the house. She left me without food and said that I must find my own place to live. She left me with my grandmother and aunt. After she left,

my aunt basically did the same things to me, in the sense that she told me to leave the house.

According to Karakurt and Silver (2013), as victims of domestic violence who are subjected to emotional and verbal abuse tend to lack self-confidence, they are often reluctant to take legal action to ensure that they are protected from their abusers. Even if they have sufficient resolve to take legal action, victims often withdraw charges or fail to enforce protection orders because they depend upon the perpetrators. As a consequence, they often tend to regard themselves as worthless and to begin to perceive that they are, in some way, responsible for the abuse to which they have been subjected. Both the World Health Organisation, in partnership with the London School of Hygiene and Tropical Medicine, (2013) and the South African Medical Research Council (2013) emphasise that victims of domestic violence live in perpetual fear and anxiety, which can completely overwhelm victims and induce them to resort to committing suicide. Low self-esteem, embarrassment, and isolation often result in severe stress and depression, frequently with serious consequences. In the case of the participant who has been quoted, she had been abused at home by her mother. This finding bears out the contention that abusers are often people who are known to victims (WHO/LSHTM, 2013; SAMRC, 2013).

Physical abuse refers to the inflicting of physical pain on another person and it can take forms such as hitting, slapping, punching, kicking, burning, hair-pulling, choking, and cutting. It can leave bruises, burns and other physical marks. In many instances, people who are regularly physically abused try to hide their wounds with clothes, sunglasses, makeup, or by other means. Physical abuse also refers to any form of intentional and unwanted contact with the body of another person (Chadwick, Alexander, Giardino, Essemio-Jenssen, & Thackeray, 2014). Of the five participants in this study who disclosed that they had been victims of physical abuse, for three physical abuse had been combined with other forms. In the words of one participant:

I was physically and emotionally abused by my ex-boss for 11 years. I was working for him and he is the person that touched my little boy because I was in a relationship with him for 3 years. So yes, it is very difficult at this moment.

Although physical abuse does not always leave visible evidence that it has occurred, the anxiety and uncertainty which it inflicts upon victims by obliging them to live in an atmosphere in which acts of violence could be precipitated at any time can be equally detrimental to their well-being. The types of behaviour which physical abuse can entail can include:

- Scratching, punching, biting, strangling, or kicking victims.
- Throwing objects at victims.
- Pulling the hair of victims.
- Violently pushing or pulling victims.
- Grabbing the clothing of victims.

It is crucial that victims should realise that abusive behaviour cannot be condoned under any circumstances and that they should not feel obliged to accept or make excuses for the abusive behaviour of their partners. It is only by reporting the actions of their partners or leaving the abusive relationships that they are able to insist upon their human rights being respected and upheld.

Financial abuse entails the use of money to maintain control over another person. If one person has more money than the other in a relationship, he or she may withhold money or dictate the uses to which money is put in order to maintain control over his or her partner (National Coalition Against Domestic Violence, 2011). Although only three participants believed that they had been subjected to financial abuse, two others who had been victims of domestic violence revealed that their partners had exercised power and control over them through the use of similar tactics. In the words of one of the participants:

That man is a devil, you know. He did not buy food in the house and I could not. When I asked for food from my neighbours he fought with me. After I told him that social workers want to see him, he became violent and told me that he will never go there. He said I must go and work for myself and the children. He said if I do not want to work there is nothing he can do. He made it clear that his problems cannot be solved by

outsiders. I must just go and work. As I told him that I am trying to get employment but am failing. He said I am not trying enough. That is when he said he is tired of feeding me. But I told him that he is not feeding me, but the children need him. I never saw such a devil in my life.

The other participant described her life with her abuser as follows:

You know, and he was really good to me, he bought me a car, he was good to me, really, but he abused me. That is his way of dealing with things. You know he is a very, very sick person, really. He has a relationship with his brother's daughter and he makes her pregnant. And the other thing is he has no relationship with his sister. So, yes, I had enough of that man. Eleven years, you know, I am really.... And he had a lot of money. That is why he can do anything. But I place him under God, and I tell God please work with that man. He is sick in his stomach. And the other thing is that he likes pornography.

Several of the following examples of financially abusive behaviour were inflicted upon the two participants, which could be considered to constitute financial bullying, as abusers use their financial influence or power to intimidate their victims and bend them to their wills:

- Providing victims with allowances and closely monitoring their purchases.
- Not allowing victims access to shared bank accounts or records.
- Forbidding victims to be gainfully employed or limiting the hours for which they are permitted to work.
- Preventing victims from going to work by taking possession of their cars or ignition keys.
- Prompting the dismissal of victims from their employment by harassing them, their employers, or co-workers while they are at work.
- Refusing to provide money to victims to cover essential expenditures such as rent or to purchase food, medicine, or clothing.

- Using money to maintain power over victims because abusers know that their financial circumstances do not permit victims to insist upon retaining their personal autonomy.

These types of abuse underscore the debilitating effects of abuse upon the well-being of victims. Irrespective of whether abuse is verbal, physical, or emotional, its effects upon the emotions of victims are all severely negative (Cameron, 2014).

6.3.1.1.4. Category: Assault GBH

Walsh and Ellis (2007) define assault as an intentional act by one person for the purpose of inflicting severe or grievous bodily harm upon another. They characterise assault GBH as a violent crime, because it often entails the use of weapons such as knives or guns. Bodily harm may be defined as any type of hurt or injury to a person which undermines his or her health, comfort, or well-being and is not merely transient or trifling in nature. It includes injuries which are caused by using the hands or feet as weapons. In order to obtain a sufficiently comprehensive understanding of the nature of GBH, it is necessary to appreciate the essential character of assault and the extreme variant of it which GBH represents.

In crime statistics, incidents which entail assault are reflected as offences such as acts which are intended to inflict grievous bodily harm (GBH), instances of common assault, and other violent acts. According to the Domestic Violence Act (Act 116 of 1998), domestic violence can take the form of assault as an expression of anger which stems from arguments between intimate partners and can include male on male violence. The Council for Scientific and Industrial Research (CSIR) (2007) characterises domestic violence as a form of assault which is inflicted by one intimate partner upon another, which can also occur in same-sex relationships. The findings of the Victims of Crime Survey (2011) revealed that although in most reported cases of assault, the perpetrators resided in areas other than those in which their victims resided, nearly a third (29.9%) of the victims of assault who were surveyed disclosed that they had been

attacked by known members of their communities. Some revealed that they had been attacked by their spouses or partners.

The two principal categories of assault are assault with intent to cause grievous bodily harm and common assault. According to the Criminal Procedure Amendment Act (Act 42 of 2003), common assault refers to simple assault, by means of which the perpetrator attempts to cause or knowingly or recklessly causes bodily injury to another person. A person can also be guilty of common assault by instilling the fear of receiving serious bodily injury into another person. Common assault is upgraded to aggravated assault if it is committed against a member of a protected class of people such as police officers, firefighters, teachers, or judges in the course of carrying out their professional duties or fulfilling their professional responsibilities.

Although the findings revealed that only two of the thirty-five participants had been victims of common assault, they both maintained that the assault which had been inflicted upon them had been accompanied by other forms of abuse. As one of the two victims explained:

I am a victim of assault and domestic violence. My husband, he was hitting me with a donkie piel [South African police truncheon] for police. He is a policeman. He pointed a gun at me. I have no parents, I have nothing. So, I had to come here to Ikhaya Lethemba. So they offered me a place to stay.

When the participant was asked whether a J88, the official form which is issued by the Department of Justice to document the medico-legal examinations which healthcare practitioners perform of victims to generate findings which are potentially relevant for legal purposes, had been completed or the incident had been reported to the police, she replied:

I did not want to get him arrested. I didn't want to do anything. All I wanted was to move on with my life. I wanted to move on with my life, I don't want anything from him. And then, he is very powerful, he does not know where I am.

The findings also revealed that six of the participants had been victims of assault GBH. One of these participants explained that although her partner had begun his ill-treatment of her with abuse, which she had not reported, the abuse subsequently escalated into assault. In her own words:

I was hurt. It was not the first time. You know, my husband was so jealous. He used to be angry at me when I was coming home from work. He used to say as I come late home after work, that it means I have an affair. It means I start seeing my boyfriend and later come home. One Friday evening as I arrived home from work, I find him waiting for me. He said I must go and show him the man I have an affair with. I told him that I don't have any affair. He called me with names, swearing at me, saying I couldn't come late if I didn't have an affair. He threatened to kill me if I do not show him the boyfriend. As I had no boyfriend to show, he smacked at me with a sjambok until my body was full of bruises. I was even bleeding.

The intensification of violence which this participant experienced accords with the explanation of cycles of abuse which is provided by the manual of the Integrated Domestic Violence Training Programme (2004). According to the manual, there can be a build-up of tension or stress before an abusive incident occurs. Once the tension or stress has reached a particular pitch, the abuser is likely to engage in abusive acts which could entail physical, emotional, sexual, or other types of abuse. In the case of the participant who has been quoted, she was initially emotionally, verbally, and financially abused before she was ultimately physically assaulted.

6.3.1.1.5. Category: Robbery

Robbery entails taking or attempting to take something of value from another person by violence or the threat of violence. Robbery can be committed against individual people, businesses, and institutions such as banks. It is a felony in all states

throughout the world. As is the case with assault, robbery can take many different forms. Although common law would classify threatening people with violence and demanding all of their money and valuables as robbery, even if the victims are not injured, cases in which weapons are used to commit robbery are classified as instances of armed or aggravated robbery.

The findings of the Victims of Crime Survey (2011) revealed that robbery was widely perceived by the public of South Africa as one of the most commonly committed types of crime in the country. According to the statistics which were published after the conducting of the survey, 59.6 percent of robberies are committed on the streets of residential areas and 10.4 percent on streets outside offices or shops in urban areas. A participant who had been robbed in her home town explained the circumstances in which the robbery occurred as follows:

Last week I was walking on the street going to get a taxi to go home in De Aar. A guy approached me and told me that there is a shop where I can get cheap clothes that will suit my style. I agreed and thought that I will even get things for my sister. We walked towards a certain building near the taxi rank. As we entered, another guy approached us and said that I can't enter the place with my bag as the security in the shop will think that I will steal clothes and put them in my bag. He said I should leave the bag behind and come with my purse and cellphone only. Later I realised that I was robbed.

6.3.1.2. Sub-theme: Periods during which participants were victimised and the years in which their victimisation occurred

Four of the six participants in the focus group discussion which was held in Mpumalanga had been victimised during 2012, while the remaining two had been victimised during 2011. In the cases of the two victims who participated in face-to-face interviews, the incidents had taken place during 2010 and 2011, two years and one year, respectively, prior to the conducting of this study.

In Gauteng, ten of the participants in the focus group discussion which was held at Ikhaya Lethemba disclosed that they had been victimised during 2012, three that the incidents had occurred during 2011, and one that the incident had occurred during 2010. In the words of two of the participants whose traumatic experiences had occurred during 2012:

He abused me 3 months ago.

Let me say for 3 months.

From these excerpts, it is evident that the traumatic experiences of most of these participants had occurred recently when they participated in the study. The second focus group discussion in Gauteng was held at the Vanderbijlpark Trauma Centre in 2015. Of the eight participants, five revealed that their experiences had occurred during 2014, while two had been victimised during 2012 and one during the 1980s.

Of the five victims who participated in the study in the Northern Cape, three of them had undergone traumatic experiences during 2012, the year in which the study was conducted in the province. One disclosed that she had been subjected to abuse from 2009 to 2012 and had divulged her traumatic experiences only after she had begun to work as a part-time employee at the Tarma Shelter, while the other revealed that she had been victimised during 2009.

6.3.1.3. Sub-theme: Perpetrators of violence against the participants

Of the thirty-five victims who participated in the study, thirty-two revealed that they had been abused in their homes and thirty that the perpetrators had been their intimate partners. According to Warshaw, Sullivan, and Rivera (2013), intimate partner violence is a widespread phenomenon which has devastating consequences for victims and millions of women are assaulted by intimate partners and ex-partners throughout their lives. Victims who are frequently or severely abused are particularly likely to develop conditions which can severely undermine their daily functioning.

In the words of one of the victims who had been abused by her partner:

I lived with the father of my child at his home and was abused by him and his parents. I had no other place to live and was eventually taken by police officials. Before that, I went to the Ligwalagwala FM radio station requesting for their assistance to look for my family as I was advised by the police official to do so. Police officers then later placed me in this organisation. The father of my child was physically abusing me and his relatives were verbally abusing me, saying the father of the child found me on the street and saying everything they like to me.

Another participant said:

I am a victim of domestic violence. I was abused by my husband since 2010. He apologised after hurting me and I always accepted his apology. This year in March he came home drunk and threatened to kill me. He physically abused me, accusing me of being demanding and ungrateful.

6.3.1.4. Sub-theme: Reasons for seeking accommodation in a shelter

A shelter is a crucial resource for victims of violence and crime, particularly victims of domestic violence. Shelters provide secure accommodation for women who are at risk of being subjected or have been subjected to violence. They provide places of safety and protection for victims while they endeavour to recover from the traumatic experiences which they have undergone (Sullivan, 2012). The participants in this study who were victims who were being accommodated in shelters cited a number of different reasons for seeking accommodation or being placed in shelters. One participant who was interviewed in a shelter in Gauteng gave the following explanation for her present accommodation:

I am a foreigner with too much problems, I moved from my country to come here, because my country is fighting too much, understand. Now the time I come here I did something wrong to myself. Now I come to the shelter, police brought me here. Now you see I have too much problem in my head, not problems like something is too much in my life.

A participant who was interviewed in Mpumalanga said:

I was living with a certain woman whom I knew her to be my mother in Spelanyane and her family. My mom then passed away. After she passed on, her brothers and sister abused me emotionally and physically. They told me that I was abandoned by my biological mother and was found by my mother, who was their sister. They said that they cannot live with a person they do not know.

She explained that she had been roaming the streets with her children and sleeping at the police station. Police officers took her to the Department of Social Development and she was subsequently placed at the GRIP shelter. In the words of another participant in Mpumalanga:

I had no other place to live and eventually I was taken by police officials.

6.3.1.4.1. Category: Lack of alternative accommodation

It emerged from the findings that some of the participants had been accommodated in shelters because they lacked alternative accommodation. According to Watson and Lopes (2017), many victims of violence and crime, particularly victims of domestic violence, need shelter because they do not have safe and secure living quarters. Apart from safety and protection, shelters provide victims of crime and violence with basic necessities such as food in the form of three meals a day, accommodation and clothes. Victims are also provided with toiletries or care packs, psychosocial support, programmes which enable them to develop income-generating skills, and assistance with healthcare and legal matters such as obtaining protection orders, in the cases of victims of domestic violence, following up on domestic violence cases, and procedures pertaining to divorce and maintenance. Shelters also assist women to apply for grants and to apply for or renew identity documents.

The types of skills which victims are encouraged to acquire tend to vary from shelter to shelter (Watson & Lopes, 2017). One of the participants in Mpumalanga described her circumstances with respect to having no other options concerning accommodation as follows :

I lived with the father of my children at his home with his siblings. He then started to cheat on me and his sisters were not supportive. When I complained to them about his cheating, they told me to leave him, knowing well that I do not have a place to go. They were also verbally and emotionally abusive towards me and sometimes would also chase me away from their home. When complaining about them to the father of my children, he also did not help me. At the same time when talking to him about his cheating, he physically abused me. He became abusive until I ran away with my children. I went back to that centre in Nelsville with my problems and was informed that they cannot accept me now that I have children and that is how I landed up at the police station and now at GRIP.

As she went on to explain:

I tried to look for my parents using the information given by my late mother's siblings via the radio, but I did not get any help.

These excerpts reveal that some victims are placed in shelters because they have no other forms of support to meet their needs. In shelters, they receive support which they could not obtain from any other sources (Sullivan, 2012).

As one of the participants in the Northern Cape explained:

I was abused by my mum emotionally, physically and financially, in the sense that she moved out of the house. Okay, I went to stay with my boyfriend. His mom got sick. He is from Klerksdorp. So he went back to Klerksdorp. Now, the place that he was staying at is not his own place. Is like he had an agreement with the owner to stay there. And the owner came around and found me is like he did not know what was happening. So he felt like maybe my boyfriend was making a profit or something. He told me to leave. So I went to Sinothando because I wanted a place until I give birth.

Although there are no simple explanations for women becoming vulnerable to having violence inflicted upon them, particularly with respect to domestic violence, the findings of some research studies suggest that economic dependency in the case of women and emotional dependency in that of men independently contribute to the risk of abuse

by domestic partners and that high levels of emotional dependency among abused partners could reduce the likelihood of victimised partners terminating the abusive relationships in which they have become trapped. If they do elect to do so, victimised partners are likely to have few options in relation to safe and secure accommodation and meeting their basic needs (Bornstein, 2006).

6.3.2. Theme 2: Responses to victimisation

As it had been anticipated by the researcher, the findings revealed that the responses of the participants to their experiences of victimisation varied considerably. In the words of a participant in the Northern Cape:

I reported him to the police.

Another member of the same group said:

I screamed and the neighbours called the police.

A third member of the group explained her response as follows:

After realising that whatever happened was a scam and that I was robbed, I went to Kimberley police station.

Another member of the group said:

I went to stay with my boyfriend.

As she explained in sub-section 6.3.1.4.1., after her boyfriend left her to look after his mother who was ill in Klerksdorp, she had been evicted from the property in which she and her boyfriend had resided. She moved to the Sinothando Care Centre in order to give birth to her child and subsequently relocated to the Tarma Centre.

The account of a participant in Mpumalanga was essentially similar:

I was found roaming [the streets] with my children and ended up sleeping at the police station. They kept me and my children at the police station and contacted the

social services department.

It is evident from the data which generated this theme that police officers play a crucial role in rendering VE services. The participants who have been quoted in this section received assistance from police officers which resulted in their being accommodated in shelters. According to the draft version of the Second Victim Satisfaction Survey of 2017, the South African Police Service (SAPS) is one of the government departments which is required to render assistance to victims of crime and violence. In the instances which have been cited, it is evident that the police officers concerned discharged their obligations in a commendable manner. The SAPS is also required to help victims to obtain access to medical attention, shelter and counselling (SAPS, 2013). In addition, the Domestic Violence Act (Act No 116 of 1998) obliges members of the SAPS to assist victims of domestic violence to find suitable shelter. The National Instruction (7/1999) for the implementation of the Domestic Violence Act, 1998 (Act No. 116 of 1998) requires the police to assist victims to find shelters, to make contact with shelters on behalf of victims, and to transport victims to shelters.

6.3.2.1. Sub-theme: Initial responses of participants to experiences of victimisation

As it was explained in Chapter Four, the ways in which people respond in the aftermath of crimes which are committed against them can vary greatly. Many victims feel angry, upset, or afraid after experiencing crime. In some instances, the type of crime which is committed and whether the perpetrator is known to the victim can also influence the responses of victims. The support which victims receive or do not receive from their families and friends, the police, and others can also exert a significant influence. It needs to be emphasised that there are no definitive appropriate or inappropriate responses to traumatic experiences which result from crime or violence. In many instances, the reactions and responses are characterised by feelings of numbness and disbelief (Hanson, Sawyer, Begle, & Hubel, 2010). One of the participants described her eventual response to repeated abuse as follows:

I lived under that abusive situation until I ran away. I ran to live in town, trying to get a job.

6.3.2.2. Sub-theme: Referrals to shelters

The services which shelters provide to victims fall within the broader ambit of the Victim Empowerment Programme (VEP) of the national government. Among the benefits and services which shelters provide to victims to enable them to recover from their traumatic experiences are safe accommodation, psychosocial support, access to medical and paralegal services, initiatives to enable them to develop skills which could enable them to support themselves financially once they leave the shelters in which they are temporarily accommodated, and services to children. Consequently, the services which shelters provide to victims of domestic violence play a crucial role in the care economy (Watson & Lopes, 2017). In cases in which victims enter shelters with children, shelters provide basic psychosocial support in the form of play. Art therapy is available at some, but not all shelters (Watson & Lopes, 2017).

It emerged from the findings of this study that some of the participants had been referred to providers of VE services, particularly to Thuthuzela Care Centres and shelters. As one participant explained:

They took me to a Thuthuzela Care Centre. A counsellor talked to me. Seeing that I have a baby and had no place to sleep, they brought me here to Tarma Shelter.

In the words of another participant:

I was treated and a certain nurse asked me how I got hurt. After telling her, she told me that there are counsellors who can talk to me at the Thuthuzela Care Centre. I went to the Thuthuzela and talked to the counsellor. That was when I realised that my husband will really kill me if I don't do something.

Thuthuzela Care Centres are one-stop facilities which have been introduced as a crucial component of the national anti-rape strategy of South Africa, in order to reduce incidences of secondary victimisation, increase conviction rates, and reduce cycle times for finalisation of cases. The TCC project is led by the Sexual Offences and Community Affairs Unit (SOCA) of the National Prosecuting Authority (NPA), in partnership with several government departments and donors, in response to the urgent need for an integrated strategy for preventing and responding to cases of rape and providing support to rape victims.

The word *thuthuzela* means to comfort and the Thuthuzela Care Centres are the embodiment of a victim-centred approach which not only promotes victim empowerment, but enables victims to navigate the criminal justice system in a manner which transforms them from victims to survivors and ultimately enables them to become empowered witnesses in an effective and compassionate criminal justice system.

The aims of the Thuthuzela Care Centre initiative are as follows:

- To improve the care and treatment of rape victims at *all* points in the criminal justice system, thereby reducing secondary victimisation.
- To ensure the timely and effective investigation and prosecution of rape cases by reducing cycle times.
- To increase conviction rates.

As one of the participants who had been taken to a Thuthuzela Care Centre explained:

I told them that I do not have anywhere to go and they then took me here and said that Tarma will accommodate me temporary until I am able to get home.

In the words of another:

So I went to Sinothando because I wanted a place until I give birth. I went to Sinothando. At Sinothando, they called other shelters, and they gave me some baby clothes. Firstly we went to the police station. They provided me with transport and brought me here [to the Tarma Shelter] to see that I am safe and all that. And then when here they provided me with shelter and everything.

These excerpts serve to underscore the necessity of efficiently integrating the services which are provided to victims. As one excerpt revealed, one of the participants was assisted by police officers, who took her to a Tuthuzela Care Centre, where she was referred to the Tarma Shelter. This finding confirms that the police officers successfully implemented their referral system to assist the victim. Both the National Policy Guidelines for Victim Empowerment (2009) and the findings of the Second Victim Satisfaction Survey (2017) underscore the need for the various functions of role players in victim empowerment to be efficiently integrated, as the Victim Empowerment Programme prioritises facilitating the establishment and integration of interdepartmental and intersectoral programmes and policies to support, protect, and empower victims of crime and violence, with a particular emphasis upon women and children.

6.3.2.3. Sub-theme: Interventions by the police

According to the SAPS (2013), the SAPS provides professional, accessible, and sensitive service to victims of crime and violence during both the reporting and investigation of crimes which have been committed against them. The services which are rendered to victims by the SAPS are rendered in accordance with policies, guidelines for practice, and national instructions. The findings of the Second Victim Satisfaction Survey (2017) serve to confirm that the SAPS treats victims and witnesses in a professional and sensitive manner during the taking of statements and investigations of crime. They inform victims of their rights, take statements in private rooms, and refer victims to agencies which provide support services which are outside the remit of those which are provided by the police. Once cases have been opened, the SAPS provides victims with case numbers to enable them to follow the progress of their cases (SAPS, 2013).

The role of the SAPS is ably illustrated by the following excerpt of a statement which was made by one of the participants:

I was bleeding and had some bruises. The police took me to the hospital.

In the words of another participant:

I had no other place to live and was eventually taken by police officials. Before that, I went to the radio station, Ligwalagwala, requesting for their assistance to look for my family. I was advised by the police official to do so. Police officers then later placed me in this organisation.

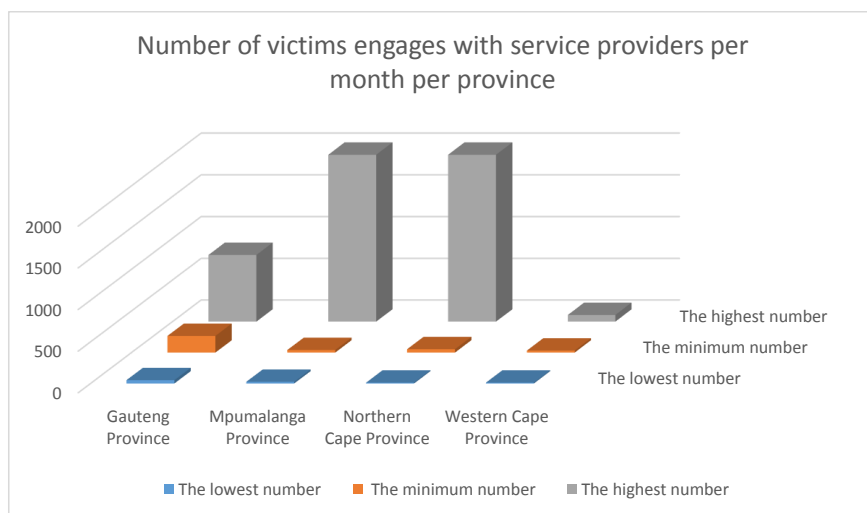
Some of the radio stations have programmes through which families can be reconnected with their loved ones. It is evident that Ligwalagwala FM is one of the stations which assists families in this way. There is also a television programme, *Khumbul'Ekhaya*, which helps people who are searching for members of their families (SABC, 2012).

Interventions by the police play a crucial role in the providing of VE services. The National Instructions for Police (2012) make provisions for any person who is a victim of crime or violence to be treated with sensitivity, dignity, care, and respect. The instructions also require every member of the SAPS who conducts interviews, writes statements, or conducts investigations to listen attentively to the accounts of events of victims and to refrain from making any statements or assessment which place blame upon victims. Members of the SAPS are required to ensure that victims do not suffer secondary victimisation. The instructions also require all police officers always to treat victims with fairness and respect for their dignity and to inform them of their rights.

6.3.2.4. Sub-theme: Numbers of victims with whom providers of VE services engaged each month

Figure 6.2 provides a graphic illustration of the numbers of victims with whom the providers of VE services who participated in the study in the four provinces engaged each month.

Figure 6.2.: Numbers of victims with whom providers of VE services engaged each month



Source: research data

The types of assistance which providers of VE services render to victims of crime and violence are defined by the responsibilities or mandates of their organisations. The numbers of victims with whom they engage each day, week, or month do not constitute the sole criterion for evaluating their roles in the implementation of the VEP. Although some organisations may engage with as many as 2000 victims in a single month while others may assist 20, the figures cannot be used to assess under- or overperformance. Instead, the responsibilities of individual organisations, their constitutions and the memoranda of understanding between the providers of VE services and government departments, if the organisations receive funding from the government, provide the benchmarks according to which the work of individual organisations is to be evaluated.

The findings revealed that the lowest average number of victims who received assistance from the providers of VE services who participated in the study was ten. The participants in the Western Cape and the Northern Cape maintained that they

assisted at least ten victims each month. In the words of one participant in the Western Cape:

My target is twenty, but I do more than twenty.

A participant in the Northern Cape said:

I assist plus-minus twenty. It depends on seasons.

When a participant who provided VE services in Gauteng was asked how many victims her organisation assisted each month, she replied:

Based on the stats, it can be more or less than 200, including men, women and children.

The findings revealed that the highest numbers of victims who received assistance each month were assisted by organisations in which participants in Mpumalanga and the Northern Cape were employed. According to a participant in the Northern Cape:

Plus-minus 2000 on criminal cases and plus-minus 300 cases for family court.

A participant in Mpumalanga replied:

It depends on the location of the station, as they are not the same. There are those where there is a high rate of crime and it can be 2000 per month.

A participant in Gauteng explained that the estimated approximate average of 800 victims who received assistance each month was comprised as follows:

The plus-minus 800 victims will include victims that are seen by victim empowerment centres in police stations, shelters that accommodate abused women and children, and victim empowerment organisations for counselling.

Although the findings revealed that the numbers of victims who receive assistance from providers of VE services can vary considerably, it was evident that the participants who engaged with the largest numbers of victims were those who were either employed by the South African Police Service or worked in the courts as

employees of the Department of Justice. As a participant in the Western Cape explained:

In our court we do all cases. The number I mentioned included all cases coming to court, including maintenance and small claims cases.

6.3.3. Theme 3: Types of services provided to victims

After crimes have been committed, victims need a variety of services and a great deal of compassionate counselling in their aftermath (The National Centre for Victims of Crime, 2009). Owing to the traumatic nature of their experiences, victims need to feel safe, as the crimes which have been committed against them often leave them feeling helpless, vulnerable, and frightened. As it was explained in Chapter Two, victims may experience a range of different feelings and their responses are often expressed through feelings of self-blame, anger, shame, sadness, or denial, which often find expression in statements of bewilderment such as 'I can't believe this happened to me'. Emotional distress may surface in seemingly peculiar ways, such as involuntary laughter. Sometimes victims feel rage at the sudden, unpredictable, and uncontrollable threats to which their safety or lives have been exposed, which can even be directed at the people who are trying to help them (The National Centre for Victims of Crime, 2009).

Victims need to be able to overcome the trauma to which they have been subjected by coming to terms with their emotions, in order to regain their emotional equilibrium. In some instances, they may also need reassurance that they are entitled to their feelings and responses by sympathetic non-judgemental listeners. Consequently, governments need to draw on internationally and nationally developed frameworks to meet the needs of victims of violence and crime in their countries (Batley, cited by Davis *et al.*, 2005:118).

The Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of the United Nations (1985) signalled a significant shift in discourse pertaining to crime and victimisation, a shift which had begun to emerge during the early 1980s. The declaration was the result of efforts by interest groups which had advocated for change in the form of moving away from justice systems which had been solely concerned with offenders. The advocacy for change stemmed from a growing perception that criminal justice systems tended to confine their responsibilities to passing judgement on and sentencing offenders while they accorded scant consideration to their obligations towards their victims.

The declaration of the United Nations summarises the needs of victims as follows:

- Access to justice and fair treatment.
- Contact with the criminal justice system to be characterised by recognising them as legitimate participants in legal and judicial procedures.
- Safety, both within the criminal justice system and with respect to a restored sense of overall safety.
- Relevant information with respect to their rights and obligations within the criminal justice system.
- Appropriate assistance and services
- Continuity in systems and their interactions with relevant organisations and government departments.
- To have a voice, particularly with respect to having the right to articulate the suffering which has been inflicted upon them.
- Validation and acknowledgement of their feelings.
- Restitution, redress, and apology.

International and national legislation, policies, and strategies for interventions have been developed and implemented to meet the needs of victims of crime and violence and to enable them to overcome the trauma which they have suffered. The legislation, policies, and strategies are victim-centred and intended to assist victims to overcome

emotional trauma, participate as empowered members of society in the criminal justice system, obtain reparation, and cope with the problems which they encounter as a consequence of their victimisation. They are also intended to contribute towards preventing victimisation and revictimisation.

The national legislation and policies which were discussed in Chapter Four included:

- The National Crime Prevention Strategy
- The Victim Empowerment Programme
- The Service Charter for Victims of Crime in South Africa
- The National Policy Guidelines for Victim Empowerment
- The Victim Empowerment Support Services Bill
- Interventions for victims of domestic violence in accordance with the provisions of the Domestic Violence Act
- The Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007
- The Prevention and Combating of Trafficking in Persons Act of 2013

It is of great significance that all of these policies and pieces of legislation are integrated, as their implementation requires the active participation of all relevant government departments and civil society organisations. The government departments include the departments of Justice and Constitutional Development, Health, Social Development, Correctional Services, Education, and the South African Police Service.

In addition, the policies and legislation mandate departments and other providers of relevant services to make services available to victims of violence and crime which ensure that their rights are upheld and their needs are met. Some of the services are also integrated and the collective responsibility of particular clusters of government departments and relevant civil society organisations. The services which are provided to victims take many forms and include:

- Victim empowerment programmes
- Facilities which are conducive to meeting the needs of victims
- Trauma centres
- Support groups
- Programmes which enable victims to develop skills which enable them to generate incomes
- Medical assistance
- Counselling and referrals
- Protection orders
- Victim support centres
- The investigation of cases and the arresting and prosecuting of perpetrators
- Services to children as secondary victims
- Shelters
- Mediation services
- Legal assistance
- Community healthcare facilities
- Compensation and restitution

In the following sub-themes the services which are rendered to victims are discussed in relation to the subjective experiences of both the victims and the providers of VE services who participated in the study.

6.3.3.1. Sub-theme: Trauma debriefing

Some of the participants who were providers of VE services explained that they offered trauma debriefing to some of the victims to whom they rendered assistance in the aftermath of their traumatic experiences. One of the participants responded with trauma debriefing to a question concerning the types of services which his organisation provided to victims, while a participant in Gauteng specified trauma debriefing and shelter-related services. Hughes, Kinder, and Cooper (2012) characterise trauma debriefing as a procedure which is followed in response to traumatic events which have occurred. It enables victims to verbalise their thoughts

and emotions in relation to the trauma to which they have been subjected in a calm and safe atmosphere. As a counselling practice, trauma debriefing is usually provided from 24 to 72 hours after victims have undergone traumatic experiences.

6.3.3.2. Sub-theme: Counselling and therapeutic services

The findings revealed that counselling was the service which is provided by most of the participants to victims. Counselling is a form of support which entails counsellors having face-to-face discussions with clients to assist them with finding ways to resolve or overcome personal problems (James & Gilliland, 2012). It is usually provided in pre-arranged appointments in which problems, which can be stressful or emotional in nature, are discussed in a calm and orderly manner between counsellors and clients, in order to enable clients to play an active role in identifying the sources of their distress or anxiety and developing appropriate strategies to increase their ability to cope.

Counselling is a vital component of trauma management, as victims of crime and violence often receive treatment for their physical injuries only (Crime Victim Assistance Act, 2001). Through counselling, the effects of the long-term mental or emotional trauma which victims are likely to experience can be effectively mitigated. Consequently, the need for counselling for victims of crime or violence should be prioritised, in order to provide them with an efficacious means of enabling them to come to terms with their traumatic experiences and to work actively towards restoring their dignity.

As Holtmann (2007:9) explains, victims who have been traumatised are likely to experience uncharacteristic mood swings and to have great difficulty in planning for the future, as they are frequently depressed and anxious and often experience feelings of anger or vengefulness. Their recollections of the events which have traumatised them are often chaotic and they may suffer short-term memory loss. They need to be assisted by professional counsellors who are trained to respond to them with respect,

compassion, and concern for their dignity. Holtmann (2007) warns that working as a victim support volunteer or a trauma counsellor is not an easy undertaking, as they are continually exposed to accounts of the highly traumatic experiences of clients. Consequently, counsellors require regular supervision to protect them from the effects of secondary traumatisation, which is a form of trauma which is experienced in response to re-living the traumatic experiences of others.

The findings confirmed that some of the victims who participated in the study had received counselling. In the words of three participants:

I also came to talk to the social worker and came again.

I was not coping, the incident kept on coming into my mind. Another woman told me about this place for counselling. Now I am dealing with that problem.

They do empower me here at Ikhaya Lethemba. If you need help, they will help. Even the counsellors, the social workers, they do provide us with counselling, and it helps us a lot.

Participants in all four provinces who were providers of VE services confirmed that their organisations provided services in the form of counselling to victims of violence and crime who approached them for assistance. In the words of one of the participants:

We do counselling; counselling, also family group conferencing, and counselling and support.

6.3.3.3. Sub-theme: Awareness and outreach programmes

The findings also underscored the crucial role which awareness and outreach programmes play, as several of the participants maintained that their organisations actively implemented them. As one participant explained:

Before crimes occur, sensitising the community might prepare the community for when a case is reported, when taking the statement, and referring them to other government departments, and after, sensitise the community and make them understand what needs to be done when opening the case.

The purpose of educating the public through appropriate programmes and services is to promote public awareness of the rights of victims and the services which are available to them. Many providers of VE services participate in initiatives to raise public awareness in the communities which they serve. In addition, public education helps to change prevailing attitudes, values, and behaviour in communities. Educating the public and raising awareness can be carried out in a number of different ways, including planned events such as imbizos and dialogues in communities, distributing brochures, pamphlets, contact cards, and posters, the social media, local newspapers, entries in community provider directories, local telephone directory listings, and by any other means which available resources permit. Jacobson, McDuff, and Monroe (2015) explain that in this context, public awareness refers to the general level of understanding among the members of the public of the significance and implications of the safety of women and girls in cities and communities.

Awareness and outreach programmes were also suggested by many of the participants as an effective means of making people aware of the services which are available to victims of crime and violence. In the words of a participant in Gauteng:

I think they should make people aware of the services.

Two of the participants who were recipients of VE services said:

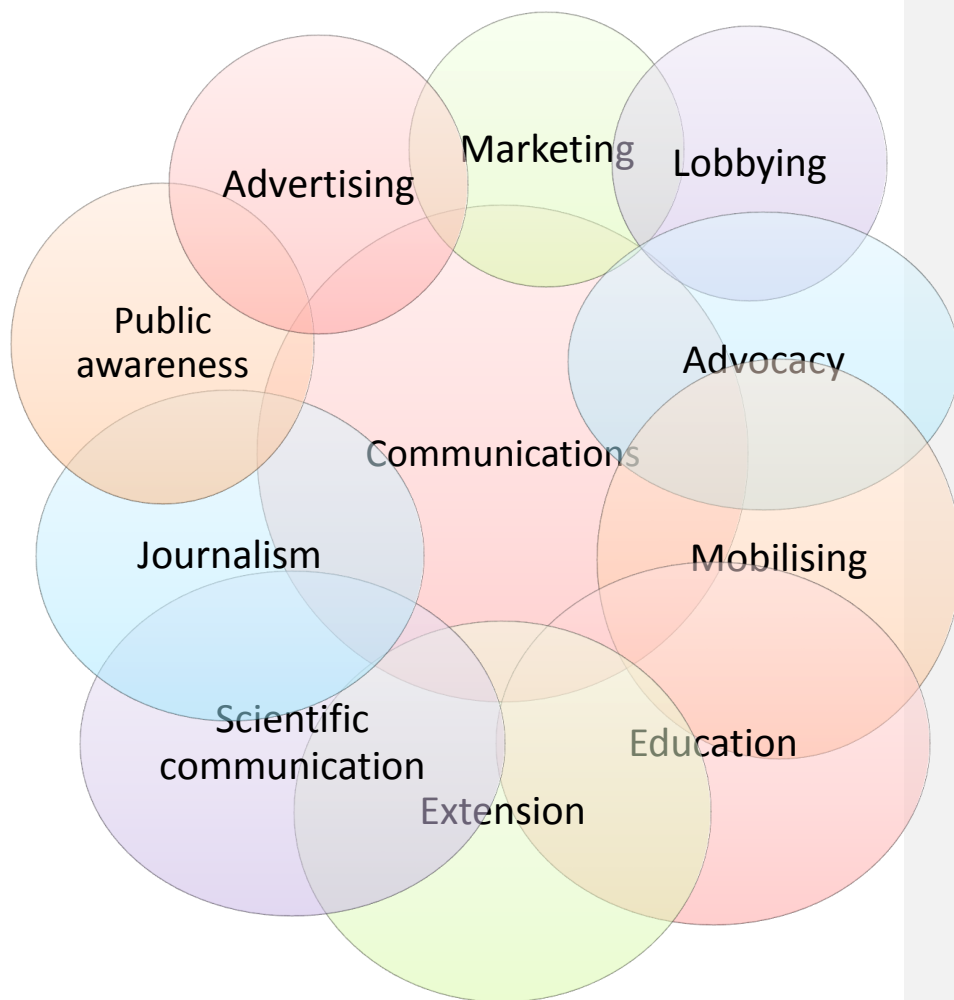
They should tell people that they are there for us. We are not supposed to be afraid to come forward to talk.

They must create awareness in the community. They will have to go out and make the community aware as to where they are situated.

It is evident from these excerpts that awareness should be fostered at a number of different levels. Awareness should be raised in communities by informing and sensitising communities to the debilitating consequences which crime and violence have for victims, particularly women and children and bringing to the attention of communities the need to ensure the safety of their most vulnerable members, through means such as seminars, brochures, pamphlets, exhibitions, public awareness events, social media, newspapers, radio and television. Conversely, increasing the knowledge and developing the abilities of providers of VE services through appropriate assistance and training could also increase the efficacy of the services which they provide to victims of crime and violence (Jacobson, McDuff, & Monroe, 2015).

Figure 6.3 illustrates the activities which can be coordinated to raise public awareness.

Figure 6.3.: Channels of communication which can be exploited to raise public awareness



Source: Adapted from Mundy and Huggan, 2007

6.3.3.4. Sub-theme: Provision of shelter and accommodation

The finding revealed that twenty-seven of the thirty-five participants in the four provinces in which the study was conducted who had been victims of crime or violence were being accommodated in shelters. A shelter is a place of temporary protection and support for women who wish to escape from domestic violence or other forms of violence at the hands of their intimate partners (Dorr, 2014). Shelters provide immediate safety to abused women and their children and help women to regain control over their lives. They are also advocated by the Domestic Violence Act to protect victims of repeated violence or abuse. The Department of Social Development, as the department which the government has made responsible for leading the implementation of the Victim Empowerment Programme, has developed a strategy for providing shelter and other basic necessities to meet the needs of the most vulnerable people, including women and children whose lives are rendered untenable by domestic violence. Dorr (2014) explains that shelters provide temporary assistance to women and their children during times of crisis and act as a safety net for women while they regain control of their lives and prepare to begin new lives.

Both categories of participants in all four provinces were asked about the types of services which were provided to victims. Relevant excerpts from the responses of two participants who had been victims are as follows:

Accommodation, food for me and my child.

They provided with accommodation, food and clothing for me and my children.....accommodation was a basic need for me and the children, and that is what they provided.

As a participant who was a provider of VE services in Gauteng confirmed:

Accommodation of women and children.

As victims in shelters have different needs owing to the different types of crime and violence to which they have been subjected and the degrees of trauma which they have experienced, shelters are expected to provide services which meet the specific

needs of the individual victims whom they accommodate, particularly with respect to tangible resources to help them and their families to begin new lives.

6.3.3.5. Sub-theme: Protection orders

The findings revealed that providers of VE services assisted victims to obtain protection orders. As one participant explained:

I consulted with the social worker and was informed to go to the police station to get a protection order. After I got a protection order I came back to them.

The researcher probed for additional information concerning a protection order. It is a document which is issued to prevent offenders from abusing victims. If a protection order is violated, the offender can be arrested. In the case of this participant:

He came but we still did not go to court, now there is a child also.

The provisions of the Domestic Violence Act define a domestic violence protection order as a document which is issued by the court which prevents abusers from committing acts of domestic violence, enlisting the assistance of another person to do so, or entering a residence which is shared by a complainant and a respondent. Protection orders are intended to prevent the recurrences of domestic violence or sexual harassment by defining the behaviour from which alleged offenders are required to refrain. Once a protection order has been granted, it is enforceable throughout the country.

The Domestic Violence Act stipulates that a protection order prohibits alleged offenders from engaging in any of the following acts:

- Committing any specified act of domestic violence or sexual harassment.
- Entering the joint residence of the complainant and the respondent or entering a specific part of the residence.

- Entering the residence of the complainant if the complainant and the respondent do not live together.
- Entering the place of employment or office of the complainant.

If a victim has been provided with a protection order, should the alleged offender fail to comply with its provisions, a warrant of arrest can be issued, which empowers the police to make an immediate arrest. Any member of the police force, including police reservists, has the power to arrest an offender at the scene of an instance of domestic violence, if there are reasonable grounds for suspecting that a violent offence has been committed.

6.3.3.6. Sub-theme: Provision of food

According to the hierarchy of needs which was propounded by Maslow, as it is explained by Bottoms, Najdowski, and Goodman (2009), food is a basic need of all human beings and other living organisms. The findings revealed that victims who were accommodated in shelters were provided with food. Some of those who had been admitted with their children explained that their children were also provided with food, while other participants disclosed that they had also been provided with clothes. As it was revealed in the discussions of the previous themes and sub-themes, many of the women had been obliged to flee and, in some cases, had tried to live on the streets with their children and without an income.

One participant replied, as follows, to a question pertaining to the types of support which the shelter in which she was being accommodated provided:

They provided accommodation, food, and clothing for me and my child.

As she went on to explain:

There were no problems here [GRIP]. The thing is that not all our problems are solved. But GRIP provided their assistance. What is unfortunate is that now the organisation is closing down.

The researcher subsequently asked the Provincial VE coordinator to establish and confirm whether the shelter of the Greater Rape Intervention Programme (GRIP) was in the process of closing down. The coordinator replied that although most of the organisations which did not receive adequate funding were threatened with closure, in this instance, she would intervene to prevent the shelter from being obliged to close.

A participant who worked at a shelter replied, as follows, to a question concerning the types of assistance and support which victims who were admitted to the shelter received:

People here came here having nothing, with no shoes nor clothes, but today they look very nice.

By contrast, a participant who was being accommodated in a shelter said:

When it comes to food here at Ikhaya Lethemba, it is not good for our health and our children. They must check the menu as to what they prepare for us. They must not put food in the fridge and afterwards dish it to the children the next day. Children get sick and get diarrhoea, they are returned by the crèches because of the diarrhoea. When you go to Medico, they do not have medication for diarrhoea, you have to go to the clinic.

This excerpt suggests that although food and accommodation is provided in shelters, in some instances the food may be of inadequate quality.

6.3.3.7. Sub-theme: Enabling victims to develop skills which permit them to generate incomes

The need to enable victims to acquire skills which permit them to generate incomes for themselves and their children once they leave the shelters in which they are accommodated has been covered in previous sections. Although the primary purpose of shelters is to provide victims of abuse with protection, support, and empowerment

programmes, as many women arrive at shelters with their children, it is consequently in the best interests of the children that school programmes should be integrated into the activities of shelters. Eva's Village is an organisation in the state of New Jersey in the United States which accommodates homeless, poor, and addicted mothers and their children. It provides a continuum of care to ensure that mothers and their children have access to all of the means which they need to gain independence and allow their families to heal together. It accommodates children with their mothers to enable them to feel safe and secure and to have the exercise, recreation, and playtime, and educational support which are crucial to their development (Eva's Village, 2015).

The findings confirmed the need for victims in shelters to acquire skills to enable them to become financially independent when they leave them. Several of the participants expressed the belief that programmes to teach skills would increase the value of being accommodated in shelters to victims, although the programmes were not available in the shelters of most of the participants who expressed the belief. One of the participants in Gauteng who was in the process of acquiring new skills in the shelter in which she was residing said:

My plan of action is to get a job and a place to stay. But not where I come from, where the man is from, but I will in another location because there are many locations. So, for now I am studying computer, also Ikhaya Lethemba they do help us. They find a school for us. There is lot of skills here at Ikhaya Lethemba and do help us a lot. So, for time being, because I am still a student, and I am still looking for a job and for time being while I am here I do something else, because I did beauty therapy. So I got a machine for beauty therapy. So I go from ground floor to do massage to the staff at the clinic so that I can get anything that I want. If I want to plait my hair, maybe I know that I got money, if I want to do something nice for myself, I do have money.

She went on to explain:

What I would like to say is that here at Ikhaya Lethemba we have a big project that is coming, but I don't know when, but we are still working on that because we are the members of the project. We are the ones who are going to start that project. So, sometimes, there are parties of something, people coming from different companies. They did donate money or skills for us. We are still busy with planning. We do attend

meetings. We are about six, we are going to start this project of beading and sewing. When we go outside, where we come from, we will find another place to stay, so that they will allow us to come back here and work for ourselves and have money for yourself. So, there is a project here at Ikhaya Lethemba. It's a project for women, it's a beading and sewing, after we do beading and sewing, maybe next year we gonna open another project, because there is lot of people who wants to do different projects. Ikhaya Lethemba, they are helping us with that.

Another participant said:

Yes, they managed to take me too, I am doing educare, and I like it, and see where I am going. And I promised my social worker that if I did not come with education, I will better throw myself over the window because I know what I am looking for.

One of the participants who expressed a desire to acquire skills said:

Maybe work skills, you know. The other thing is work skills. You know some of the victims do not really have any education, you know. Maybe they can, maybe work on the work skills, with education or something. You know the other thing is what they can do is we can do classes, Maybe computer classes. Computer classes, maybe if they don't have their education is not there, they can use - to learn a process to do their education, maybe at matric you know. The other thing is, the main thing is, the victims must sort their lives out, you know.

A participant in Mpumalanga said:

I will suggest that they teach us skills. Computer or sewing, so that I can get a job.

Another said:

I think they should teach us skills, so that we are able to make money for ourselves. Beading, sewing, and computer.

A participant who was accommodated in a shelter in Gauteng with her children emphasised the need for children in shelters to be educated:

I think for me it can be the question of education in the shelter. Because once I was there, I think there they do not have enough equipment for these kids. Or else maybe a well-educated teacher. Because I found them laying there, they just are sleeping and playing the whole day.

In the words of another participant:

Yes, they can establish dance classes.

It is evident from the excerpts which have been cited that enabling victims to acquire skills would play a significant role in empowering them. Confining the assistance which is provided to victims to shelter and food affords only protection and fails to empower them sufficiently to restore their personal autonomy. Consequently, enabling victims to develop and acquire skills represents the most effective means of empowering them and enabling them to make the transition from dependence upon others to independence. The answers to questions pertaining to types of programmes which should be developed and how they should be implemented depends mainly upon the organisations which render services to victims and the specific needs which they endeavour to meet.

It needs to be emphasised that appropriate training should also be provided to the staffs of the organisations which enable victims to learn skills in order to become financially independent. Training could include enabling members of staff to teach parenting, to perform debriefing, and to provide therapeutic services which are specifically intended to empower victims of crime and violence and their children. It is essential that all providers of VE services should be provided with continuous training concerning all facets of the rehabilitation of victims and their reintegration into society. Training could be provided at different levels. As providers of VE services operate autonomously, although the types of training which are provided should not be prescribed to them, they could be required to comply with specific formalised orientations and be provided in the forms of either in-house training or training which is outsourced to external coaches and trainers. Programmes which teach women new skills should empower them to embark upon new endeavours to make them financially independent of their erstwhile abusers. According to People Opposing Women Abuse (POWA, 2016), programmes which enable women to develop and acquire skills have a crucial role to play in enabling survivors of violence to break the cycles in which they have been trapped forever.

6.3.3.8. Sub-theme: Other services offered by providers of VE services

One of the participants in a focus group of providers of VE services explained that the remit of VE services included:

Referrals to the justice system, economic empowerment programmes, training and education, awareness campaigns, parenting plans, talk shows, support groups, early interventions, statutory social work duties, aftercare, trauma debriefing, therapeutic services, information sessions and prevention services for communities, counselling, providing shelter, legal assistance and advice, maintenance cases, small claims cases, criminal cases, protection orders for sexual offences, letters of peace, harassment cases and Children's Court cases, support services and referrals if necessary, intermediary services, psychological counselling for children only, substance abuse counselling, monitoring, victim impact reports, psychosocial support, monitoring services for NGOs, pre- and post-HIV test counselling, mediation, opening case, facilitating access to the justice system, referrals to shelters, and child safety.

6.3.4. Theme 4: Effectiveness of VE services which are provided to victims

Although the findings revealed that some of the participants in Mpumalanga Province who were victims appeared to be dissatisfied with the VE services which they received, most of the participants in Gauteng believed that the services had been beneficial to them. The sub-themes which emerged from the theme are discussed in the sub-sections which follow.

6.3.4.1. Sub-theme: Provision of much-needed shelter to victims

According to the Reviewed Shelter Strategy of the Department of Social Development (2015), shelters are temporary residences for victims of crime, particularly women and children. They can accommodate victims for periods of up to 6 months and are expected to be able to provide emergency services whenever victims are in need of

them, irrespective of the time of day or night. The findings revealed that the participants were aware that the shelters fulfilled their primary function, which is to provide shelter to victims who are homeless. In the words of four participants:

They were right and good for us, as we did not have a place to go to in terms of accommodation. What was not right is that we did not have a social worker. Since a social worker dropped us off here, she never came back to check up on us. When we asked about a social worker, we were informed she is coming, but never came up to date.

Yes, and they provided us with most of our needs.

Yes, and they provided me and my child with most of our needs.

6.3.4.2. Sub-theme: Provision of accommodation to victims

The participants also acknowledged that the shelters provided them with proper accommodation, as the following two excerpts illustrate:

They really helped me with accommodation, where would I be now?

No, for accommodation I can say for myself that it is not a problem, but what makes me feel better is that or to recommend, is that I am a mother, and we talk about, we give each other advice.

6.3.4.3. Sub-theme: Provision of safety to victims

There was general consensus among the participants that the shelters in which they were accommodated afforded them, and, in some instances, their children, safety. In the words of three participants:

Yes. Here we are safe and no one is hurting us. Yes, I was scared of the father of my baby, and here he won't hurt me.

Yes, I feel safe here.

At least they are trying, neh. Yes, I think they have done more than enough for me. Because they also trying. But now I'm just busy trying to get a job so that I get my own place to be on the safe side.

6.3.4.4. Sub-theme: Availability of social workers at shelters

As a previous excerpt revealed, some participants who were being accommodated in shelters complained that they had been unable to obtain access to social workers. The following excerpt from the response of a participant in Gauteng provides a different assessment:

At the same time I consult with a social worker, she's so friendly and she understands. Every time I got a problem, she's more than a mother. My mother is that person, she's got money, whereas she does not understand how does this money comes, you understand. So I must be there, you understand, so, by getting paid on my side they want to see everything.

The crucial role of social workers in rendering effective VE services to victims is indisputable. Although the careers of social workers are often extremely challenging, they can also be rewarding to people who desire to help others. Social workers are responsible for helping individual people, families, groups, and communities to cope with problems in order to improve their lives (Moriarty, Baginsky, & Manthorpe, 2015).

6.3.4.5. Sub-theme: Likelihood of victims recommending the shelters in which they are accommodated at present to others

As the following excerpts reveal, the participants perceived the shelters which had provided them with accommodation to be beneficial:

If you don't come when they recommend shelters, you are not going to get help. If you do come, then they help you with open hands and open heart. They are there for you, they are there to listen to your problem.

Yes, because their existence assisted me a lot. They listen to both sides. They do not take sides. They give you direction and advice in problem solving.

The way I was assisted, I think they will help that person the same also.

The excerpts which follow were taken from the responses of the participants to the question of whether they felt that they could recommend the shelters in which they were accommodated and the services which they provided to others.

Yes, I believe they can help the, they do not discourage, and they will assist them fast. They will provide counselling, couple counselling as well.

People here came here having nothing, with no shoes nor clothes, but today they look very nice. When you are sick, you stay in your room and get medication. They do not force you to come to the kitchen to eat. They bring food to your room. If you are pregnant or have a baby, they look after you. There's nothing to complain about.

In the words of two participants in the Northern Cape:

Because this is place is so comfortable, it's not like any other shelter, where it is packed and all that. You actually feel at home. You actually feel at home and hope people are very nice. People try their utmost best basically to keep you happy.

I can, because they are really good to me, really, you know, they don't want me to go. And all the time I said I just want to go, where do you want to go? They are really, they are really out of my heart, they are really good to me. I experience for the past 5 months, you know. They pay for my medication, they doing now help me with at work. They are really good to me. I can't thank these people enough. They are good. So, if there are really victims or people that want help. Or they are victims that need someone's help, Tarma Shelter is really, for me, I experience, you know. They make everything's possible, you know, really, I can't. I make food; I love to make food for them. I love it, but really. But not, I am not saying someone kicking a backside, something like that. I am talking about real victims. Then they can come here, they will

not. For me, I experience the service; the people, all the committee members are very good to me, really.

A participant in Gauteng responded as follows:

That's why at Ikhaya Lethemba, I managed to pick up the pieces, and I am building my life again and I will be in the field. In a very, very strong way, because I don't want to see myself as a loser. I can lose marriage, but not my kids.

6.3.5. Theme 5: Hardships and privations experienced by the participants in shelters or care centres

The hardships and privations which the participants experienced in shelters or care centres are discussed under specific sub-themes in the sub-sections which follow.

6.3.5.1. Sub-theme: Shortages of social workers or therapeutic services

As the following excerpts serve to emphasise, a recurring theme among the participants was a lack of access to social workers and the services which they provide:

Now the time I came here, it's a place to help, they give you place to sleep, food to eat, but they supposed to train someone to remove the stress.

Because since I was admitted in November 2011, I did not get a social worker to see me or provide any programmes.

"Because some of us did not get counselling and therapeutic services.

What was not right is that we did not have a social worker. Since a social worker dropped us off here, she never came back to check on us. When we asked about a social worker, we were informed she is coming, but one never came up to date. Yes, we thought we will get programmes like therapeutic services, skills development, and counselling services.

But if social workers ignore you, they throw you to the shelter with the care workers and when you request to see a social worker, they tell you a social worker will see you by a certain day, but it does not come.

Yes, there is no social worker here. She comes here sometimes. It's just you have to, if you want to see a social worker, you have to wait like for days. So, I think they should get an in-house social worker, one that is going to be in 24/7.

When I went to court I was alone. My family was not informed. You feel so lonely in court, no social worker and no family members.

6.3.5.2. Sub-theme: Ill-treatment by house mothers

Several of the participants revealed that they had not been treated well by house mothers in shelters, as the following two excerpts attest:

I will come back to the question of house mothers. I just want for myself a house mother who is like a person who is there to educate the victim. Here at Ikhaya Lethemba -I will talk for myself - the house mother I got here is the one who brings a lot stress and anger in myself. Instead of educating me, she criticises me. It is like being a victim is like being a vampire struggling back to be a human being. You need someone to stand and teach you to take back that anger and show that you are still that human being. For example, other people they do not know how to use electricity. There are no heaters. I can buy a heater, no matter, for R10 or R20. When there is an electric problem, they do not tell you what to do, and they just criticise you. And you can be left for 2 weeks with no electricity because of that thing.

I was hoping that maybe we should get proper bathrooms or a proper place to get our water, because at times when we go to the kitchen they scold us and you feel that you do not want to be scolded because already you have too much stress.

As shelters are intended to provide vital services to victims of violence and crime who are recovering from severe traumatisation, the environments which they provide to victims should be nurturing ones (Watson & Lopes, 2017).

6.3.5.3. Sub-theme: Health-related problems

According to Kraybill and Olivet (2006), every person has the right to adequate food, housing, clothing, and healthcare and all people have the right to participate in the decisions which affect their lives. Consequently, it is imperative to recognise, uphold, and respect the rights of victims of crime who are accommodated in shelters. Accordingly, organisations which operate shelters need to have laid down procedures for redressing grievances and appealing decisions which affect the lives of victims, which are made known and made accessible to them (Kraybill & Olivet, 2006).

The findings revealed that several of the participants believed that they were exposed to health hazards in the shelters. One participant replied to a request for suggestions for improving the services which are provided to victims by saying:

I was going to talk about health issues for the children and us women. I didn't go to the kitchen. I am going to talk about the food. As we are all here, we have different issues that brought us here. There are people with different needs due to their illnesses, including TB. I just want to address something. Like right now I stay on the fifth floor. We do not have any bathroom. The tap that we use for washing our hands is in the toilets, we also use it for getting water to drink. I was hoping that maybe we should get proper bathrooms or a proper place to get our water, because at times when we go to the kitchen they scold us and you feel that you do not want to be scolded because already you have too much stress. So at the end I get my water at the toilet. I do not know what kind of infection is in the toilet. At times kids they go to the toilet, they do not know how to wash their hands. They touch the tap, so it is actually a health problem to us. We can blame the food, when in actual fact it is not the food: it is the kind of sanitation that we use. It is not proper for us. Maybe if they can improve on that one. And also cleaning the sanitary place has to be done everyday. Because at times it's about one week without the toilet being cleaned. We have infections in the toilets.

6.3.5.4. Sub-theme: Lack of updated information concerning court proceedings with respect to cases

One of the duties of the SAPS is to inform victims concerning the progress of their cases. The Department of Justice and Constitutional Development, which includes the National Prosecuting Authority (NPA), is also responsible for ensuring that victims of crime and violence and witnesses are treated professionally and with dignity and respect during court proceedings and for facilitating their optimal participation in the criminal justice process.

Although the Service Charter for Victims of Crime in South Africa (2008) stipulates that victims have a right to information, the findings revealed that several of the participants perceived that they were deprived of most sources of information which could affect their lives. As one participant explained:

But you know, we are struggling to get a newspaper. Without newspapers, you can't get information.

Newspapers and other news media channels play a crucial role in any democracy. In this case, the participant had desired access to a newspaper in order to consult the advertisements for employment (Martin & Hansen, 1999).

6.3.5.5. Sub-theme: Unacceptable food and inappropriate menus

As the Dietary Guidelines for Americans and other reputable sources of dietary information emphasise the necessity of developing healthy eating patterns in order to maintain health and reduce the risk of disease, shelters need to set and maintain appropriate nutritional standards for the food which is provided to the people who are accommodated in them. The Fact Sheet which was issued under the auspices of the Dietary Guidelines for Americans (2017) explains that a healthy diet helps to protect people against malnutrition in all of its forms and also to prevent non-communicable diseases (NCDs) such as diabetes, heart disease, strokes, and cancer. Conversely, unhealthy diets and a lack of physical activity are among leading factors which

contribute to the risk of ill health throughout the world. Several of the participants expressed dissatisfaction with the food which they received in the shelters. In the words of one participant:

When it comes to food service here at Ikhaya Lethemba, it is not good for our health and our children. They must check the menu as to what they prepare for us. They must not put food in the fridge and afterwards dish it to the children the next day. Children get sick and get diarrhoea. They are returned by the crèches because of the diarrhoea. When you go to Medico, they do not have medication for diarrhoea, you have to go to the clinic. I think Ikhaya Lethemba is better than other shelters, as I heard. At the same time we are given accommodation here and food, but the service is not okay, as it makes us sick. You cannot have stew every day, as that causes ill health. They should just correct the whole thing as all the children's illnesses start from the food and more infections are caused.

6.3.5.5. Sub-theme: Inadequate ablution facilities or sanitation

There appeared to be a general consensus among the participants that the ablution facilities in the shelters left a great deal to be desired. As one participant explained:

It is still regarding health, I just want to address something. Like right now I stay in the fifth floor. We do not have any bathroom. The tap that we use for washing our hands in the toilets, we also use it for getting water to drink. I was hoping that maybe we should get proper bathrooms or a proper place to get our water, because at times when we go to the kitchen they scold us and you feel that you do not want to be scolded because already you have too much stress. So, at the end, I get my water at the toilet. I do not know what kind of infection is in the toilet. At times kids they go to the toilet, they do not know how to wash their hands. They touch the tap, so it is actually a health problem to us. We can blame the food, when in actual fact it is not the food: it is the kind of sanitation that we use. It is not proper for us. Maybe if they can improve on that one. And also cleaning the sanitary place has to be done every day. Because at times it is about one week without the toilet being cleaned. We have infections in the toilets.

6.3.5.6. Sub-theme: Underutilisation of available resources in the shelters

The following two excerpts are representative of the perceptions of the participants concerning a failure on the part of some shelters to make full use of the resources which they have at their disposal:

I am going to talk about the place for the children to play. There is a library here, but most of the time it is kept locked and opened on certain days.

There is a place, it's just that the place is always locked.

Facilities, such as libraries, play a crucial role in providing people who cannot afford to buy books with mental stimulation. Libraries should provide children with spaces which provide them with access to a wide and inclusive range of resources to support their learning. They also play a crucial role in the development of a culture which promotes wider reading, motivated readers, and learners for life (Wilkin, 2015). Consequently, the underutilised libraries constitute a severe indictment of the commitment of shelters to providing children with environments which promote their healthy development.

6.3.5.7. Sub-theme: Lack of recreational activities and spaces to play for children

Although the locked libraries represented underutilised resources for children, some of the participants also complained that the shelters did not provide recreational activities for children and spaces for them to play. In the words of one participant:

On weekends, children do not go to school, you find them sitting on the steps, doing nothing in the building and some end up doing wrong things because they do not have enough space to play.

Educationalists throughout the world acknowledge the role which recreational activities for children such as sports, games, and dancing play in their physical and mental development. Consequently, it is essential that children in shelters

should be able to participate in appropriate recreational activities which are structured in accordance with their ages and stages of development. The activities should also instil feelings of security and normality in children who are accommodated in shelters (Family Action, 2014).

6.3.5.8. Sub-theme: Children being kept out of school

The findings revealed that children who were accommodated in shelters with their mothers often ceased attending school. As one participant explained:

What is not right is that if you were accommodated with a child attending school, a week goes by without the child attending school. When they place you here, they tell you that everything is organised. Since we came here, the child never attended school

Shelters which provide VE services are principally concerned with providing safe and secure accommodation to adult victims of crime and violence, who are mainly women. By contrast, it could be suggested that the ambit of the shelters is not sufficiently comprehensive, as many women who need the services which they provide are admitted with their children. Consequently, shelters should provide programmes which cater for the best interests of the children, including educational and school programmes (Groenewald, 2009).

6.3.5.9. Sub-theme: Excessively long stays in shelters

It was evident from the findings that in some instances victims are accommodated in shelters for excessively long periods. In the words of one participant:

We are sheltered over and over, because since I was sheltered in October or November until now, it is 7 months. I was placed at and was brought here because of accommodation and that my children were going for a traditional ritual, I do not know what is what and what to do now because the person who abused me was arrested, but is now out and now back home.

As she went on to explain:

My problem is that my social worker went for maternity leave and is still not back. Since then, I did not see any social worker. I told the care workers that I want to go back home and was refused permission to do so. I then told them that they cannot force me to live here. Even now I fought to leave the shelter, indicating that they are forcing me to live here and I do not want to live here. I told them that they are concerned about my safety, yes, it is safe, but there are other things that I want to do outside the shelter.

In the case of some victims, although they need the safety and protection which the shelters provide, they also desire to be economically independent. Consequently, these victims perceive that being accommodated in shelters while they have no prospects for becoming economically empowered places them in an unacceptably invidious position. As one of the participants who was a provider of VE services explained:

Why I am saying that, look at the economic development programme that we have. Someone who has been a victim of DV may need to be part of that programme, based on the case that led her or him to be there. But that does not mean that we need to now take this person and decide that, since these women will be staying in the shelter for 3 to 6 months, so we need to involve her in the economic development programme without checking if it will be relevant to her. Same with the issue of skills development, equally the same, we need to check because sometimes, you may think that you are helping someone while you are creating more problems.

The findings of a study which was conducted by Glenn and Goodman (2015) revealed that some women experienced great difficulty in adapting to living in shelters because they found the rules and regulations with which they were expected to comply to be excessively restrictive. In some instances, the women found that the rules of shelters conflicted with the values of their cultural, racial, or ethnic groups and made them feel powerless and once again the victims of domination. Glenn and Goodman (2015) also found that the negative experiences of the women often resulted from rules pertaining to curfews, parenting, chores, and limits which were imposed upon the periods for which they could be accommodated in the shelters.

6.3.5.5.1. Category: Effects of staying too long in shelters: Losing employment

The findings revealed that for some of the participants there had been particularly adverse consequences of remaining for lengthy periods in shelters, particularly shelters which did not permit victims to leave their premises owing to their policies with respect to ensuring the safety of victims. As one participant explained:

I even lost my job by coming here. I know that they should have a contract with me for 6 months to solve my complaint; if they can't then they should renew it. I kept on asking the shelter staff of my social worker to re-admit me, as she kept me for over 6 months.

Although the policy of the shelter had been intended to protect the participant, the consequences of its implementation had been undesirable. Consequently, it is essential to formulate guidelines which permit those victims who are employed to remain in employment while they are accommodated in shelters. In the case of this participant, it appears that the social worker who had been assigned to her did not allow her to avoid being dismissed, possibly because she had not negotiated with the participant's employer to ensure that she did not lose her position at work.

6.3.5.5.2. Category: Perceptions of life in shelters being akin to imprisonment

Some participants compared their lives in shelters with being imprisoned. Although all of the participants had needed to be accommodated in shelters owing to their traumatic experiences, several found the rules to be excessively restrictive and dictatorial. As one participant complained:

I am now kept in jail as life in the shelter is like jail life. You are not allowed to have a cellphone. You cannot contact your family.

Another responded as follows to a question concerning whether she felt that she could recommend the shelter in which she was being accommodated to anyone else:

No, for accommodation I can say for myself that it is not a problem, but what makes me feel better is that or to recommend, is that I am a mother, and we talk about things,

we give each other advice. Something to say, hey, at least I am better than this one, you understand, but by the time you are in the house, you are locked, you are at prison yourself, you don't know whom you can trust. We must break the silence because someone must benefit from it, is not easy when you are here.

Although shelters are required to enforce rules, it would appear that, in some instances, the rules do not accommodate the specific circumstances of some victims.

6.3.5.5.3. Sub-theme: Desirable features for shelters

Groenewald (2009:163) concluded from a study which she conducted that the features of the buildings which functioned as shelters were of great relevance to their ability to fulfil their intended functions. She emphasises that shelters should enable the people whom they accommodate to feel as if they are at home, rather than the inmates of dormitories or single rooms of institutions. The findings of her study also suggested the desirability of second-phase housing to accommodate women who are preparing to leave shelters to function on their own.

Several participants complained that they experienced great difficulty negotiating the stairs in the shelters in which they were accommodated. As one participant explained:

Another issue I wanna talk about, eish, the stairs are killing us. Yes, I am talking about the lift, because every time, it is broken, they say 'We are going to fix it, we are going to fix it', and to go to the 6th floor is too much, others of us stay on the 6th floor. I know it is part of the exercise, but it's too much.

6.3.5.5.4. Sub-theme: Closures of shelters

The impending closures of the shelters in which they were accommodated was a significant concern for several of the participants. As one participant explained:

I did not experience problems here at GRIP, but I am worried about my children, especially the small one. I do not know what I will give to him. The problem is that I am unemployed and do not know where will I go to with them and what will they eat.

Anyway, GRIP provided their assistance to me and my children. What is unfortunate is that now that they are closing down, I must find a place to stay with my children and I am not employed.

Another participant, replying to a question concerning whether she felt that she could recommend the shelter to anyone if it were not due to close down, said:

Yes, and they provided me and my child with most of our needs. The only challenge is that now we are told that they are closing down.

The next chapter is devoted to a detailed discussion and analysis of the five remaining themes which emerged from the thematic analysis of the data, namely, the suggestions which were obtained from the participants for improving VE services in shelters and care centres, the availability of guidelines pertaining to services for victims, the standardisation of guidelines, suggestions for improving existing guidelines for victims, and the factors which impede the effective implementation of the VEP.

Chapter Seven

Research Findings

Section B

7.1. Introduction

This chapter takes the form of a presentation, discussion, and analysis of the remaining five themes, sub-themes, and categories which emerged from the thematic analysis of the data, which are summarised in Table 6.23 in Chapter Six.

7.2. Theme 6: Suggestions for improving VE services in shelters and care centres

A wide range of services are required in response to an equally wide range of needs which result from the trauma which is inflicted by crime and violence. As it was explained in Chapter Two, these needs may include information pertaining to medico-legal services, counselling and therapeutic services, witness preparation and witness support services, shelters, and crime prevention services in communities. The services which are provided need to correspond to the needs of a diverse group of people with respect to criteria such as socioeconomic status, age, mental and physical ability, and gender. Owing to the vulnerability of the people to whom the services are provided, it is essential for those who are tasked with providing them to ensure that all reasonable measures are taken to ensure that the services are of adequate quality.

Although the government and civil society organisations (CSOs) have made commendable efforts to increase the access which victims of crime and violence have to appropriate services, to date, in many instances, the providing of services has tended to have been accorded greater priority than ensuring their quality. Another relevant consideration is that the necessity of standardising and improving services could be undermined by a lack of specialist experts in some of the government

departments and CSOs which render crucial services to victims. The inevitable consequence is a lack of consistency in the quality of services which are provided to victims of crime and violence. The sub-sections which follow are devoted to in-depth discussions of the remaining five themes which emerged from the thematic analysis and are summarised in Table 6.23, along with the sub-themes and categories which they generated.

7.2.1. Sub-theme: Create awareness through outreach programmes

The need to make communities aware of the services which are available to victims of crime and violence was emphasised by several of the participants. In the words of a participant in Gauteng:

I think they should make people aware of the services.

Another participant said:

They should tell people that they are there for us. We are not supposed to be afraid to come forward to talk.

She expanded upon her assessment by saying:

Trauma Centre they need to go out. They must make awareness in the community. They will have to go out and make the community aware as to where they are situated. When you are raped, don't be afraid. They should tell people that if you are raped, come forward to Trauma Centre. If you were robbed don't be scared to come to Trauma Centre. They have to go out to alert that we, as Trauma Centre, we have these services. Even if you are a child who is underage, don't be scared to come to Vanderbijlpark. We have services for children. The services for children should be well marketed, telling parents that they have services for children.

7.2.2. Sub-theme: Provide adequate therapeutic services by employing additional social workers

According to Family Action (2014), therapeutic services can improve the mental and emotional well-being of children and young people by encouraging them to tell their stories, solve problems, and develop resilience in a safe and supported environment. In the case of adults who have been the victims of crime or violence, therapeutic services need to be integrated into continued and collective efforts to ensure that they are coached to take charge of their own lives once more during the process of recovering from their traumatic experiences.

The perceptions of the participants of the beneficial nature of therapeutic services are borne out by the following excerpt:

They should provide more therapeutic services.

In the words of another participant:

The other thing is, the main thing is, the victims must sort their lives out, you know. That is what my sister says. She is a psychiatrist. She tells me, Mandy, I want you to get healed so you can be a strong woman when you go out into the outside world. I don't want you to come back. But she said if I am not good, I am going out and I am not feeling that is not, I can come back anytime, you know. That is why I say that the women are really good to me, really. So the main thing is when a victim comes here, they must feel comfortable here. And the other thing is then we must work on the person's personality so that they can open up their relationships with themselves. The other thing is, they must make peace with what happened in their lives. The other thing is, you must not forget that God is the only person who can help us. That is the only thing, you know.

Therapeutic services play a crucial role in enabling victims of crime and violence to recover from their traumatic experiences by prioritising self-development, emotional growth, and developing the capacity for assuming responsibilities. Therapeutic services are provided to help victims to recognise their inherent strengths, creativity,

and choices in order to consolidate their personal autonomy (McLeod, 2013). James and Gilliland (2012) and Nelson-Jones (2011) explain that therapeutic services help people to gain insights into and learn how to work through problematic feelings and behaviour. It can enable victims to make necessary changes in their lifestyles and understand their feelings in relation to the traumatic experiences which they have undergone. As it is generally acknowledged that the life and experiences of every individual person are unique, therapeutic services need to be tailored to meet the specific needs of individual clients. Consequently, therapeutic services have the potential to provide victims with opportunities to describe their feelings and problems in accordance with their subjective experiences and then to reach decisions and to embark upon courses of action which are based on informed choices.

7.2.2.2. Category: The need for additional social workers

The perceived need of the participants to receive assistance from social workers is expressed in the following excerpts:

They must provide us with psychosocial support. There should be social workers that come here every day.

I agree with Mandy, we need a social worker. I am traumatised by the robbery but didn't get counselling yet. I need to talk to somebody about why this happened to me.

I think the shelter should get like an in-house social worker. Because you know sometimes you get depressed and you need someone to talk to and there is nobody. And you can't share your problems amongst other victims because they also have their own problems.

The participant who emphasised the need to be provided with psychosocial support elaborated as follows:

Support. Really, really, really support, you know, we want people that can support, people that can sit and just only listen. Listen to other ones' problems really. And I think for me to talk to someone it is a healing process for myself, you know. Really, I sit here tonight and I am really heartbroken, really. So, if there are people outside that

really want just to listen and listen to the victims who are really, really in need, I think this, that it will help, I think so.

7.2.2.3. Category: Referrals of victims to specialised providers of VE services

Referrals are crucial to providing appropriate services to victims of crime or violence and avoiding secondary victimisation. Referrals should be made by means of standard provincial referral forms, which need to be completed correctly. Referrals of clients should be carried out in a scrupulously professional manner, in order to preclude the possibility of victims being 'dumped'. Working agreements with other role players should be formally finalised in order to facilitate referral procedures. Clients should be assessed according to their needs and the intensity of their reactions to their traumatic experiences. In cases of domestic violence, victims should be referred to designated shelters for domestic violence within 48 hours, in accordance with the procedures which have been explained in this section (Centre for Human Rights and International Justice, 2014).

In the opinion of one participant in Gauteng:

Yes, I think also Ikhaya Lethemba needs improvement for like maybe some people have stress, they have depression, like different kinds and I think there are different kinds of depression. I think some they need to see the psychiatrist, psychologist, and Ikhaya Lethemba helps assist them to go there where they will get the psychologist.

7.2.2.4. Category: Support groups

The following excerpts reveal the perceptions of the participants of the desirability of forming support groups:

I think women can come together to discuss their problems. They can be able to talk about their pains. Sometimes there are people who can talk about their problems with

social workers, but sometimes they do not reveal all their pains. There are those who do not like to come and talk to social workers. In workshops, we know that they are for everyone, there are women who are good in talking to women, so, if women know that there is a day for a women's group, they have such problem. That is what I think. When you share you problems, you may find out that yours are better than others, at least if women come together, it will boost them.

7.2.2.5. Category: Income-generating activities

There was a general consensus among the participants that engaging in income-generating activities could be therapeutic for women who are accommodated in shelters. In the words of one participant:

If we look at our situation in the location, most of the women here are not working. I think we can meet and do catering, sewing to assist other women. That can uplift other women. At least when they wake up in the morning they will know that there is something that they will be doing, to meet with other women doing something, that lessens their stress.

7.2.2.6. Category: The need for recreational programmes and programmes to enable women in shelters to develop skills which enable them to generate incomes

Most of the participants believed that their lives in the shelters could be significantly improved by the introduction of recreational programmes and programmes which enabled them to develop skills which permitted them to generate incomes. In the words of one participant:

Yes, I hear them going somewhere, I want to get [training] for something, because if you train for something it's fine. If you do something you can't have the stress too much.

Other relevant excerpts were:

There should be also skill development.

Life skills.

Computer classes, a Bible course, garden course, cooking classes, and so on.

One participant emphasised the therapeutic value of dance classes:

Yes, they can establish dance classes...it can stimulate us and reduce our stress and forget a bit about our problems.

Other responses included:

People [victims] must get first aid training, life skill programmes, and workshops.

I will suggest that they teach us skills.

Computer or sewing, so that I can get a job.

Maybe work skills, you know. The other thing is work skills. You know some of the victims do not really have education, you know. Maybe they can, maybe work on the work skills, the educational or something. You know the other thing is what they can do is we can do classes, Maybe computer classes. Computer classes, maybe, or if they don't have their education, they can use it to learn a process to do their education, maybe at matric you know.

And I would like to encourage even those who are here for studying.

But I think they should teach us skills, so that we are able to make money for ourselves. Beading, sewing and computer.

7.2.3. Sub-theme: Provision of appropriate programmes for children in shelters

As it has already been explained, women who have been the victims of crime and violence are often admitted to shelters and care centres with their children. Consequently, as due consideration needs to be given to the best interests of the children, school programmes need to be integrated into the services which are

provided to victims by shelters and care centres. The Children's Act (2005) makes provision for children who are in need of care and protection. In cases in which children cannot be accommodated with their parents in shelters or care centres, they themselves become children who are in need of care and protection. Procedures to place children in alternative care should be followed in accordance with the stipulations of the Children's Act (2005). Conversely, those children who are accommodated in shelters and care centres should be provided with therapeutic, developmental, and recreational programmes which accord with their developmental and educational needs.

The standard obligations and responsibilities of shelters and care centres with respect to the children who are accommodated in them can be summarised as follows:

- Residential care and therapeutic and developmental programmes.
- Permanency and individual development plans.
- Temporary safe care and aftercare support.
- Protection from abuse and neglect.
- Assessment and counselling services.
- Adequate access to healthcare, schooling, and educational and early childhood development programmes.
- Adequate measures to ensure the security of children.
- Appropriate procedures to assign children to different programmes in accordance with their ages and developmental needs (NACCW, 2011).

It is also crucial that providers of VE services at shelters and care centres should be acutely aware of the rights of children, in order to ensure that they give due consideration to the best interests of children at all times and make the mothers of the children aware of the need to do so. They need to provide childcare programmes to children who are accommodated with their parents in shelter facilities to ensure that their rights are not violated. Padayachee (1997:66) emphasises that the children

of women who are accommodated in shelters or care facilities will almost inevitably have been exposed to witnessing acts of violence against their mothers or have had acts of violence committed against themselves. Consequently, it is imperative that providers of VE services should conduct an assessment of each individual child who is admitted to a shelter facility.

The children's rights which are enshrined in Section 28 (1) of the Bill of Rights of the Constitution of the Republic of South Africa, 1996, which all providers of VE services are mandated to respect and uphold are summarised as follows:

- The right to a name and nationality from birth.
- The right to have a family and to receive parental care or appropriate alternative care.
- The right to basic nutrition, shelter, basic healthcare, and social services.
- The right to be protected from maltreatment, neglect, abuse, and degradation.
- The right to be protected from exploitative labour practices and not to be required or permitted to perform work which is not age-appropriate.
- The right to be detained as a last resort only and even then to be detained for a short period only and to be kept separately from adults.
- The right to be treated in an age-appropriate manner.
- The right to have a legal practitioner assigned by the state.
- The right not to have their well-being, education, physical, mental, spiritual, moral, or social development placed at risk

When victims are accommodated with their children, providers of VE services are required to ensure that the rights of the children are not infringed. If it is apparent that a victim is unable to take responsibility for her children, it is recommended that the children should be referred to a designated social worker at a welfare organisation. In these instances, the social worker should investigate the case and determine whether the children are in need of care and protection (Children's Amendment Act, 2007).

7.2.3.1. Category: Provision of education to children who are accommodated in shelters

The following excerpts reveal the general lack of educational activities at the shelters in which the participants were accommodated:

I think for me it can be the question of education in both shelters. Because once I was there, I think there they do not have enough equipments for the kids. Or else maybe a well-educated teacher. Because I found them laying there, they just sleeping and playing the whole day.

Yes, they keeping them with activities, but no education to educate them.

7.2.3.2. Category: Recreational activities for children in the shelters

The types of programmes which could be provided to serve the best interests of children in shelters and care centres in accordance with the provisions of the Children's Amendment Act (2007) include:

- Early childhood development programmes
- Holiday programmes
- Formal education programmes

The lack of activities to stimulate children in the shelters is evident in the following excerpts:

I am going to talk about the place for the children to play. There is a library here, but most of the time it is kept locked and opened on certain days. On weekends, children do not go to school, you find them sitting on the steps, doing nothing in the building, and some end up doing wrong things because they do not have enough space to play.

Because, I am with my kids here. They go to crèche but when they come back, I think they can do more after crèche.

7.2.4. Sub-theme: Support from housemothers

Some of the participants complained that they did not feel that the housemothers gave them sufficient support, while others complained emphatically of the favouritism and secondary victimisation to which they had been subjected by housemothers. In the words of one participant:

I think there must somewhere be some specialist housemothers.

It became evident to the researcher that some housemothers had not been adhering to minimum norms and standards which apply to treating or working with victims of crime and violence. Their behaviour could possibly be explained by the failure of shelters and care centres to draw up appropriate minimum norms and standards or a lack of training on the part of the housemothers concerned. As minimum norms and standards to guide the providing of VE services to victims of violence and crime have been developed by the Department of Social Development and apply to facilities such as shelters and Khuseleka one-stop centres, it would be advisable for all providers of VE services to familiarise themselves with the relevant documents.

7.2.5. Sub-theme: The need to introduce day passes for victims who are accommodated in shelters

Most of the participants felt that they were excessively restricted by not being permitted to leave the shelters in which they were accommodated. As two participants explained:

The shelter should give us 2 days off. We need to be away from the shelter sometimes. I need it. I want to sort my things outside and here they are not helping me.

Okay, here in Tarma shelter you can't like go out for, to visit like your friends and things. Remember, you can't do that. So I think they should at least allow us to go like for 2 days because you can't be kept here for the whole day, the whole year and stuff. Just to go out for a day or two and come back. To the other friends because we all have friends. Like now we are so isolated from all people.

Although some participants did not explicitly express a desire to be issued with passes to leave the shelters in which they were accommodated, they shared the frustration which the others expressed as a consequence of being confined to their shelters. As one participant explained:

We are sheltered over and over, because since I was sheltered in October or November until now, it is 7 months. I was placed at Leseding Shelter and was brought here because of accommodation and my children were going for a traditional ritual, I even lost my job by coming here. I know that they should have a contract with me for 6 months to solve my complaint; if they can't then they should renew it. I kept on asking the shelter staff of my social worker to re-admit me, as she kept me for over 6 months. I do not know what is what and what to do now, because the person who abused me was arrested but is now out and now back home. I am now kept in jail as life in the shelter is like jail life. You are not allowed to have a cellphone. You cannot contact your family. When I went to court I was alone - my family was not informed. You feel so lonely in court, no social worker and no family members.

Another participant explained her predicament as follows:

My problem is that my social worker went for maternity leave and is still not back. Since then I did not see any social worker. I told the care workers that I want to go back home and was refused to do so. I then told them that they cannot force me to live here. Even now I fought to leave the shelter, explaining that they are forcing me to live here and I do not want to live here. I told them that they are concerned about my safety, yes it is safe, but there are other things that I want to do outside the shelter. I did not attend court and had no information about my case, as my case has to do with lawyers. They call me on the cellphone and I have no access to my cellphone. You have access to phones, but you do not call them and keep on promising to call without success. Now that I went out I am busy consulting about my divorce case, and the lawyers are asking why didn't I contact them and why didn't I call them.

7.2.6. Sub-theme: Provision of RDP houses to victims

Several of the participants believed that they should be made eligible to receive RDP houses. As one participant explained:

They [care workers] will tell you that there is no place. Can't they arrange a person to get RDP houses depending on the seriousness of the problem? We are here because of serious problems and we cannot go back to those houses.

7.2.7. Sub-theme: Ensuring the participation of all crucial stakeholders

Several of the participants emphasised the need for a wider range of providers of VE services to participate in the programmes and activities which were provided at their shelters. In the words of two participants:

I suggest that other stakeholders should be more involved in the shelter, like nurses.

Yes, there is this other lady who used to come. She is not a trained psychologist or social worker, but she used to help and we could discuss our problems with her and would feel better, but now she is not coming anymore, like for a month now.

The active participation of a wide range of professional specialists is advocated by the National Policy Guidelines for Victim Empowerment (2009), which characterise the Victim Empowerment Programme as an intersectoral and interdepartmental programme whose principal objective is to restore loss or damage which has been caused by criminal acts and their consequences, through a variety of interventions which are intended to empower victims to overcome the adverse consequences of the trauma which they have undergone and to suffer no further loss or damage. Consequently, the contributions of a range of different professional specialists are intended to preclude the possibility of victims being subjected to secondary victimisation.

7.2.8. Sub-theme: The need to provide victims with the information which they need to overcome the effects of victimhood

Many of the participants expressed the opinion that they were not provided with sufficient relevant information to play a more active role in improving their circumstances. As one participant explained:

They should try to get us more information regarding available posts, because some of us are not working.

As the right to receive information is one of the seven rights of victims of crime which are enumerated by the Service Charter for Victims of Crime in South Africa (2007), providers of VE services are both legally and morally obliged to provide victims with the information which they desire to assist them to play an active role in the prosecution of their cases and improving their circumstances.

7.3. Theme 7: Availability of guidelines for providing services to victims

The participants who were providers of VE services provided a considerable amount of data concerning the guidelines which their organisations used to guide the rendering of VE services to victims.

7.3.1. Sub-theme: Guidelines vary according to the nature of the crimes which have been committed against victims

Guidelines differ according to the nature of the services which are provided, which, in turn, depend to a large extent upon the types of crimes which are committed against individual victims. The following excerpts are representative of the responses of the participants to questions concerning the availability of guidelines and the extents to which they applied them in a standardised manner.

But the way they are received is the same but when it comes to treatment and their security, it differs. We may have guidelines but it depends on the type of victims you are dealing with at that particular time.

It will be the skill that you applied to the guidelines that you are executing when dealing with a particular client in that regard. You cannot practise the same. It is important to do that.

We do have, but they cannot be used for all types of victims.

We do have, in addition to the instructions and manuals that we have, we've got the statutory order on how to deal with people. We've got other components that are dealing with these things within the organisation, for example, organised crime will do borders and human trafficking. There are guidelines in place for that.

Remember, we are not dealing with the very same types of victims, it differs based on what you offer.

The forms which guidelines take and their inherent differences are discussed in the sub-section which follows.

7.3.2. Sub-theme: Guidelines for victims of domestic violence

The participants all maintained that they applied the guidelines which had been issued to them for providing VE services to victims of domestic violence. The Department of Social Development (2009) explains that the rationale for the guidelines which it has issued to providers of VE services are intended to be comprehensive, multifaceted, and holistic and perform the following functions:

- Assist social service professionals to provide victims of domestic violence with services which are both effective and efficacious.
- Overcome disparities between policy and practices with respect to combating violence against women and children.

- Provide a sound and comprehensive analysis of the Domestic Violence Act 116 of 1998 (DVA), in order to elucidate myths and relevant facts pertaining to domestic violence.
- Articulate the interventions which are required of service providers and government departments to combat violence against women.
- Take into cognisance that policy decisions which are intended to serve the best interests of women should be guided by the experiences and perceptions of survivors of violence.

The guidelines which have been laid down for the implementation of the Domestic Violence Act are adhered to by the departments of the JCPS Cluster and relevant CSOs. The guidelines are also augmented by relevant pieces of legislation pertaining to protection orders and matters such as the paying of maintenance.

As one of the participants who was a provider of VE services explained:

Let's say, if it is a victim of domestic violence, you will assist with the application for the protection order, whereas if it is a victim of human trafficking, they will need some security services such as to be referred to services like witness protection services where victims cannot be kept in the stations, where there are many stakeholders from the national offices.

7.3.3. Sub-theme: Guidelines for victims of human trafficking

It emerged from the findings that although international policies pertaining to rendering assistance to victims of human trafficking such as the Recommended Principles and Guidelines on Human Rights and Human Trafficking of the Office of the Commissioner for Human Rights of the United Nations have been promulgated, relevant legislation was still being formulated in South Africa. As one of the participants in Gauteng explained, there were no standardised guidelines in the absence of finalised legislation:

In terms of practice guidelines in relation to the Victims' Charter and the National Policy Guidelines, those were standardised in terms of all the government departments and the NGOs in relation to government departments, in terms of DV and rape. But when you come to human trafficking, hijacking, xenophobia, and others, we do not have guidelines. In terms of human trafficking, we are still writing the legislation, still writing policy in terms of how to develop them. We are finishing the policy in terms of victim empowerment and rape in the process to develop the legislation. In terms of others we are in the process of developing.

As he went on to explain: What is very important is that focus be given to the different victims, like, for instance, human trafficking, we have to develop guidelines which address those victims. When dealing with victims of xenophobia, it is a different focus area, then we must develop guidelines too. In terms of the victims of hijacking, those are different kinds of policy guidelines, so we have to go that process in terms of all the different victims and victims of hate crime as well, we have to give focus to each and every type of victims. That is the process that the department must undertake.

7.3.4. Sub-theme: Legislation and policy pertaining to victim empowerment

The National Policy Guidelines for Victim Empowerment (2009) have been developed with the aim of achieving a society in which the rights of victims of crime and violence are acknowledged and upheld and their needs are effectively met within a restorative justice framework. The objectives of the guidelines are as follows:

- To give strategic direction with respect to the development of management structures for effective coordination of the Victim Empowerment Programme at all levels of government.
- To identify and clarify sector-specific roles and responsibilities of management structures at all levels of government.
- To guide the process of monitoring, evaluating, and reporting by the structures which are tasked with the implementation of the Victim Empowerment Programme.

- To serve as a framework for the development of sector-specific policies and strategies.
- To identify the roles and responsibilities of relevant government departments.
- To create a common understanding of victim empowerment among relevant state departments, victims, perpetrators, non-profit organisations (NPOs), including non-governmental organisations (NGOs), community-based organisations (CBOs), and individual members of communities.

Several participants maintained that the rendering of VE services to victims of crime and violence was guided by the National Policy Guidelines for Victim Empowerment. As a participant in Gauteng explained:

There is also a document that is developed by the National Department of Social Development that guides all the VE organisations and departments as well, it is the VEP policy guidelines. And we also have minimum standards for working with victims.

7.3.5. Sub-theme: Norms and minimum standards

After the National Guidelines for Victim Empowerment had been approved, the Department of Social Development formulated appropriate norms and minimum standards for rendering VE services. The purpose was to provide providers of VE services with the necessary information concerning their specific roles and responsibilities with respect to services to victims of violence and crime. The norms and minimum standards are rights-based and can be implemented at all levels of intervention (Department of Social Development, 2012).

The first level of intervention is prevention, which is implemented under the rubric of 'Information and Awareness'. In recognition of the rights for victims, the norms are intended to ensure that communities are educated concerning crime and violence and that they are made aware of the VE services which are available to victims. Conversely, minimum standards are intended to ensure that communities understand the nature of victim empowerment and the contribution which support services make

to breaking cycles of crime and violence. The ultimate purpose of the norms is to ensure that communities are adequately informed of the programmes and services which are available to them under the auspices of the Victim Empowerment Programme. The norms and minimum standards also provide guidance for facilities such as shelters which accommodate victims of violence and crime.

The following excerpts summarise the interpretations of the participants of the manner in which the norms and minimum standards need to be applied:

Yes we do have, but, as explained earlier, somewhere you may get in terms of the victims that you are dealing with, you will have to check the needs and try to change them and align them according to the minimum norms and standards to meet the needs of the victims. It goes again with the issue of skills because you must be able to assess in order to determine what kind of services are needed.

Yes, it also works hand-in-hand with the norms and standards that are there for the VEP.

And we also have the minimum Standards for working with victims. For the minimum standards I will say, like it says, it's minimum standards, like each and every VE organisation will be able to utilise the minimum standards. Moreover, they can have their own that is service-specific to deal with the category that they are working with. But the minimum standards, yes, they are applicable to all victims that we deal with, as well as the VE guidelines. It does not limit you to say this is only the focus that you can have in terms of working with victims, you can go broader, but the basic minimum that appears in those documents, yes, it is applicable to all victims.

7.3.6. Sub-theme: The Victims' Charter

The Service Charter for Victims of Crime in South Africa, which is also known as the Victims' Charter, is an initiative of the government which prescribes the minimum standards of service to which victims are entitled when they visit a government department or a CSO which renders VE services to victims of violence and crime. The rights which are afforded to victims, in accordance with the Service Charter for

Victims of Crime, are also enshrined in legislation to safeguard them, such as the Bill of Rights in the Constitution of the Republic of South Africa (Act No 108 of 1996) and the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of the United Nations (1985).

The Victims' Charter articulates the manner in which the criminal justice system endeavours to make victims its central beneficiaries. Some of its intentions are to minimise secondary victimisation, to consolidate the standards of service which victims can expect, and to provide recourse when they are not met. It pledges to minimise victimisation at each stage of the interactions of victims with the criminal justice system. It also enumerates the seven rights which all victims of crime are afforded when they engage with the criminal justice system, namely:

- The right to be treated with fairness and respect for dignity and privacy.
- The right to offer information.
- The right to receive information.
- The right to protection.
- The right to assistance
- The right to compensation.
- The right to restitution.

As a sub-programme of the VEP and under the leadership of the Department of Justice and Correctional Services, the Victims' Charter articulates the rights of victims for the departments of the JCPS Cluster departments, in relation to the victim empowerment services which each department provides. The types of services differ according to the protocols, national instructions, and mandates of each department.

It was evident from the findings that the Victims Charter served to guide the rendering of VE services in all four of the provinces in which the study was conducted. In the words of a participant in Mpumalanga:

In the Victims' Charter, I have my role then I will refer if need be, and then the other department will play its role. I only follow the guidelines for what is my role and include other stakeholders to form a holistic intervention.

A participant in the Northern Cape said:

Beside the Victims' Charter; we also use the Sexual Offences Amendment Act and the Strategy for Sheltering Services for Victims of Crime and Violence in South Africa (please see Chapter Eight).

7.4. Theme 8: The standardisation of guidelines

Questions which were put to the participants concerning whether they followed standardised guidelines elicited a number of different responses. In the words of one participant:

I think we are using the same guidelines to help victims. They are written by the government.

Although the following excerpt has already been cited in a different context, it nonetheless reveals that although the guidelines for rendering services to some categories of victims have been standardised, it is not yet the case for services which are rendered to some categories of victims:

In terms of practice guidelines in relation to the Victims' Charter and the National Policy Guidelines, those were standardised in terms of all the government departments and the NGOs in relation to government departments, in terms of domestic violence and rape. But when you come to human trafficking, hijacking, xenophobia and others, we do not have guidelines. In terms of human trafficking we are still writing the legislation, still writing policy in terms of how to develop them. We are finishing the policy in terms of victim empowerment and rape in the process to develop the legislation. In terms of others we are in the process of developing.

A participant in the Northern Cape said:

I will say yes, we do have guidelines. However, in terms of using them for other types of victims, I would say not exactly. There is no adherence to the guidelines. Sometimes

the system of referral is not approved. You will receive referrals at a later stage. Opening up wounds that re-victimise the client.

A participant in the Western Cape who had emphasised the need for standardised guidelines said:

I think there should be a clear protocol for referral, so that I should know where to refer if that is not my area of expertise.

In order to ensure that the rights of victims are consistently upheld through the rendering of VE services which are of adequate quality, it is essential that guidelines for rendering services are standardised.

7.4.1. Sub-theme: Guidelines developed by the government

In the context of this sub-theme, the government refers to the departments which comprise the JCPS Cluster as they are the departments which are tasked with implementing the Victim Empowerment Programme. These departments are required to follow different sets of guidelines which have been developed in accordance with the specific mandate of each department. The perception that the guidelines which are followed by the departments in the cluster are standardised is reflected in the following excerpt:

I think we are using the same guidelines to help victims. They are written by the government.

Another participant said: *In terms of practice guidelines in relation to the Victims' Charter and the National Policy Guidelines, those were standardised in terms of all the government departments and the NGOs in relation to government departments, in terms of domestic violence and rape.*

7.4.2. Sub-theme: Guidelines developed by the SAPS

The SAPS has a mandate to establish facilities which are conducive to putting victims at their ease when they report crimes or violent acts which have been committed against them and to conduct investigations into crimes which entail violence in families, the need to protect children, and sexual offences through the deployment of the specialised Family Violence, Child Protection, and Sexual Offences (FCS) unit of the SAPS. The National Instructions for Police (2012) makes provisions for any person who is a victim to be treated with sensitivity, dignity, care, and respect. They also require every member of the SAPS who conducts interviews, records statements, or carries out investigations to listen attentively to the accounts of events of victims and to refrain from making comments which cast aspersions at victims or apportion blame to them for the crimes which have been committed against them, in order to ensure that they do not suffer secondary victimisation.

The national instructions also require members of the SAPS who receive complaints from victims at Community Service Centres to determine whether individual victims should be interviewed in the centres or be taken to appropriate private facilities, in accordance with the nature of the crimes which have been committed or the conditions of individual victims. Victims who are under the influence of liquor or any other substance are required to be allowed time to regain their sobriety before statements are taken from them. Should victims be in need of either medical assistance or trauma counselling, the assistance is required to be provided immediately, with due consideration being given to the protection of evidence.

In order to enable victims to play meaningful roles in the prosecution of their cases, the members of the SAPS who interview them, take statements from them, or investigate their cases are also required to inform victims of their rights, which include:

- The right to receive information:

Victims are required to be provided with information concerning the status of the accused in their cases, progress in the investigations which are being conducted, and

all relevant services which are available to them. The information could pertain to the name and contact details of the investigating officer, the case number, the date on which the accused is due to appear in court, information pertaining to bail, the referral of the case to court, the bail application hearing and its outcome, and information pertaining to the outcome of the case.

- The right to offer information

Victims have the right to offer information during the investigations of their cases or the subsequent trial proceedings. It is the responsibility of either the member of the SAPS who receives the complaint or the investigating officer to ensure that the information which the victim provides is appropriately represented in the statement by allowing the victim to satisfy himself or herself concerning the accuracy of the statement. The member of the SAPS who receives the complaint is required to afford the victim an opportunity to offer information by advising him or her concerning his or her role in attending the criminal proceedings and participating in the bail hearings and the trial and sentencing proceedings.

- The right to protection

The member of the SAPS who receives the complaint is required to explain to the victim his or her right to protection from any form of threats such as harassment, intimidation, bribery, corruption, or any form of abuse by either the offender or a member of the SAPS, in relation to the case under investigation. If a victim is found by members of the SAPS at a crime scene, the members are required, apart from protecting the crime scene, to protect the victim against any further harm.

- The right to assistance

Every member of the SAPS who interacts with a victim is responsible to render whatever assistance may be necessary, with respect to the nature of the crime which has been committed and the injuries which the victim has suffered as a consequence. The member who receives the initial complaint concerning the crime from the victim is required to explain the support services which are available in his or her community and the procedures which need to be followed in order to obtain access to them.

- The right to compensation

The investigating officer is required to explain the procedures which the victim may follow in order to seek redress for infringements of his or her rights, such as by invoking the provisions of sections 297 and 300 of the Criminal Procedure Act, 1977(Act 51 of 1977) if it is appropriate to do so and by assisting the victim to do so.

As one participant explained:

In our case, SAPS, when their manual was developed, we were involved, NPA, Justice, even components within SAPS. They can be accessed also on the internet and the SAPS website, you can get the manual, including Athalia [the researcher], was part of it, where their principals were there, including Correctional Services.

7.4.3. Sub-theme: A lack of guidelines

Although the following excerpt has been cited as a response to a question concerning the availability of guidelines, it nonetheless serves to confirm the lack of guidelines for providing VE services to several categories of victims at present:

But when you come to human trafficking, hijacking, xenophobia and others, we do not have guidelines. In terms of human trafficking, we are still writing the legislation, still writing policy in terms of how to develop them. We are finishing the policy in terms of victim empowerment and rape and in the process to develop the legislation. In terms of others, we are in the process of developing.

Other relevant excerpts were:

I think it is true what she has said, because some of the things, they just came up now and some of the crimes were not there, like, when talking about xenophobia. These are issues that were not there, so we need to continue to develop policies that will re-counter to that.

Thulas has covered everything, but with that we are still working with those new cases like xenophobia and we are trying to incorporate the available one to assist at the end of the day.

We don't have guidelines.

Yes, because when I read the policy, I don't know how to deal with those who are victims of corrective rape and those who are victims of human trafficking.

7.4.3.1. Category: Problems which result from unfunded organisations

The following excerpts are representative of the perceptions of the participants of the problems which had arisen with respect to adhering to guidelines owing to some organisations not receiving funding:

No. The reason why I say no is because sometimes with the department, things are done differently. Organisations which tend to get information on the guidelines physically will be people who are funded. You know, yes. So, but people who are not funded, they do not have such. It became a problem, not only for this specific programme, but in general, social development programmes that develop communities. Hence I'm saying we have internally developed something of our own that will guide ourselves easy. Even new people who are coming, so that they know what it is that we have on our programmes, what we intend to achieve.

Because the unfunded organisations are not trained. They are not the target for training by the Department of Social Development, who has developed those guidelines. They only focus on the funded organisations and for the funded organisation it is being utilised the same because they do the same kind of training, but it will be different from the organisations that are not funded.

With respect to following guidelines, the participant said:

I think they can be used, especially when you consider the victim, protection of the victim, ensuring that you avoid secondary victimisation, I think any organisation can use them and adapt them to their organisational needs.

By contrast, another participant said:

Yes, we have guidelines. For me is possible to use them for other types of victims as the guidelines were done interdepartmentally. All stakeholders were part of our protocol, which we review every year.

7.4.3.2. Category: A lack of implementation

Although a lack of implementation of guidelines was a recurring theme in the relevant interviews and discussions, the reasons appeared to vary significantly. Some of the participants attributed the problem to a lack of training, while others tended to blame the effects of different mandates.

7.4.4. Sub-theme: A lack of adherence to guidelines during implementation

The perceptions of the participants of the reasons for an apparent lack of adherence to guidelines during the implementation of programmes are borne out in the following excerpts:

It might differ how people implement, like Zwa has already said. The organisations that are not funded do not have access to, not really that they do not, but they are not trained on the said guidelines. The funded organisations are trained and they are familiar with the document, and they know how to implement or follow the guidelines, but for the unfunded organisations, the material is there, the guidelines are there, but it might not be interpreted the same way as with the funded organisation.

I will say yes, we do have guidelines. However, in terms of using them for other types of victims, I would say not exactly. There is no adherence to the guidelines. Sometimes the system of referral is not approved. You will receive referrals at a later stage. Opening up wounds that re-victimise the client.

As the participant went on to explain:

Yes, that is what I am saying, hence I said there is no adherence to them. Other organisations may not use them because they do not address their intervention strategy or process. Other organisations can use organisational protocol to deal with their victims.

7.5. Theme 9: Suggestions for improving existing guidelines for rendering VE services to victims

The suggestions which the participants made for improving existing guidelines for rendering services to victims are discussed under the sub-themes which follow.

7.5.1. Sub-theme: A need to review guidelines

A participant explained the need to review existing guidelines as follows:

Before I lose this point again, I think you remember what I have said. Because we are not funded, we designed our programme based on clients' needs and challenges. Remember in the communities' dynamics, community changes now and then. And sometimes you find that we are part of the group who started the organisation, after 2 years I move to other department and the people who are remaining behind will still follow this, not considering that the clients that we are having now, they need change, for example, I am working in an informal settlement. In an informal settlement, things are different than in suburbs, it is different. The challenges, the education, and so on, totally different, and at the time I started with the team that established the manual but after 4 years the community changes. The community had a lot of problems, they had no resources and staff, but now, after 4 years the community changes. There are more resources, there are more campaigns, programmes, and there are more organisations. Our manual that we are using is still the same that we designed 5 years ago and is no longer suiting the needs of the beneficiaries and the clients.

As the participant went on to explain:

With me maybe it will be different. I think it will be fair if it's after 10 or 15 years. Why I am saying that, based on the national government programmes and plans. The National Government when they plan, from Parliament and the Legislature, they plan for 19 to 15 years, so that it is better in that way to review them after that particular time.

7.5.2. Sub-theme: The need to develop appropriate guidelines for rendering services to each category of victim

The need to develop appropriate guidelines for rendering services to each category of victim elicited a great many responses from, and a considerable amount of discussion among the participants. In the words of a participant in Gauteng:

What is very important is that focus be given to the different victims, like for instance human trafficking, we have to develop guidelines which address those victims. When dealing with victims of xenophobia, it is a different focus area, then we must develop guidelines too. In terms of the victims of hijacking, those are different kinds of policy guidelines, so we have to go that process in terms of all the different victims, and victims of hate crime as well, we have to give focus to each and every type of victims. That is the process that the department must undertake.

Other relevant excerpts included:

But we trying to widen up the different types of victims we deal with, which means we need more and more policies developed that will focus. That is why we review norms and standards for different sectors, which is why we are trying to come up with a costing for services that will be standardised, so that we know that we can do VE services equally and many other things that we do like capacity building.

As they are guidelines, I think any organisation can use them, but adapt it to whatever they do. Because they are just a guide.

Why I am saying that, look at the economic development programme that we have. Someone who has been a victim of domestic violence may need to be part of that programme, based on the case that led her or him to be there. But that does not mean that we need to now take this person and decide that, since these women will be staying in the shelter for 3 to 6 months, so we need to involve her in the economic development programme without checking if it will be relevant to her. Same with the issue of skills development, equal the same, we need to check because sometimes, you may think that you are helping someone while you are creating more problems. My point is we definitely do need a programme that will guide us even in channelling, referring, and placing that will be relevant according to each case. Because you may

be a victim of domestic violence, but the programme that you are supposed go to are different. So, I think definitely we need a guideline.

As we said, the previous legislation did not focus on the victims themselves, the guidelines that we will develop now should focus more on information from the victim and also and how we can have realisation (please see Chapter Eight).

7.5.2.1. Category: The need to develop specific guidelines for shelters and one-stop centres

The general consensus among the participants that guidelines should be developed specifically for shelters and other facilities in which victims of crime and violence are accommodated is reflected in the following excerpt:

In terms of what should be included in the guidelines, I am thinking of a situation where we would in the VE legislation and guidelines have something that will talk to a victim that has been admitted in a shelter, and the police or somebody from health department is aware of that, they should know that they should not disclose to other people in case they endanger the life of the victim or the other victims, because that is the current challenge at present.

As it has been explained, a shelter is a place in which women who wish to escape from domestic violence and all other forms of violence which are inflicted upon them by their intimate partners are temporarily accommodated in order to afford them protection and support. Shelters provide immediate safety for abused women and their children and enable women to regain control over their lives. They are also considered to accord with the provisions of the South African Domestic Violence Act with respect to providing appropriate protection to victims of repeated violence or abuse. Through the Department of Social Development, under the auspices of the Victim Empowerment Programme, the government of South Africa developed the Policy Framework and Strategy for Shelters for Victims to meet the needs of the most vulnerable people, particularly, women and their children whose lives have been rendered untenable by domestic violence. As the needs of individual victims in shelters can vary considerably in accordance with the types of crimes which have been

committed against them, shelters are expected to provide services which meet their specific needs. Shelters should also help victims to obtain tangible resources, in order to enable them to begin new lives for themselves and their families (please see the guidelines in Chapter Eight).

In the context of this study, shelters in the form of one-stop centres such as the Khuseleka One-Stop Centres are temporary residences in which victims of crime, particularly women and children, can be accommodated for periods of up to 6 months. They are required to be able to render appropriate emergency services to victims at any time of the day or night. Although the immediate need of victims which shelters meet is that of safety, as their relatively protracted stays in shelters are intended to enable them to be successfully reintegrated into society, shelters also need to prepare them adequately by providing services and programmes which promote self-reliance and enable them to live independently, such as:

- Counselling
- Training in life skills
- Healthcare
- Recreation
- Economic empowerment through acquiring skills which make victims employable, such as skills in office administration and entrepreneurial skills, such as sewing, beadwork, or gardening

It needs to be emphasised that the counselling which is provided to victims of violence and crime, irrespective of whether it is provided on an individual basis or to groups, should be appropriately structured. It is also imperative that counsellors should explain to victims that the choice to participate in the counselling or group sessions is entirely theirs to make, although it would undoubtedly be in their best interests to do so.

Providers should always keep in mind that individual victims do not live in isolation, although they may experience feelings of isolation. Their significant others or the

members of their families could play decisive roles in their healing. As feelings of rejection by significant others and members of their families are likely to retard the recovery of victims, providers of VE services should endeavour to bring together victims and the people with whom they have been close. In addition, they need to determine whether individual cases need to be referred to other providers of VE services or other professionals in the communities in which the families of victims reside, or whether they themselves are able to render the services which are needed immediately.

7.5.3. Sub-theme: Standardised costing of services rendered through the VEP

The following excerpt is representative of the opinions which were expressed by the participants concerning the need which they perceived to be necessary for the standardisation of the costing of the services which are rendered under the auspices of the VEP:

That is, we are reviewing norms and standards for different sectors; that is why we are trying to come up with a costing for services that will be standardised so that we know that we can do VE services equally and many other things that we do, like capacity building.

7.5.4. Sub-theme: The need to develop appropriate legislation pertaining to VE

One participant concisely summed up the need for appropriate legislation to guide the rendering of VE services as follows:

But one of the most important things that will help us to solve the problem is the thing that is still a problem, which is to develop the VE legislation, so that even though policies are developed by different departments, they will be forced to implement because the legislation will mandate all those departments to do what they are supposed to.

7.5.5. Sub-theme: The need to develop guidelines for rendering aftercare services and enabling personnel to develop necessary skills

Relevant excerpts from discussions concerning the necessity for providing aftercare services were: *Yes, I think I do agree with him that there should be guidelines that focus on the aftercare of the victims. Currently I think they speak to them when they come to the organisation to access the services. But after that, what happens?*

I think it depends and differs with the different organisation that we working with. It can be a client for some of us, you come as a client, especially on the Men's Programme, you come as a client, you get counselling and support, but there is a second stage that we can give you where we give training, facilitation, and campaigns so that you became aware of the challenges that you had. And also the third step if you need the different empowerment, where you need to become a foot soldier and share information that we are sharing. So that's why I am saying it will differ with us, others will be a client, you get the training and get empowered economically with the programme for the men maybe, so somewhere somehow, that's why I am saying it will differ with organisation, with people also. To say we must also give our victims the platform to say from here, because sometimes they just need counselling and move forward. Others, they need counselling to say they still need to be part and parcel of the programme. So it's also to give them the opportunity to say 'Sharp, we are done with the counselling', but we also have 1,2, 3, and from there, until they are empowered.

Some of the participants suggested that there should be an exit plan for victims who are accommodated in shelters. As this research has covered facilities such as the White Doors, the Khuseleka One-Stop Centres, and other facilities which accommodate victims of violence and crime, the researcher developed an exit form as a guide for providers of VE services to use in their facilities to prepare victims to be reintegrated into society (please see Chapter Eight).

7.5.6. Sub-theme: The need to provide comprehensive integrated services to victims

The following excerpts are representative of the perceptions which the participants expressed concerning the need to provide comprehensive integrated services to victims:

One-stop shelter where all stakeholders will be there to render services to all victims of crime.

I think we should look at the issues of an integrated approach.

We should generate a transversal approach and guidelines to ensure the participation of the entire cluster.

7.5.6.1. Category: The need to develop appropriate protocols

The following two excerpts from the responses of two participants in the Western Cape express the general consensus among the participants concerning the need to develop appropriate protocols for rendering comprehensive integrated services to victims which emerged from the findings:

Protocol for rendering integrated comprehensive services to victims.

I think there should be clear protocols for referral, so that I should know where to refer if that is not my expertise.

Consequently, the researcher was able to conclude that appropriate referral protocols would be crucial to the guidelines for implementing victim empowerment programmes in a manner which accords with both the objectives of providers of VE services and the specific needs of all of the categories of victims to whom they render assistance. The protocols would need to be developed in a manner which enables them to be implemented in conjunction with the guidelines, in order to prevent secondary victimisation and also to fulfil the mandate of this study. As the Victim Empowerment Programme is an intersectoral and interdepartmental programme, the protocol would

need to be applicable to all of the departments of the the JCPS Cluster, namely, the departments of Social Development, Health, Correctional Services, Justice and Constitutional Development, the National Prosecuting Authority, and South African Police Service, for the purposes of both rendering services to victims and monitoring the rendering of services. Protocols for shelters and Khuseleka One-Stop Centres would need to be separate from those for departments of the JCPS Cluster, as would those for civil society organisations.

The aim of the protocols is to document effective referral pathways which coordinate the contributions of providers of VE services, shelters and Khuseleka One-Stop Centres, NGOs which provide VE services, irrespective of whether or not they are funded, and other organisations which are dedicated to protecting victims of crime and violence and ensuring that there are significant improvements in the services which are rendered to them.

The functions of the protocols are summarised as follows:

- To facilitate formal and informal referrals by providers of VE services to others within the victim empowerment sector, including referrals to shelters, White Doors Safe Spaces, or Khuseleka One-Stop Centres if they are deemed to be necessary.
- To assess the immediate circumstances of victims who have been admitted to shelter facilities and making referrals to ensure that they are provided with appropriate support services.
- To facilitate formal and informal referrals by organisations which operate shelters, such as White Doors Safe Spaces or Khuseleka One-Stop Centres to other organisations, to enable victims to be provided with emergency services if they are needed.
- To facilitate referrals by providers of VE services, irrespective of whether they are government departments, NGOs, or CSOs, to other support agencies in order to serve the best interests of victims of crime and violence (please see Chapter Eight).

The researcher has developed referral protocols to enable providers of VE services to render adequate services to victims as an integral component of the guidelines (please see Chapter Eight).

7.5.7. Sub-theme: The need to improve the existing referral system

The need for an improved referral system was cited by several of the participants. Relevant excerpts were:

We need a referral system, because currently we do not have one. We refer according to the way we like.

Yes, we need a standardised referral system.

The manner how the office needs to handle those cases when they have been referred to the office and what needs to be executed in such a matter, so as to assist the victim.

And that referrals must be available to all frontline offices so that it is available for us [providers of VE services].

7.5.8. Sub-theme: The need for a proper monitoring and evaluation system

Relevant excerpts of the comments of the participants concerning the need for a proper monitoring and evaluation system were:

Protocol for rendering integrated comprehensive services to victims. Proper monitoring and evaluation.

Concrete adherence to the guidelines and proper tools for monitoring and evaluation.

Effective and accurate monitoring of the implementation of the guidelines would facilitate measuring compliance and progress. Monitoring is the routine process of collecting data and measuring the progress of programmes in relation to their objectives. It entails the quantifying of levels of performance and reviewing the quality of the services which are provided (Department of Social Development, 2010). In order to facilitate the monitoring of compliance with standardised procedures for providing

services, service providers are required to submit reports to coordinators. Reports of progress with respect to implementation can be made in the forms of:

- Monthly reports
- Quarterly meetings
- Impact assessments in the case of public awareness campaigns
- Attending provincial VE summits
- Attending national VE conferences;
- Research
- Best practice guidelines

All of these activities and procedures can be used to enable the providers of VE services to monitor and evaluate their services and programmes in a manner which ensures good management practice. The researcher has developed monitoring and evaluation frameworks for both providers of VE services and victims to whom the services are rendered. In the case of providers of services, the framework is concerned with the categories of victims to whom they have rendered assistance and the types of services which they have provided to them. By contrast, the framework for victims is concerned with the types of VE services which are rendered to them. In both cases, the monitoring and evaluation templates are intended to enable both providers of VE services and victims to participate in the monthly monitoring and evaluating of VE programmes.

7.5.9. Sub-theme: The necessity of consulting the guidelines

Two relevant excerpts of the perceptions of the participants of the central role which guidelines play in the making of decisions pertaining to the implementation of the VEP were:

The guidelines should be consulted departmentally, so that all stakeholders have inputs and work in the same way.

I think also before we develop or establish the guidelines, I think there is a necessity to involve the research department, in order to give us the baseline study in terms of the challenges, where we gonna implement the guidelines or how are we gonna use the guidelines, we find like the risk in terms of if we put it in that way, how is it going to develop, issues positive or negative so, the baseline study must be developed by the referred department, I think.

7.6. Theme 10: Factors which impede the effective implementation of the VEP

The following two excerpts reveal the perceptions of the participants of the factors which had hindered the effective implementation of the VEP to date. For the first of the participants, the difficulties of implementing the programme successfully tended to stem from the pioneering nature of the programme:

I agree, I think one of the challenges in the VEP is that it is a very young programme. Because it was young, the government had to start something. So what we did, we focused on what we perceived as the crime rate in South Africa, the types of crimes that are committed. But government has got the mandate to serve all people in the country and that is why we are trying to move away from looking at the focus group, but looking at victims, because all people in South Africa must be safe.

The second cited a lack of official guidelines for implementing the programme:

No. The reason why I say no is because sometimes with the department things are done differently. Organisations that tend to get information on the guidelines physically will be people who are funded. You know, yes. So, but people who are not funded, they do not have such. It became a problem, not only for this specific programme, but in general, social development programmes that develop communities. Hence I'm saying we have internally developed something of our own that will guide ourselves easy. Even new people who are coming so that they know what is it that we have on our programmes, what we intend to achieve.

7.6.1. Sub-theme: A lack of appropriate programmes for victims

Some of the participants who were victims of violence and crime complained that relatively few programmes were available from the providers of VE services who attempted to assist them. On the basis of the types of programmes which the participants suggested, the findings were summarised under two categories of programmes, namely, training and educational programmes and programmes which foster economic empowerment by enabling victims to develop skills which enable them to develop incomes.

7.6.1.1. Category: Training and educational programmes

The need for training and educational programmes was emphasised by participants who were providers of VE services and those who were victims of crime and violence. In the words of a participant who had come to South Africa from another country and was being accommodated in a shelter:

I am a foreigner with too much problems. I moved from my country to come here, because my country is fighting too much, understand. Now the time I come here I did something wrong to myself. Now I come to the shelter, police brought me here. Now you see, I have too much problem in my head, not problems like something is too much in my life. Now the time I came here, it's a place to help, they give you place to sleep, the food to eat, but they supposed to train someone, something to remove the stress.....I hear them going somewhere, I want to get [training], because if you are trained or skilled with something it's fine. If you do something, you can't have the stress too much.

Owing to the thousands of people who become victims of crime and violence in South Africa each year and the frequently violent nature of the crimes which are committed against victims, there is an equally great need for providers of VE services to be provided with updated educational and training programmes which are related to the implementation of the Victim Empowerment Programme. The scope of the

programmes should include, but not necessarily be limited to the following concerns of the Victim Empowerment Programme:

- The contexts in which people are subjected to violence and trauma in South Africa.
- Victim empowerment in South Africa.
- Crisis intervention.
- Trauma counselling and debriefing.
- Legislation and policies pertaining to victim empowerment.
- Procedures for referral and management.
- Reporting.
- Mentoring and training coaches in victim empowerment.
- Working in the Gender-Based Violence Command Centre.
- The needs and rights of victims.
- Basic support skills for assisting traumatised victims, such as listening and empathy.
- Principles of trauma support work.
- Cross-cultural considerations which are relevant to trauma support work and counselling.
- Resource planning, referral management, and networking.
- Self-care and vicarious traumatising.
- Specific aspects of trauma counselling, which should be selected in accordance with the particular needs of those who are undergoing training, such as:
 - Traumatic bereavement counselling.
 - Combating and overcoming the effects of depression.
 - Anger and revenge management.
 - Working with rape survivors.

In addition, refresher courses should be provided continuously, in order to keep abreast of prevailing trends and to minimise the effects of staff turnover.

7.6.1.2. Category: The need to introduce programmes which foster economic empowerment by enabling victims to develop skills which allow them to generate incomes

Both the providers of VE services and the victims who participated in the study emphasised the need for economic empowerment programmes. Economic empowerment refers to the capacity of both women and men to participate in, contribute to, and benefit from economic growth in a manner in which the value of their contributions is recognised, their dignity is respected, and it is made possible for them to negotiate a fairer and more equitable distribution of the benefits of growth. It is also widely acknowledged as an approach to empowerment which emphasises enabling the poor to become the agents of their economic advancement, rather than providing them with social welfare. It also plays a crucial role in the empowering of previously disadvantaged sections of the populations and significantly improving their quality of life, prospects of obtaining employment, and social mobility.

The types of skills which the participants suggested should be developed are discussed in the sub-sections which follow.

7.6.1.2.1. Sub-category: Teaching office administration skills, such as using computers and bookkeeping

Both sets of participants believed that victims who are accommodated in shelters should be taught administrative skills such as office administration, using computers, and bookkeeping. One of the victims in the Northern Cape suggested that these skills should be taught by providers of VE services. The obvious advantage of acquiring the skills for victims lies in the basis which they would provide for enabling victims to function in society as people who are able to support themselves by finding employment.

7.6.1.2.2. Sub-category: Teaching entrepreneurial skills, such as sewing, beadwork, and gardening.

By contrast, skills such as sewing, beadwork, and gardening, which were suggested by victims in three of the four provinces in which the study was conducted, would enable victims to become entrepreneurs. Entrepreneurship encourages personal autonomy and the development of initiative to turn ideas into action. Its attributes include creativity, innovation, the ability to take risks, and also the ability to plan and manage projects in order to achieve specific objectives. By acquiring skills which enable them to become entrepreneurs, victims can become self-supporting by running and be able to manage their own businesses.

The following chapter is devoted to a presentation of the guidelines for practice for designing and implementing victim empowerment programmes in accordance with the objectives of providers of VE services and the needs of victims of crime and violence which the researcher was able to develop from the recommendations of the participants.

Chapter Eight

Suggested Guidelines for Practice for Designing and Implementing Victim Empowerment Programmes in Accordance with the Objectives of Providers of VE Services and the Needs of Victims

8.1. Introduction

In this chapter the guidelines for practice which the researcher developed for designing and implementing victim empowerment programmes in accordance with the objectives of providers of VE services and the needs of victims are presented. The guidelines contain information pertaining to programmes, services, protocols, and monitoring and evaluation framework templates to guide the practices of providers of VE services. The guidelines were developed in collaboration with the providers of VE services and victims who participated in the study, as their suggestions and recommendations have been incorporated into them.

Although the participants mentioned a number of sets of guidelines which were followed by providers of VE services, the findings revealed that there was no standardisation of guidelines with respect to the departments and organisations which rendered VE services and the different types of crimes which are committed against victims. The findings also revealed that although governmental and institutional documents, relevant pieces of legislation, and policies are used in order to render assistance to all categories of victims, it is not always possible to meet their needs in an optimal manner. As the participants were comprised of both providers of VE services and victims of violence and crime, the guidelines are presented in a manner which reflects the suggestions and recommendations of both groups.

8.2. Purpose of the guidelines

The guidelines are intended to prescribe standardised practices for service providers in the field of victim empowerment, in order to ensure that all victims of crime receive the same services from any organisation which renders VE services, department of the JCPS Cluster, shelter, Khuseleka One-Stop Centre, Thuthuzela Care Centre, or Green Door or White Door Safe Space. It is crucial that appropriate services should be provided to victims of crime and violence in a uniform manner. Another goal is to increase the safety of victims and to ensure that victims have access to services which meet their self-defined needs. The guidelines are also intended to eliminate inappropriate variations in the rendering of services to victims.

8.3. Intended beneficiaries of the guidelines

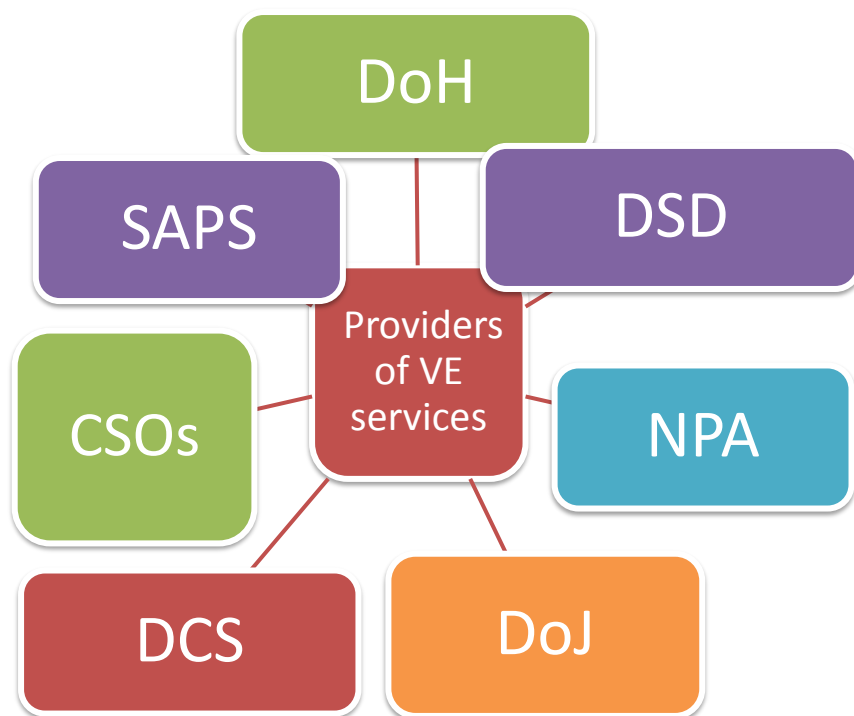
The guidelines are intended to be followed in the rendering of all categories of VE services to all categories of victims of crime and violence, in accordance with the needs which have been identified. Services should be provided on an equitable and standardised basis and not according to assessments of the seriousness of individual traumatic incidents. Providing services in accordance with specific needs requires services to be adapted to take into account the unique needs of victims of particular types of crimes. As all victims of crime and violence experience trauma, victims need to be categorised accurately, in order to ensure that they receive services which are relevant to their particular needs.

8.4. Which providers of VE services should follow the guidelines?

Every organisation which renders services directly to victims of crime and violence will be expected to follow the guidelines. Although the immediate needs of individual victims may differ, the procedures by means of which they are assessed should be standardised. Bard (2012) explains that victims react differently to traumatic experiences, depending upon the levels of personal violation which they experience

and their states of equilibrium at the times at which they occur. He also explains that victims usually experience some common reactions, during either the hours in the immediate aftermath of traumatic experiences or the days which follow them. Figure 8.1 provides a schematic depiction of the government departments and organisations which render VE services directly to victims of crime and violence which will be required to follow the guidelines.

Figure 8.1.: Schematic representation of providers of VE services which will be required to follow the guidelines



Source: Adapted from the National Policy for Victim Empowerment, 2009

8.5. The rendering of services to victims of crime and violence with respect to their rights

The rights of victims as they are enumerated in the Victims' Charter and the duties and responsibilities of members of the SAPS who render assistance to victims have been discussed in detail in sub-sections 7.3.6. and 7.4.2. of Chapter Seven, respectively. The structures and departments which are responsible for ensuring that the rights of victims are upheld are discussed in the sub-sections which follow.

8.5.1. The National Prosecutions Service, the Asset Forfeiture Unit, and the Office of Witness Protection

In order to uphold the rights of victims to be treated with fairness and with respect for their dignity and privacy, to offer and receive information, to protection, and to assistance, the National Prosecuting Authority (NPA) developed the Ke Bona Lesedi court preparation programme, for which the English translation is 'I see the light'. The programme is intended to reduce the secondary trauma which can be inflicted upon victims or witnesses when they testify in court and increase the ability of witnesses to give their testimony in a calm and relaxed manner, in order to increase their credibility. The programme was developed in order to improve the quality of the services which are provided to victims and witnesses through the the criminal justice system and also to ensure that the best interests of every abused, neglected or victimised person and any other witness are adequately served. Another aim of the programme is to reduce the secondary trauma which witnesses experience when they are required to testify in front of strangers, or even in the presence of the accused. As it familiarises witnesses with court procedures and also the leading role players in court proceedings, it contributes significantly to enabling them to become effective witnesses (Ke Bona Lesedi, 2008).

The Asset Forfeiture Unit is responsible for seizing and confiscating the proceeds of crime and the instruments and property which are used to commit crimes. Confiscated

proceeds of crime are deposited into Criminal Assets Recovery Account and used to compensate victims and to combat crime through the funding of crime prevention initiatives. The Office of Witness Protection provides physical protection to victims of crime and their families if they have been threatened or are likely to be injured or killed as a consequence of testifying in court against perpetrators of crimes.

8.5.2. The NPA and the Sexual Offences and Community Affairs (SOCA) Unit: The Thuthuzela Care Centre Model

The Thuthuzela Care Centre Model is the embodiment of a victim-centred approach which not only endeavours to empower victims of crime and violence, but also facilitates their ability to navigate the criminal justice system, thereby transforming them from victims to survivors, and ultimately enables them to participate in the criminal justice system as empowered witnesses. One of the aims of the TCC model is to improve the care and treatment of rape victims at every stage of their participation in the criminal justice system, in order to eliminate secondary victimisation as far as possible. Secondly, it aims to ensure the prompt and effective investigation and prosecution of rape cases, to reduce cycle times for finalising cases, and increase rates of conviction for cases of sexual offences, domestic violence, trafficking in persons, and all other forms of gender-based violence.

8.5.4. The Department of Social Development

The Victim Empowerment Programme is an expression of the commitment of the Department of Social Development (DSD) to meeting the needs and upholding the rights of victims of crime and violence. It also incorporates relevant international legislation, such as the adoption on November 29 of 1985 by the General Assembly of the United Nations of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, to which South Africa is a signatory. The declaration is based on the philosophy that the rights of victims should be adequately recognised and treated with respect for their dignity. Victims are entitled to access to the mechanisms of justice and prompt redress for the harm and loss which they have suffered. They are also entitled to receive adequate specialised assistance to

overcome the effects of emotional trauma and other problems which have been caused by their traumatic experiences.

The Department of Social Development is responsible mainly for ensuring that the following rights which are stipulated in the Victims' Charter are upheld:

- The right of victims to be treated with fairness and with respect for their dignity and privacy.
- The right to offer information.
- The right to receive information.
- The right to protection.
- The right to assistance.

The department provides direct support to victims of crime and violence in the form of trauma counselling and debriefing. It assisted in the establishing of shelters and the Khuseleka One-Stop Centres and is responsible for facilitating and coordinating the activities of the VE sector. It provides training concerning victim empowerment policies, programmes, and services to all providers of VE services. It also conducts campaigns to increase awareness of measures to prevent crime and violence and the services which are available to victims in communities and provides both financial and technical support to civil society organisations (National Policy Guidelines for Victim Empowerment, 2009).

8.5.4. The Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development plays a leadership role in coordinating the implementation of the Victims' Charter and ensuring that its mandate is fulfilled in accordance with the provisions of the Integrated Social Crime Prevention Strategy (2011). Its responsibilities include:

- Chairing the Interdepartmental Committee on the Victims' Charter.

- Developing a consolidated national implementation plan for the Victims' Charter.
- Monitoring the implementation of the Victims' Charter.

The Department of Justice and Constitutional Development is responsible for ensuring that each department which participates in the implementation of the Victims' Charter contributes plans for implementation, which together comprise the operational plans of the department. The department is also tasked with ensuring that each department fulfils its commitment to implementing measures which ensure that the rights of victims of crime are respected and upheld.

8.5.5. The Department of Correctional Services

The Department of Correctional Services is responsible for ensuring that the following rights of victims which are stipulated in the Victims' Charter are upheld:

- The right to be treated with fairness and respect for dignity and privacy.
- The right to offer information.
- The right to receive information.
- The right to protection.
- The right to assistance.

Through its commitment to upholding the rights of victims which have been enumerated, the Department of Correctional Services (DCS) transformed a punitive justice system into a correctional one, which entails the participation of families, communities, civil society, and government departments which play complementary roles. South Africa has adopted a restorative justice approach, which enables offenders to take responsibility for the crimes which they have committed and the harm which they have caused to victims and communities. In accordance with the objectives of the Victim Empowerment Programme, the Department of Correctional Services developed policies to ensure that victims and complainants participate in parole board

hearings and also contribute to the formulation of policy with respect to restorative justice in accordance with the objectives of the Victims' Charter.

8.5.6. The Department of Health

The remit of the Department of Health entails upholding the following rights of victims as they are enshrined in the Victims' Charter:

- The right to be treated with fairness and respect for dignity and privacy.
- The right to offer information.
- The right to receive information.
- The right to assistance.

The Department of Health has ensured that designated facilities for clinical forensic medicine have been established and that it has adequate resources to afford victims of crime easy access to a comprehensive range of appropriate healthcare services. In addition, the department is committed to ensuring that there is an equitable criminal justice system by recognising, protecting, and balancing the rights of both victims and perpetrators. The department is also committed to setting standards for services which are rendered to victims of crime to ensure that victims remain the central concern of the criminal justice system and that secondary victimisation is eliminated (National Implementation Plan for the Service Charter for Victims of Crime).

8.6. Services and programmes for victims of violence and crime

8.6.1. Programmes

The need for appropriate services and programmes in shelters and other facilities which are run by organisations which promote victim empowerment, such as Khuseleka One-Stop Centres, has been emphasised throughout this thesis. The types of programmes which are provided to victims could take many forms, including:

- Recreational programmes, which provide victims with stimulation, opportunities to develop skills, form relationships with others, and provide the support which they need to gain confidence in themselves.
- Social skills programmes, which assist victims to communicate with others and enable them to increase their self-esteem.
- Programmes for children, such as early childhood development (ECD) programmes and holiday programmes for schoolgoing children while they are accommodated in shelters or care facilities.
- Programmes which enable victims to develop skills which permit them to generate incomes through activities such as domestic work, gardening, sewing or painting.
- Devotional programmes which entail activities such as sing-songs, receiving inspirational messages, prayers, reciting poems, or reading.
- Relaxation programmes which include physical exercises, walking, participating in sports such as soccer, and group discussions.
- Community outreach programmes to engage victims in awareness campaigns to prevent violence and to encourage them to participate actively in activities which are provided and to become motivational speakers in public education and awareness programmes

8.6.4. Services

The essential services which need to be provided by shelters and the other providers of VE services include, but should not be confined to:

- Crisis intervention
- Emergency services
- Support services
- Court-related services
- Legal assistance

8.6.2.1. Crisis intervention

Crisis intervention is an immediate response to traumatic incidents which is intended to help victims to cope with the physical, emotional, and psychological trauma which they experience in the aftermath of crimes which have been committed against them. The assistance which is rendered to victims of crime in the form of crisis intervention often entails developing an empathetic dialogue with victims, assessing their needs, and performing psychological interventions to avert potential crises. James and Gilliland (2005) characterise crisis intervention as emergency psychological care, which is provided to assist people who are undergoing crises to restore equilibrium to their biopsychosocial functioning and to minimise the potential for experiencing psychological trauma. Dykeman (2005) maintains that crises can affect people of all cultures and that culture plays a mediatory role in determining how individual people and communities express their reactions to crises and how they request and accept assistance.

The essential characteristics of crisis events can be summarised as follows:

- The event which precipitates the crisis is perceived as threatening.
- The victim appears to be unable to modify or reduce the effects of stressful events.
- The victim is likely to experience increased fear, tension, or confusion.
- The victim is likely to experience a high level of subjective discomfort.
- The victim makes a rapid transition from a state of disequilibrium to an active state of crisis.

8.6.2.2. Support services

The ability of victims to cope with their traumatic experiences is largely dependent upon their experiences and how they are treated by others in the immediate aftermath of the crimes which have been committed against them. As first responders, counsellors, police officials, social workers, nurses, and site coordinators are usually the first officials to interact with victims, they are in a unique position to provide them with the support which they need to cope with the immediate trauma which they

experience. The types of support services which are provided to victims can vary in accordance with individual needs. Victims need to be supported in a manner which reflects a comprehensive understanding of their circumstances. In situations in which victims need to be transported, it falls within the ambit of the police to render practical assistance to transport them. Providers of services to victims of crime should assist them by contacting anyone whom they feel should be informed of their situation. They should also ensure that appropriate emergency assistance which is needed, irrespective of whether it is psychological or practical, is provided.

As the right to receive support services should be considered a basic right for all victims of crime, victims should be eligible to receive support from all departments of the JCPS Cluster and other providers of VE services.

In order to ensure the optimal effectiveness of the support services which are provided to victims, providers of VE services should:

- Understand the common problems which victims of crime are likely to encounter, such as isolation, mental suffering, and feelings of powerlessness owing to a lack of knowledge of the law.
- Inform victims of their rights, such as their rights with respect to the criminal justice system and procedures for receiving compensation.
- Provide psychological, emotional, and practical support throughout the investigations of cases and the subsequent legal proceedings.
- Refer victims to providers of specialist services, such as legal assistance, medical or psychological consultations, or advice concerning insurance when it is in their best interests to do so.

8.7. Guidelines for rendering services to victims of violence and crime

Graham (2011) characterises guidelines as rules or instructions which provide information concerning how particular procedures should be carried out. They are intended to streamline the procedures in accordance with standards which have been set for ensuring sound practice.

8.7.1. Guidelines for rendering services to victims of domestic violence

According to the Department of Social Development (2009), the guidelines which have been formulated to guide the rendering of services are intended to be comprehensive, multifaceted, and holistic in character, in order to:

- Assist professionals in the field of social services to render appropriate services to victims of domestic violence in an efficient and effective manner.
- Eliminate disparities between policy and practices in endeavours to combat violence against women and children.
- Analyse the Domestic Violence Act in a manner which permits the myths and facts pertaining to domestic violence to be elucidated in a manner which enables sound policies to be formulated.
- Identify the types of interventions which need to be designed and implemented by government departments and organisations which provide VE services which are dedicated to combating violence against women.
- Emphasise that decisions pertaining to policies which are formulated in order to promote the interests of women should be guided by the experiences and perceptions of survivors of violence.

The sub-sections which follow are devoted to discussions of how the guidelines are applied to the reception, assessment, and referral of victims by providers of VE services.

8.7.1.1. Reception, assessment and referral

Although victims of domestic violence can be assisted by all of the departments of the JCPS Cluster and relevant NGOs, three departments are able to provide immediate assistance in the form of crisis intervention, emergency services, support services, and court-related services to victims, namely, the SAPS, the NPA, and the Department of Social Development.

8.7.1.1.1. The SAPS

The responsibilities of the SAPS in rendering assistance to victims of domestic violence are summarised as follows:

- To provide physical safety and security for victims.
- To assist victims by coordinating their referrals to support services and arresting perpetrators of domestic violence, in accordance with relevant legislation (Office for Victims of Crime, 2008).
- A member of the SAPS who receives an initial complaint is required, in addition to providing basic support during the course of assisting the victim, to inform the victim of the availability of other support services, such as professional counselling, healthcare services, or legal advice, and the benefits which can be derived from making use of them, if the victim appears reluctant to do so. Once victims have been informed of the services which are available to them, the police officers who receive their complaints are required to determine whether they wish to be referred to receive the services either in the police station or in their local communities.
- If victims consent to referrals, they are required to be provided with relevant information or brochures when it is possible to do so, to inform them of the support services which are available in their communities. In instances in which there are community-based victim support centres or one-stop centres in their communities, referrals should be made to them.
- Referrals need to be made promptly, by telephone, in writing, or by transporting victims directly to relevant providers of VE services, in accordance with the nature of the offences which have been committed against them, the effects which the offences have had upon them, and the conditions of individual victims.
- If it is possible to do so, it is often beneficial to obtain statements concerning alleged offences before referrals are made. In cases of sexual offences, initial statements are required to be obtained before victims are referred to receive other support services.

- If victims are unwilling to be referred to receive other support services, police officers who receive their complaints are required to explain the consequences of their decisions to them or whoever may be providing them with support.
- In cases of victims who are members of vulnerable groups, their best interests need to be considered before referrals are made.
- If victims are incapable of consenting to medical treatment on account of mental illness, consent for medical examinations needs to be obtained in writing in accordance with the procedure which is laid down in section 32 of the Mental Health Care Act, 2002 (Act No. 17 of 2002), which prescribes the procedures which are to be followed when care and treatment are provided to patients who are incapable of making informed decisions.
- In cases in which crimes which have been committed against complainants are to be investigated by specialised units, such as the FCS Unit, the specialised unit is required to be notified before a referral is made.

8.7.1.1.2. Thuthuzela Care Centres

The NPA, with the assistance of the Interdepartmental Management Team, developed the Thuthuzela (*to comfort*) Care Centre (TCC) model, with the following objectives:

- To improve the care and treatment of rape victims at *all* stages of their interactions with the criminal justice system, in order to reduce secondary victimisation.
- To ensure the swift and effective investigation and prosecution of rape cases, in order to reduce cycle times.
- To increase rates of conviction.

At individual TCC sites, site coordinators are responsible for the coordination of services. Site coordinators are required to execute their mandates in accordance with the following procedures:

- Site coordinators (SCs) receive victims who are brought to centres.
- SCs are required to ensure that victims are not offered anything to drink or eat, or permitted to relieve themselves without their knowledge, in order to preserve evidence until after medical examinations have been completed.
- SCs are required to explain all of the procedures which are to be followed to victims and the services which are available to them. They are also required to inform victims of the necessary measures which will be taken to ensure their safety.
- SCs are required to open TCC files for each victim, in which all relevant personal details are to be recorded, including, when it is appropriate to do so, those of parents, guardians, or other people who support individual victims.
- Victim assistance officers (VAOs) intervene at this stage to provide emotional support and containment to victims, in collaboration with the nurses or social workers who are attending to their needs and, in those instances in which it is necessary to do so, arrange for victims to be counselled by a psychologist.
- Victims are then placed in the care of a medical practitioner to undergo a medical examination.

8.7.1.1.3. Procedures followed by agencies of the Department of Social Development and NGOs to render assistance to victims of domestic violence

The procedures which should be followed by agencies which render VE services to victims are summarised as follows:

- Victims should receive attention from a social worker, a case manager, or a qualified volunteer within 5 minutes of arriving at the premises of an organisation which renders VE services.
- Social workers who attend to victims should create safe environments for them and reassure them of their safety.
- The social workers who attend to victims should assess their immediate basic and emergency needs in respects such as emotional needs, their medical

needs owing to the extent of their injuries, and their need for food, clothing, and shelter.

- Needs which have been identified should be met through measures such as emotional containment, counselling, or referral to a hospital.
- Translation services should be offered if they are necessary.
- If individual cases do not meet the criteria of the organisations to which victims have been referred, they should be referred to an appropriate agency by means of a referral letter which is accompanied by a short background report.
- If cases meet the criteria of the organisations to which victims have been referred, therapeutic interventions, in the form of trauma counselling, debriefing, or psychiatric assessment, should be provided.
- Contact should be made with other relevant organisations which provide VE services in order to formulate exit plans for individual victims.
- Aftercare programmes should be provided, for a minimum of 6 months.
- Closures of individual cases.

8.7.2. Guidelines for rendering services to victims of sexual offences

As it has been explained, sexual offences are characterised by any form of penetration of the body of a person by another person, or by means of an object or an animal, or any physical contact or sexual behaviour which is directed towards a person by another person or persons, irrespective of whether the abusive act takes the form of a verbal threat or a direct physical act, or is perpetrated by means of an intermediary, or any other means. Sexual offences constitute one of the most grievous forms of violent crime which entail human sexual behaviour. In 2007, the South African government promulgated a new law to protect communities against rape and other sexual offences in the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. The aim of the law is to protect victims, particularly women, children, and people who have mental disabilities who have been raped or have been victims of sexual crimes or offences.

The essential provisions of the act are summarised as follows:

- The age of consent for both males and females is 16 years.
- Rape victims are required to be provided with antiretroviral drugs to prevent them from being infected with HIV.
- Rape victims have the right to request courts to test alleged rapists for HIV.
- All sexual crimes are covered by a single body of legislation.
- A number of new categories of sexual crimes, particularly those which affect children and people with mental disabilities, have been created.
- All forms of sexual abuse or exploitation are crimes.
- Both men and women can be victims or perpetrators of rape.
- The National Register for Sex Offenders (NRSO), which was established in 2007, prohibits people who have been convicted of sexual offences against children or people who have mental disabilities from working with members of either of these two groups.

Although the provisions of the act are adhered to by a great number of providers of VE services, the guidelines which have been developed from the findings of this study have particular relevance for four main arms of government which provide immediate assistance to victims of sexual offences, namely, the SAPS, the Department of Health, the National Prosecuting Authority, and the Department of Social Development, and also relevant NGOs.

8.7.2.1. Procedures followed by agencies of the Department of Social Development and NGOs to render assistance to victims of sexual offences

As it has been explained, victims of sexual offences can be assisted by several different types of providers of VE services, including NGOs which offer VE services, Thuthuzela Care Centres, Khuseleleka One-Stop Centre and Shelter. Irrespective of the facilities to which victims of sexual offences are admitted, the procedures which

the social workers, counsellors, or therapists who attend to them are required to follow are summarised as follows:

- Open a personal file for each victim to record their admission to individual facilities.
- Provide emotional support and containment.
- Submit relevant details pertaining to each victim to the Victim Case Management System.
- Determine the psychological and physical factors which are relevant to the safety of each victim, in order to develop appropriate individualised safety plans.
- Once safety plans have been developed, practitioners are required to ensure that victims are referred to or placed in facilities which are best able to meet their specific needs.
- Once placements have been finalised, arrangements for appropriate therapy should be made.
- In cases in which victims require services from other providers of VE services while they are being accommodated in particular facilities, formal referrals need to be made and appropriate follow-up measures should be determined.
- Meetings to discuss individual cases and review progress reports should be scheduled.
- In cases in which victims require assistance from court support workers, the providers of VE services should ensure that court support programmes are offered to the victims or they are referred to appropriate organisations in order to participate in them.
- In cases in which victims have omitted relevant information from their statements, the providers of VE services who assist them should communicate with the investigating officer to ensure that all relevant details are included in the statements.
- Providers of VE services should develop appropriate short-, medium-, and long-term psychosocial service plans for the victims whom they assist.

8.7.2.2. The Department of Health

The Department of Health (DOH) plays a crucial role in providing services to assist victims of sexual offences. As the department assumes many responsibilities with respect to victims of sexual offences, in order to ensure that standardised services are rendered to victims, the procedures which are required to be followed are summarised as follows:

- Nurses who attend to victims of sexual offences are required to assume responsibility for safeguarding the keys to rooms in care facilities in which medical examinations are conducted.
- In cases in which victims are brought to TCCs by members of the SAPS, the nurses who attend to them should meet them at the centres.
- Nurses are required to explain to victims that they will be examined, the form which the examination will take, and its purpose.
- Nurses are required to inform victims that they may bath upon the completion of the examination. In cases in which statements have not been provided to police officials, victims should be informed that a detective will come to take statements from them.
- Nurses are then required to obtain relevant personal details from victims and to open hospital files for them, entering the information into the Victim Case Management System if it has not yet been captured. File numbers are captured in the process and are allocated in accordance with the specific requirements of each department which renders services to the victims concerned.
- In cases in which victims are accommodated at TCC, nurses are also required to allocate TCC file numbers.
- Irrespective of whether victims are admitted to hospitals, clinics, or TCCs, either nurses or lay counsellors are required to provide pre- and post- HIV testing, counselling, and trauma containment to victims.
- Nurses are required to conduct pregnancy, HIV, and STI tests and other tests, in accordance with the requirements of individual victims.

- Nurses are required to advise the medical practitioners who are to attend to victims of their arrival at the facilities at which services are to be rendered to them.
- The nurses or counsellors who attend to victims are required to take possession of the prepared dockets, if they are available, and provide them to the medical practitioners who are to examine them, along with the SAP308 forms, the crime kits, and the evidence collection kits.
- No victim should be required to wait for longer than 2 hours for a medical examination to be conducted.
- Medical practitioners who examine victims should explain the nature of the medical examination to them in a sensitive and informative manner and ensure that the consent form is completed.
- Medical practitioners are required to examine victims in accordance with relevant established medical protocols.
- Approximately 45 minutes before the completion of an examination, the medical practitioner who performs it is required to request a nurse to contact the site coordinator on duty to be in attendance.
- After the completion of a medical examination, the nurse is required to inform the victim of follow-up appointments with medical practitioners and psychologists.
- Nurses are required to record dates for follow-up appointments on the relevant information cards and TCC files.
- The medical practitioner is required to hand the docket, with the completed J88 form (please see footnote 1) and SAP308 forms (please see footnote 2), along with the sealed evidence collection kit and any other relevant evidence to the police officer who is investigating the case.
- Once an investigating officer arrives to take a statement from a victim, the nurse who is responsible for the well-being of the victim is required to inform relatives or friends of the room in the facility in which they may wait to see her or him.
- A medical practitioner who attends to a victim is required to place all relevant notes, a copy of the section 212 statement (please see footnote 3) and a copy of the completed J88 form in the hospital folder.

- A copy of the J88 form is also required to be placed in the TCC file.
- The original completed J88 form and section 212 statement are required to be handed to the investigating officer at the facility at which the statement is taken from the victim and filed in the police docket.
- The victim should then be given an opportunity to bath and change clothes and be provided with food and liquid refreshment.
- The victim should then be placed under the care of relevant providers of VE services, in accordance with the specific interventions which are required.
- The nurse is also required to call the SAPS to inform them that the victim needs to be collected and taken home (TCC Protocol, 2008).

8.7.2.3. The SAPS

Cases which entail sexual offences can be reported either in person or by telephone to the SAPS. The procedures which are required to be followed if a case is reported by telephone are summarised as follows:

- The officer who receives the call should take all reasonable measures to put the caller at ease.
- Once the nature of the complaint has been established, no further information concerning its merits should be sought by the officer during the telephone conversation.
- The victim or caller should be informed that the victim should not bath or change clothes, if she or he has not already done so.
- The victim or caller should be informed that the victim should be taken to a safe place and to await the arrival of a police vehicle, which will have been dispatched.
- If the victim has changed clothing, the victim should be instructed to keep the clothing which has been removed in a safe place, not to place it in a plastic bag, and to hand it to the investigating officer at the facility at which the medical examination is to be conducted, if the clothing is available.

- The prompt dispatching of a police vehicle is intended to ensure that the victim is safe and that the crime scene has been secured.
- Once the police officers in the vehicle which has been dispatched locate the victim, the investigating officer is required to take the victim to a designated trauma room, where he or she will be met by the member of the FCS Unit who is on standby to do so.
- The police officer who receives the call is required to inform the FCS Unit of the case and the actions which have already been taken.
- The member of the FCS Unit who receives the victim is required to inform the site coordinator of the TCC, or the nurse who is responsible for the well-being of the victim in the case of other facilities, that a victim is being brought to the facility concerned.
- In cases in which the suspect is at the scene of the alleged crime, the victim and the suspect should under no circumstances whatsoever be transported together in the same vehicle, in order to prevent evidence being contaminated and to preclude the possibility of secondary victimisation.

The procedures which are required to be followed if a victim reports an alleged sexual offence in person are summarised as follows:

:

- The merits of the case should not be discussed with the victim under any circumstances whatsoever.
- The victim should be taken to a comfortable room and be informed of the procedures which are required to be followed.
- The officer who receives the report is required to inform the FCS Unit of its import.
- The officer or detective of the FCS Unit who is on standby is required to be sent to secure the crime scene.
- A roster of members of the FCS Unit who are on standby or on duty should always be kept at the police stations and TCCs which they serve.

The contact details of the officers and their seniors should also appear on the roster.

- When it is apparent that an emergency medical vehicle should be dispatched, appropriate arrangements to do so should be coordinated by the police officer who received the complaint.

8.7.2.4. Procedures which are required to be followed by members of the FCS Unit

- Officers of the FCS Unit who are available to do so are required to take victims to nearby hospitals, clinics, or TCCs, ensure that they are medically examined, and that a nurse meets them at the facility concerned, where the statement is to be taken.
- Statements are taken from victims after their medical examinations have been completed, victims have been given an opportunity to bath and change their clothes, and trauma counselling has been provided.
- Upon the completion of medical examinations, officers of the FCS Unit are required to take receipt of the evidence collection kits, the J88 forms, the section 212(4) statements, and the SAP308 forms from the forensic nurses who have performed the medical examinations.
- Officers of the FCS Unit are required to ensure that the clothes which victims had been wearing at the time of their traumatic incidents are obtained, together with all other relevant exhibits, in instances in which the exhibits had not been brought to the facilities at which the victims had been examined. Although counsellors may be present during the interviews of victims with the police officers who take their statements in order to provide support, they are not permitted to interfere with the proceedings.
- Officers of the FCS Unit are required to collect any evidence which can be found at the scenes of crimes which entail sexual offences, such as condoms.

- If photographs of crime scenes are required or possession needs to be taken of large items such as motor vehicles, officers of the FCS Unit are required to contact the Local Criminal Record Centres in the areas in which it has been alleged that the crimes have been committed.
- Should the need arise, officers of the FCS Unit are required immediately to contact counsellors or psychologists for guidance or assistance.
- In instances in which suspects need to be identified, suspects are known to victims, or crime scenes need to be visited, victims need to be accompanied by officers of the FCS Unit.
- If suspects are unknown to victims, officers of the FCS Unit are required to arrange for formal identification parades to be held.
- Upon completion of all necessary formalities, the officers of the FCS Unit are required to transport victims to their homes, shelters, or Khuseleka One-Stop Centres.
- The dockets and evidence collection kits pertaining to individual cases which entail sexual offences are required to be taken to the relevant police stations to be registered in the Victim Case Management System, if the information which they contain has not yet been captured in the system. In instances in which evidence has been collected, it is required to be immediately and accurately recorded in the appropriate registers (TCC Protocol, 2008; SAPS National Instructions).

8.7.3. Guidelines for rendering assistance to victims of human trafficking

The Prevention and Combating of Trafficking in Persons Act 7 of 2013, which is also known as the TIP Act, characterises human trafficking as the recruitment, transporting, transfer, or receipt of persons by means of threats, the use of force, other forms of coercion, abduction, fraud, deception, the abuse of power, vulnerability, making or receiving payments to induce a person to consent, or exercising control over another person for the purpose of exploitation. According to the provisions of the act,

anyone who directly or indirectly makes payments to or receives payments, compensation, rewards, benefits, or any other advantage from another person, a member of the immediate family of the person, or any other person who is in a close relationship with the person, for the purpose of any form or manner of exploitation, is guilty of the offence of trafficking in persons.

All departments of the JCPS Cluster which render assistance to victims of trafficking have developed appropriate intervention strategies to enable them to do so. In the case of the Department of Social Development, the assistance takes the form of counselling. The Restoration and Healing Programme is being implemented under the auspices of the Department of Social Development and its narrative training manual provides appropriate guidance to all providers of VE services which render assistance to victims of human trafficking.

8.7.4. Guidelines for rendering assistance to victims of robbery and assault GBH

The reactions of victims to violent crimes can vary considerably from one person to another and can depend to a large extent upon individual factors, such as how individual people usually cope with stress and the types of support systems which they have available to them. As appropriate interventions and support can be beneficial for recovery, the essential assistance which the SAPS should provide to victims includes:

- On-site crisis intervention and obtaining emergency medical assistance.
- Information concerning the rights of victims and referrals to services which can facilitate their recovery from their traumatic experiences.
- Essential services which include, but should not necessarily be limited to:
 - ✓ Explaining police procedures and investigatory processes.
 - ✓ Informing victims of the need to protect evidence and explaining how to do so.
 - ✓ Accompanying victims to receive emergency medical services.
 - ✓ Providing information to victims concerning their rights and the forms of compensation which are available to them.

- ✓ Immediately referring victims, either verbally or in writing, to community agencies which provide emergency services.
- ✓ Providing victims with relevant brochures, which have been written in their home languages, which contain information pertaining to emergency and long-term services and other types of services which may be of benefit to them, and information concerning investigative procedures.
- ✓ Ensuring that victims are personally contacted by telephone or in person within 24 to 72 hours after the initial response, in order to confirm whether assistance has been sought and whether it has been received.
- ✓ Establishing procedures to ensure that victims of violent crimes are periodically informed of the status of the investigations of their cases.
- ✓ Promptly providing crisis intervention and psychological first aid or referrals to providers of appropriate VE services.
- ✓ Contacting relevant professionals in the field of victim empowerment to provide on-site assistance, if it appears to be necessary to do so.

8.7.5. Guidelines for rendering assistance to victims of vehicle hijacking or carjacking

Providers of VE should render assistance to victims of vehicle hijacking or carjacking by:

- Informing victims of the role which they are required to play in the criminal justice proceedings pertaining to their cases, with respect to the nature of the cooperation which is required of them, the scope, timing, and progress of the criminal proceedings, and the outcomes of the proceedings.
- Allowing the opinions and concerns of victims to be presented and considered at stages of the proceedings which affect their personal interests, without prejudice to the accused and consistent with the relevant procedures of the national criminal justice system.
- Providing proper assistance to victims throughout the judicial proceedings pertaining to their cases.

- Minimising inconveniences to victims, protecting their privacy when it is necessary to do so, and ensuring their safety and that of their families.
- Protecting victims from potential intimidation and retaliation.
- Avoiding unnecessary delays in the disposition of cases and the execution of orders or decrees which grant awards to victims.
- Offer victims the material, medical, psychological, and social assistance which they require.

8.7.6. Guidelines for rendering assistance to indirect victims of murder

As it has been explained, murder refers to the unlawful and intentional killing or causing the death of human beings by others. The SAPS, the departments of Health, Social Development, Home Affairs, Justice and Constitutional Development, the NPA, and relevant NGOs all have roles to play in murder cases. The types of services which need to be provided to indirect victims of murder include:

- Access to the most appropriate services in communities.
- Emotional support at the time at which the loved ones of murder victims are notified of their deaths and afterwards.
- Emotional support during the identification of the body of the deceased.
- Assisting families to complete documents to enable members and close friends to view the body of the deceased prior to the carrying out of autopsies or funeral proceedings.
- Providing the families of victims with referrals to providers of relevant services in cases in which arrests have been made, in order to provide them with support and information concerning the procedures which are required by the criminal justice system.

In addition, the services which are provided to victims of other types of crimes in the immediate aftermath of their traumatic experiences should also be provided to indirect victims of murder, namely:

- Information pertaining to their rights and the workings of the criminal justice system.

- Psychological, emotional, and practical support throughout the durations of the investigations and legal proceedings concerning murder cases.
- Referrals to receive specialist services, when they are necessary.

8.7.7. Guidelines for providing appropriate aftercare services to victims of crime and violence

Aftercare services usually take the form of therapeutic services or supervision which are provided to support victims or patients once they have been discharged from institutions in which they have received either care or treatment (Mittal, 2005). For the purposes of this study, they refer to services which are provided to victims of violence and crime after they have left victim empowerment facilities such as shelters, Khuseleka One-Stop Centres and White Door Safe Spaces. While victims are accommodated in shelters, they should be assessed and individual development plans and exit plans need to be developed to prepare them for life outside of the shelters (please see Figure 8.2).

Appropriate aftercare services could include any of the following categories of services:

- Reintegration services.
- Community services which enable victims to receive specialised services to live independently, find accommodation, generate incomes to support themselves, receive education and training, develop life skills, and meet their needs with respect to healthcare.
- Out of shelter transition
- Referrals for vocational training or other professional services.

Figure 8.2.: Exit form to be completed by providers of VE services prior to the departure of victims from shelters or other care facilities, in order to render aftercare services to them

To be completed by the social worker on duty

Surname: _____ Name: _____

Address upon departure: _____

Time: _____

Length of stay: _____

Status of departure: Return to:

Home _____

Rental accommodation _____

Friends _____

Relatives _____

Other _____

Follow-up contact with the social worker, if needed:
YES or NO

Name and telephone number of counsellor and number of the National Stop Gender
Violence toll-free Helpline (0800 428 428) supplied to the victim or survivor

Yes or No

Signed by:..... Signed by:.....Date.....

Capacity of: Victim/Survivor:.....Date.....

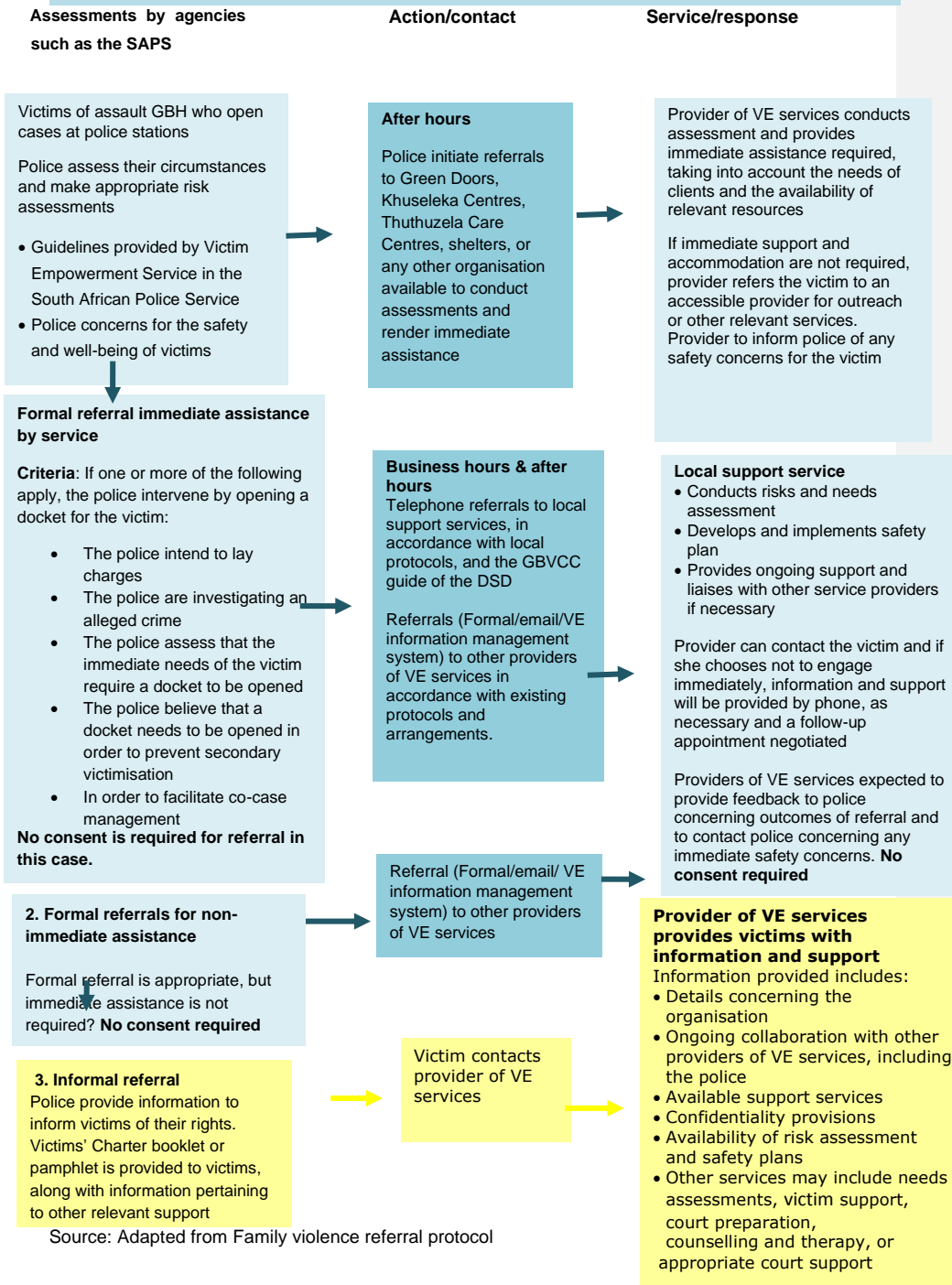
Source: Adapted from Groenewald, 2009

8.7.8. Guidelines for referrals for victims of crime and violence

The need to develop appropriate protocols for rendering VE services to victims of crime and violence has been discussed in detail in sub-section 7.5.6.1. of Chapter Seven. It was concluded from the findings of the study that it would be necessary to develop referral protocols for each category of providers of VE services. Figure 8.3 depicts the referral protocol for referrals of victims of crime and violence by departments of the JCPS Cluster to other providers of VE services.

Figure 8.3.: Referral Protocol One: Referrals of victims of violence and crime by departments of the JCPS Cluster to other providers of VE services

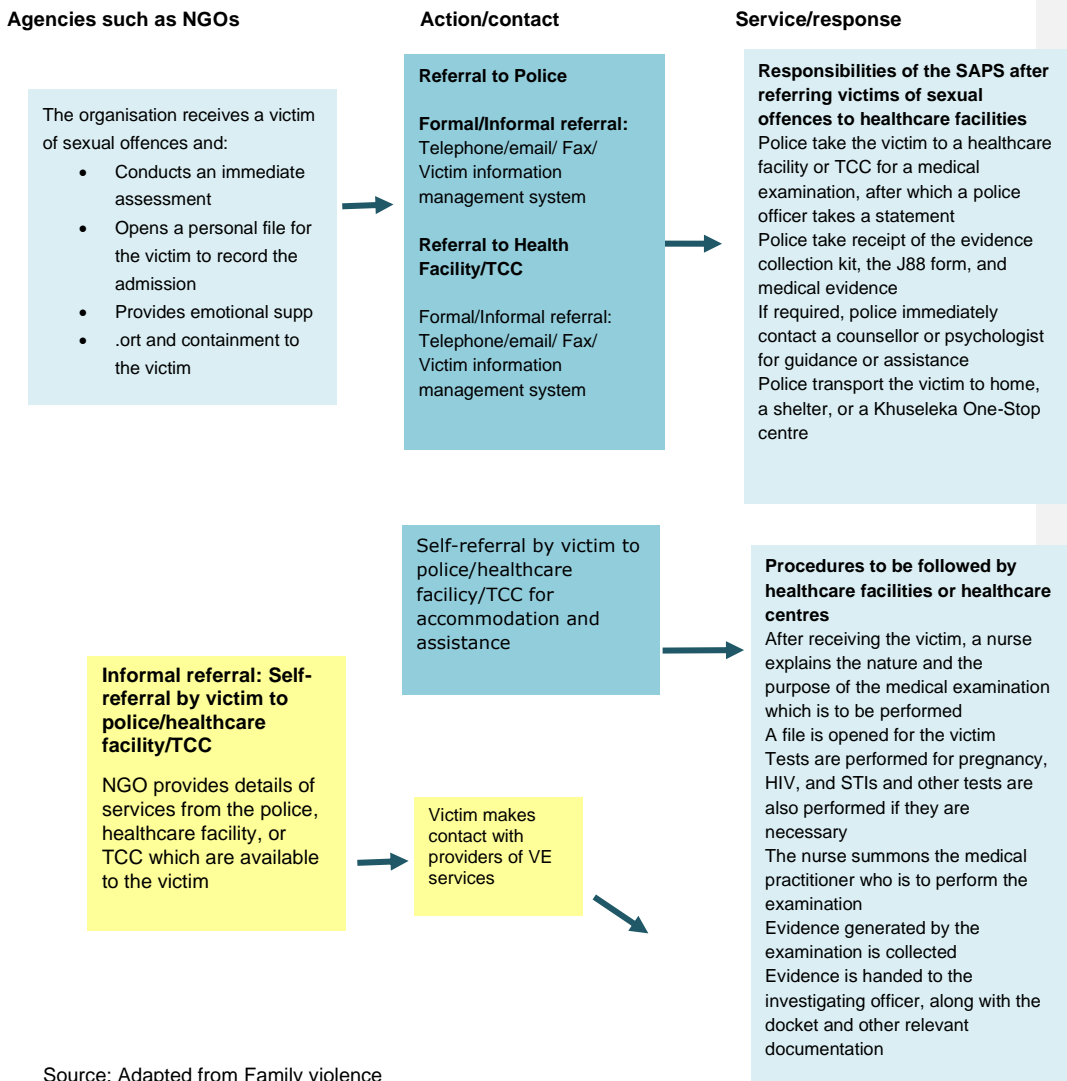
Referral Protocol One: Referrals of victims of crime and violence by departments of the JCPS Cluster to other providers of VE services



Source: Adapted from Family violence referral protocol

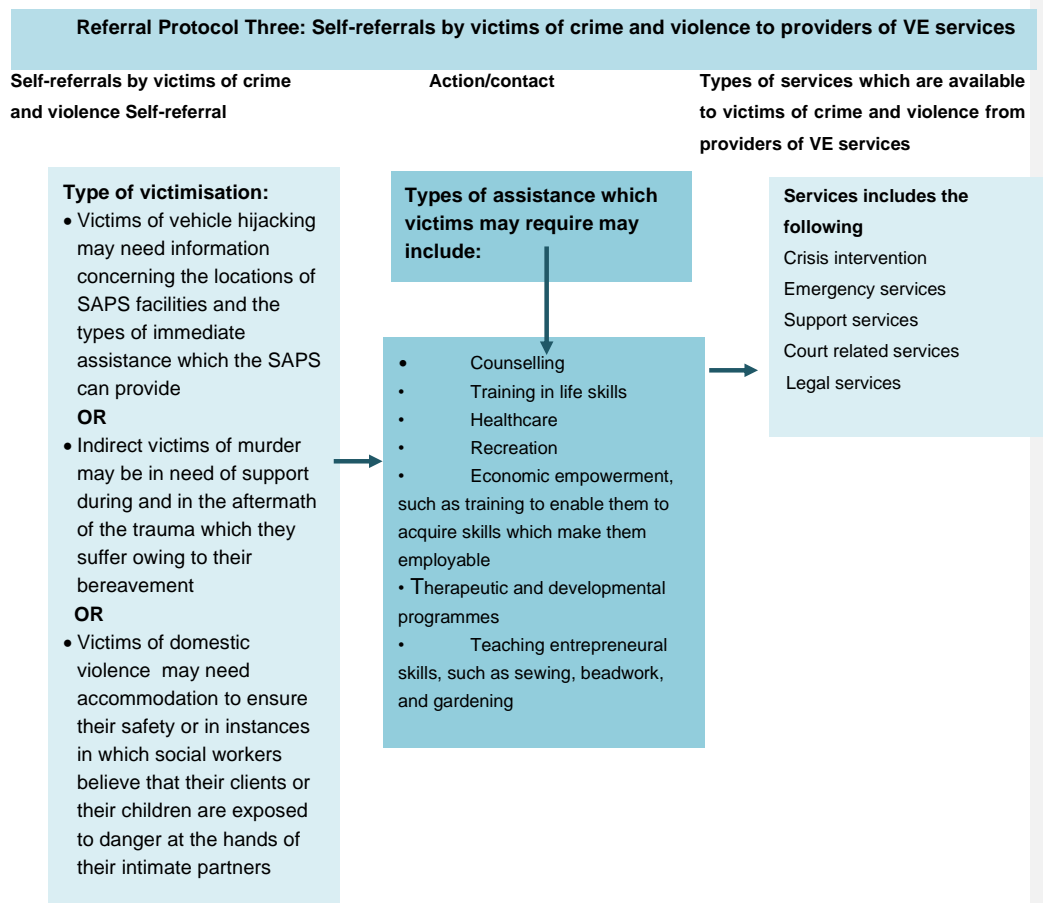
Figure 8.4.: Referral Protocol Two: Referrals of victims of crime and violence by NGOs, shelters, or Khuseleka One-Stop Centres to other providers of VE services

Referral Protocol Two: Referrals of victims of crime and violence by NGOs, shelters, or Khuseleka One-Stop Centres to other providers of VE services



Source: Adapted from Family violence referral protocol

Figure 8.5.: Referral Protocol Three: Self-referral by victims of crime and violence to providers of VE services



Source: Adapted from Family violence referral protocol

8.8. Explanation of the protocols

8.8.1. Referral Protocol One: Referrals of victims of crime and violence by departments of the JCPS Cluster to other providers of VE services

The referral protocol was developed to assist the departments of the JCPS Cluster, namely, the departments of Social Development, NPA, Justice and Constitutional Development, Health, Correctional Services, the BPA, and the SAPS to refer victims to other providers of VE services.

8.8.2. Referral Protocol Two: Referrals of victims of crime and violence by NGOs, shelters, or Khuseleka One-Stop Centres to other providers of VE services

Referral Protocol Two was developed to enable victims who are accommodated in shelters and other care facilities to obtain access to services from other providers of VE services which are not available in the facilities in which they are being housed.

8.8.3. Referral Protocol Three: Self-referrals by victims of crime and violence to providers of VE services

The third referral protocol was developed to enable victims of crime and violence to consult any provider of VE services for immediate assistance if they believe that they are at risk of having violence or further violence inflicted upon them.

8.9. Implementation, coordination, and monitoring

8.9.1. Implementation

The guidelines need to be implemented in a standardised manner. Providers of VE services should develop their own implementation plans, to be monitored by provincial VE coordinators, with respect to the progress which has been achieved concerning the rendering of services to victims and the implementation of relevant programmes.

8.9.2. Coordination

The coordination of services which are rendered to victims by national, provincial, and district government structures can be optimised through the use of standardised systems such as the Victim Case Management System. The coordination of VE services can also be improved through stakeholder forums, at which all relevant stakeholders submit reports.

8.9.3. Monitoring

The monitoring and evaluation framework templates which have been developed for both providers of VE services and the victims to whom their services are rendered will enable providers of VE services to monitor and evaluate their services and programmes in order to ensure good management practice. The template for providers of VE services is concerned with the categories of victims to whom assistance is rendered and the services which are provided to them. By contrast, the templates which have been developed for victims of crime and violence who are accommodated in shelters and care facilities are concerned with the types of VE services which are provided to them, for the purpose of compiling monthly reports.

Monitoring the implementation of the guidelines is intended to facilitate measuring compliance and progress. Monitoring is a routine procedure for collecting data and measuring the progress which has been achieved in the implementation of programmes in relation to their objectives. It entails providing quantitative evaluations of the extent to which programmes are meeting their objectives and reviewing the quality of services which are provided (Department of Social Development, 2010). As it has been explained, providers of services are required to submit appropriate reports to coordinators in order to facilitate the monitoring of compliance with the standardised guidelines for rendering services. Progress with respect to implementation can be evaluated through:

- Monthly reports
- Quarterly meetings
- Impact assessments of public awareness campaigns

- Standardised provincial VE summits
- Standardised national VE conferences
- Research
- Best practice guidelines

Figure 8.1 depicts the monitoring and evaluation framework template which was developed for providers of VE services.

Table 8.1.: Monitoring and evaluation framework template for providers of VE services

Circle the number in each row which designates the category of your organisation and the types of services which it provides to victims. Translate the number to a percentage (%) as follows: 5 = 100%, 4 = 80%, 3 = 60%, 2 = 40%, and 1 = 20%		
Rate the following items according to this scale: 5= Aims have been achieved 4= A great deal of effort has been made to meet the standard 3= Aims have not been achieved 2= Little effort has been made to meet the standard 1= No effort has been made made to meet the standard		
Type of service provider	%	Scale
1. Government department 2. Civil society organisation 3. Other		
Types of victims assisted		
1. Robbery 2. Assault GBH 3. Hijacking 4. Rape/Sexual offences 5. Domestic violence 6. Other	%	
Reception, assessment, and referral		
1.Reception of victims 2.Assessment of victims 3.Referral of victims	%	
Assistance with respect to the rights of victims		
Availability and communication of information pertaining to the rights of victims	%	
Availability of Victims' Charter posters, pamphlets, and booklets	%	

Procedures for lodging complaints have been laid down	%	
Types of services offered		
1. Crisis intervention 2. Emergency services 3. Support services 4. Court-related services 5. Legal services 6. Other services	%	
Services provided by each department: South African Police Service		
1. Crime scene management 2. Investigations 3. Forensic social services 4. Transport 5. Interpreters 6. Other services	%	
Services provided by each department: Department of Health		
1. Management of facilities 2. Medical examinations 3. Collecting evidence 4. Post-exposure prophylaxis services 5. Medical services 6. Mental health services	%	
Services provided by each department: Department of Social Development		
1. Victim support 2. Court preparation 3. Counselling and therapy 4. Coordination of the activities of NGOs 5. Shelter services 6. Psychosocial and related interventions	%	
Services provided by each department: Department of Justice and Constitutional Development/NPA		
1. Coordination of stakeholders 2. Victim assistance 3. Court preparation 4. Enabling victims to navigate the criminal justice system 5. Prosecuting cases 6. Court facilities and services 7. Intermediary services 8. Interpreters	%	
Types of programmes offered		
1. Counselling 2. Life skills 3. Healthcare 4. Recreation	%	

5. Economic empowerment programmes 6. Office administration skills 7. Entrepreneurial skills, such as sewing, beadwork, or gardening 8. Other		
Sub-total for upholding the rights of victims at the shelter	%	

Table 8.2.: Monitoring and evaluation framework template for victims of crime and violence to whom VE services are rendered at shelters and other care facilities

<p>This exercise should enable the Facility Manager to identify developmental areas which encourage effective and efficient service delivery at the shelter or Khuseleka One-Stop Centre. Example: Circle the number in each row which the victim scores. Translate the number to a percentage (%) as follows: 4 = 100%, 3 = 75%, 2 = 50%, and 1 = 25% Rate the following items according to this scale and draw a circle around your choice: 4=Strongly agree 3=Agree 2=Disagree 1=Strongly disagree</p>		
Upon admission to the facility		
Type of victimisation: Which type of crime was committed against you?		
1. Robbery 2. Assault GBH 3. Hijacking 4. Rape/Sexual offences 5. Domestic violence 6. Other (Specify)	%	Scale
Information concerning the rights of victims: Were you informed of the following rights?		
The right to be treated with respect and dignity The right to offer information; The right to receive information The right to legal advice The right to protection The right to compensation The right to restitution		
Sub-total for upholding the rights of victims at the shelter		
Services and programmes for victims: Which of the following services were you offered?		
1. Counselling 2. Training in life skills		

3. Healthcare 4. Recreation 5. Training for economic empowerment, to enable you to obtain employment 6. Training in office administration skills 7. Training in entrepreneurial skills, such as sewing, beadwork, or gardening		
Services provided to victims of robbery and assault GBH		
1. On-site crisis intervention 2. Emergency medical assistance 3. Information concerning the rights of victims 4. Referrals to other providers of victim empowerment services		
Services provided to victims of vehicle hijacking and carjacking		
1. Material assistance 2. Medical assistance 3. Psychosocial support		
Services provided to indirect victims of murder		
1. Information concerning the rights of victims and the workings of the criminal justice system 2. Psychosocial, emotional, and practical support throughout investigations and legal proceedings 3. Referrals to receive specialist services		
Services provided to victims of sexual offences		
1. Emotional support and containment 2. Psychosocial support and physical safety 3. Referrals to other providers of victim empowerment services		
Effectiveness of services with respect to the types of programmes provided to victims		
Counselling	%	4 3 2 1
Training in life skills	%	4 3 2 1
Healthcare	%	4 3 2 1
Recreation	%	4 3 2 1
Economic empowerment programmes	%	4 3 2 1
Training in office administration skills	%	4 3 2 1
Training in entrepreneurial skills, such as sewing, beadwork, or gardening	%	4 3 2 1

	%	4 3 2 1
Referrals to other providers of victim empowerment services		
Formal/ Informal referral	%	3 3 2 1

Table: 8.3.: General monitoring and evaluation framework template for victims who are accommodated in shelters or other care facilities

Rate the following items according to this scale and draw a circle around your choice: 4=Strongly agree 3=Agree 2=Disagree 1=Strongly disagree		
Translate the number in each row to a percentage (%) as follows: 4 = 100%, 3 = 75%, 2 = 50%, and 1 = 25%		
The highest score in each row is 4 or 100%. There are 12 rows. Calculate as follows: 12 x 4 = 48. 48 = 100%		
During your stay at the shelter or centre		
1.1 I felt comfortable	%	4 3 2 1
I felt cared for	%	4 3 2 1
I received the name and contact number/s of the social worker who was responsible for the management of my case	%	4 3 2 1
I received emergency telephone numbers (hospital, clinic, and police)	%	4 3 2 1
I signed a contract with the service provider	%	4 3 2 1
I was given a date for a follow-up counselling session	%	4 3 2 1
I attended counselling sessions	%	4 3 2 1
I attended group work sessions	%	4 3 2 1
I was aware of the cycle of violence (The tension-building phase, the acute battering episode, and the aftermath, namely, the loving respite or honeymoon phase)	%	4 3 2 1
We developed a safety plan	%	4 3 2 1
I was empowered. I know my rights	%	4 3 2 1
1.2 What would be your overall rating of your stay at the shelter or centre?	%	4 3 2 1
TOTAL:		

8.9.4. Instructions for using the monitoring and evaluation framework templates

The introductory section of the template explains how it should be completed. After circling or ticking each specific section of the template, providers of VE services should be able to score each row, and then each section, which has scores for each subsection, as a percentage. This exercise should enable weaknesses and strengths in present practices to be identified and, in turn, facilitate improving the effectiveness and efficacy of services which are rendered to victims of crime and violence. As the legislation of which the Victim Empowerment Support Services Bill in South Africa is to be comprised is still being drafted, the guidelines which have been developed from the findings of this study could assist in the development of appropriate regulations and a national policy framework for the implementation of the provisions of the bill. The final chapter takes the form of a discussion of the limitations of the study and a presentation of the conclusions which were drawn from the findings and the recommendations which are made on the basis of the conclusions.

Chapter Nine

Summary, Conclusions, and Recommendations

9.1. Introduction

The principal purpose of the final chapter is to provide an assessment of the extent to which the goal of the study has been achieved and the research question through which it is expressed has been answered, in order to place the findings of the study in a meaningful context.

9.2. An assessment of findings of the study in relation to the research question and the goal and objectives of the study

In order to assess the validity of the findings, it is necessary to evaluate them in relation to the goal and objectives of the study and also to determine whether the research question has been adequately answered (please see section 1.2 of Chapter One and Annexures 6 and 7). As the research question is essentially a restatement in the form of a question of the principal goal of the study, which was intended to be achieved through the meeting of five specific objectives, the evaluation needs to begin with an assessment of the extent to which each of the objectives was attained.

- **Objective 1: To assess and evaluate the experiences of victims of crime and the services which are provided to them**

The excerpts from the responses of victims who were being accommodated in shelters or other care facilities provided compelling insights into their experiences and also into their assessments of the services which were provided to them. In several instances, it was evident that the services could be improved and expanded upon, a finding which was relevant to the developing of appropriate guidelines for practice.

- **Objective 2: To determine the guidelines for practice which should be followed or applied by providers of VE services**

The referral protocols which are depicted in Figures 8.3, 8.4, and 8.5 comprehensively map the complementary roles of all of the government departments, NGOs, and other organisations which render VE services. In addition, the monitoring and evaluation framework templates which are depicted in Tables 8.1, 8.2, and 8.3 provide an optimal means of ensuring that services are rendered effectively to victims.

- **Objective 3: To determine and describe the guidelines for practice which should be applied in order to provide victim empowerment services which meet the needs of victims of crime and violence**

Being able to sift through expressions of the perceptions and opinions of participants who were either providers of VE services or victims who were recipients of services enabled the researcher to develop a comprehensive and balanced account of both the services which are being provided at present and the actual needs of the victims to whom they are rendered. It was from this standpoint that the referral protocols, the monitoring and evaluation framework templates, and the guidelines which are recommended in this chapter were developed.

- **Objective 4: To determine the roles and responsibilities of relevant government departments and NGOs in providing VE services to victims of crime and violence**

The referral protocols represent the culmination of an in-depth investigation of the perceptions, beliefs, and opinions of employees of a great many government departments and other organisations which are responsible for rendering VE services to victims of crime and violence concerning the roles which they play in rendering VE services. Consequently, it could be concluded that the objective has been met.

- **Objective 5: To develop and present guidelines for practice which optimise the roles of providers of victim empowerment services and ensure that the needs of victims of crime and violence are effectively met**

The guidelines for practice which are recommended in this chapter fulfil the intention behind the first part of this objective and the monitoring and evaluation framework templates provide an appropriate means of monitoring and evaluating the effectiveness of services which are rendered to victims of crime and violence. Accordingly, it is concluded that all five objectives have been effectively met. As the objectives together provided the means of achieving the principal goal of the study, namely, to develop guidelines for practice which accord with both the roles of providers of VE services and the needs of victims of violence and crime, it is possible to conclude that the goal of the study has also been achieved. The answer to the research question, namely: 'Which guidelines for practice should be developed to ensure the quality of standardised services which are provided through victim empowerment programmes?' is ultimately answered by the monitoring and evaluation framework templates, which were developed for the sole purpose of monitoring and evaluating the rendering of VE services, in order to ensure quality.

9.3. Limitations of the study

Among the limitations which the researcher encountered was the denial of access to victims who were housed in shelters and care facilities in one of the four provinces in which the study was conducted. Although selection bias is inevitably a potential limitation when purposive sampling is used to select research samples, conducting the study in four different provinces permitted a significant degree of triangulation of the data which was collected from providers of VE services and victims of crime and violence who were housed in care centres. Conversely, although it could be contended that conducting the study of four of the nine provinces would not necessarily yield findings which are representative of South Africa as a whole, the nature of the research topic contributed significantly to the potential generalisability of the findings, owing to

the degree of coordination which has been achieved to date with respect to the rendering of VE services.

Despite the potential limitations which have been enumerated, the methodology which the researcher developed to conduct the study proved to be effective in permitting an in-depth understanding to be obtained of the guidelines for practice which are in force at present, the services which are rendered to victims of crime and violence, and the programmes which are made available to them to facilitate their recovery and reintegration into society.

9.4. Summary of the findings and presentation of the conclusions which were drawn from them

In this section, the themes which emerged from the findings are summarised and the conclusions which were drawn from them are presented. Although the interview guide contained a number of questions, three questions, which had been put to both the providers of VE services and the victims who participated in the interviews, emerged as being particularly crucial. These questions were subsequently put to the victims who participated in the the focus group discussions and also those who participated in subsequent face-to-face interviews.

9.4.1. Theme 1: Reasons for victims seeking accommodation in shelters or consulting VE organisations and types of victimisation suffered by the participants

From the findings it could be concluded that although the participants who were being accommodated in shelters and other facilities had been victims of violent crimes such as rape, robbery, assault GBH, domestic violence, and other forms of abuse, such as physical, emotional, or financial abuse, for many, the decision to seek accommodation stemmed from having no other form of safe accommodation available to them.

9.4.2. Theme 2: Responses to victimisation

The findings revealed that the responses of victims to their traumatic experiences tended to vary considerably. Some of the participants had tried to take action against their abusers before they were admitted to shelters, but in many instances, they had not done so. This finding is particularly consistent with a great deal of the literature which had been consulted concerning the reporting of instances of rape. It also emerged that although many of the participants had thrown themselves upon the mercies of providers of VE services, some had been found living on the streets by members of the SAPS, who had taken them to shelters.

9.4.3. Theme 3: Types of services provided to victims

From the findings it was evident that the services which were rendered to victims of violence and crime included counselling and therapeutic services, trauma debriefing, awareness and outreach programmes, food, shelter and accommodation, assistance to obtain protection orders, and programmes which ranged from recreational activities to activities which promoted economic empowerment, by enabling them to acquire skills to become financially independent once they left the shelters. It was also evident that a great deal more attention needed to be given to providing effective economic empowerment programmes.

9.4.4. Theme 4: Effectiveness of VE services which are provided to victims

The subjective perceptions and assessments of the participants who had been victims of crime or violence of the effectiveness of the VE services which were rendered to them tended to vary a great deal, particularly with respect to the criteria which they used to make their assessments. Those who expressed satisfaction with the services expressed their appreciation with respect to the much-needed shelter, accommodation, safety, protection, and food with which the shelters provided them

and the assistance and counselling which they received from empathetic social workers. It was also evident from the findings that the dissatisfaction of some participants stemmed, to a large extent, from a lack of standardisation among shelters and similar facilities with respect to the services which they rendered to victims.

9.4.5. Theme 5: Hardships and privations experienced by the participants in shelters or care centres

The complaints of the participants concerned a number of perceived grievances in relation to shortcomings such as shortages of social workers and therapeutic services, ill treatment by housemothers, health-related problems, a lack of updated information concerning the progress of their cases, unacceptable food and inappropriate menus, inadequate ablution facilities or sanitation, the underutilisation of available resources, and a lack of recreational activities and spaces for children to play. From these findings, it could be concluded that the programmes and facilities which are available in shelters and care facilities, particularly with respect to mothers who are accommodated with their children, need both to be improved and more comprehensive than they are at present.

9.4.6. Theme 6: Suggestions for improving VE services in shelters and care centres

The interviews and focus group discussions generated a wide range of suggestions for improving and diversifying the VE services which are rendered to victims in shelters. Some of the participants believed that the therapeutic services in the shelters in which they were accommodated were inadequate and that there were severe shortages of social workers. Others suggested that victims should be referred to other providers of VE services to receive specialised services. The need to market VE services effectively, to build more shelters, to facilitate the formation of support groups and women's groups, to hold workshops, to foster economic empowerment by

enabling victims to engage in income-generating activities, and to provide educational and recreational programmes for children in shelters were all recurring themes.

Some participants complained that the accessibility of their quarters and the ablution facilities and sanitation in shelters needed to be improved significantly and that they were frequently ill treated by housemothers, who failed to provide them with adequate support. Others complained that they felt excessively confined in shelters and believed that they should be provided with day passes to attend to their needs outside of the shelters. Women who expressed fears concerning returning to their homes after they had been discharged from shelters believed that victims in their circumstances should be provided with RDP houses to enable them to live independently of their abusive partners. Other frequently made suggestions included the need to ensure the active participation of crucial stakeholders such as nurses and to provide victims with the information which they needed to alter the courses of their lives. The conclusion which could be drawn from all of the suggestions was that it was abundantly evident that a comprehensive range of programmes needs to be developed and implemented in order to ensure the holistic rendering of appropriate VE services to victims.

9.4.7. Theme 7: Availability of guidelines for providing services to victims

The findings revealed that a number of sets of guidelines have been formulated for rendering services to victims of crime and violence, which differ according to the nature of the crimes which are committed. There are guidelines for rendering services to victims of domestic violence, others for victims of human trafficking, and pieces of legislation such as the National Policy Guidelines for Victim Empowerment and the Victims' Charter have been formulated, and appropriate norms and standards have been laid down. Consequently, although it can be concluded that appropriate guidelines have been formulated, it is the considered opinion of the researcher on the basis of the findings of this study that the standardisation and coordination of the services which are rendered to all categories of victims need to be prioritised.

9.4.8. Theme 8: The standardisation of guidelines

One of the principal conclusions which was drawn from the findings was the need for standardised guidelines. It was evident from the contributions of the participants who were providers of VE services that the guidelines which their departments and organisations had formulated varied considerably with respect to both their content and their implementation. Several participants offered suggestions for ensuring the standardisation of guidelines. Consequently, it can be concluded that in order to ensure that the rights of victims are adequately upheld through the equitable rendering of VE services, guidelines need to be standardised.

9.4.9. Theme 9: Suggestions for improving existing guidelines for rendering VE services to victims

The suggestions for improving existing guidelines included reviewing them, developing guidelines for rendering assistance to each category of victim, continuing to develop legislation pertaining to victim empowerment, standardising the costing of VE services, and developing appropriate guidelines for providing aftercare services and providing refresher training to practitioners. It is evident from the findings that raising standards for rendering VE services to victims is dependent upon the formulation of appropriate guidelines and rigorous adherence to them. Consequently, existing guidelines need to be overhauled in order to accommodate prevailing trends and enable the standards of government departments and non-governmental organisations for rendering VE services to be brought into alignment with one another.

9.4.10 Theme 10: Factors which impede the effective implementation of the VEP

The findings revealed that numerous factors impeded the effective implementation of the VEP, including a lack of coordinated aftercare services and the lack of a holistic strategy for reintegrating victims into society. From this standpoint, it was concluded that the implementation of guidelines which successfully coordinate the rendering of

VE services represented the optimal means of ensuring that the programme achieves its stated objectives.

9.5. Recommendations

The conclusions which were drawn from the findings all served to underscore the necessity of developing guidelines for practice which accommodate all categories of victims of crime in order to meet the needs which arise from the types of crimes which have been committed against them. It is envisaged that the development of the guidelines would constitute an optimal means of empowering providers of VE services to afford equal protection to all people whose lives are adversely affected by violence and crime.

9.5.1. Recommendations for practice

9.5.1.1. Recommendations concerning the guidelines which should be developed for the optimal rendering of VE services to each category of victim

It is recommended that appropriate guidelines should be developed in accordance with the specific needs of victims of each category of crime or violence, such as domestic violence and human trafficking, for which legislation is being developed at present. The other categories of crimes for which guidelines are required which emerged from the findings of the study are robbery, assault GBH, vehicle hijacking and carjacking, murder, and hate crime, which include violent acts which are committed against members of LBGTI communities and xenophobia. The guidelines for rendering appropriate VE services to victims of each category of crime are summarised in the sub-sections which follow.

➤ **Guidelines for rendering VE services to victims of robbery and assault
GBH**

As it was explained in Chapter Two, the reactions of individual victims to violent crimes can vary significantly and are often influenced by factors such as their predispositions with respect to being able to cope with stress and the kinds of support systems which are available to them. As appropriate interventions and support are beneficial to enabling victims of robbery to regain their emotional equilibrium, the essential assistance which the SAPS should provide should include:

- On-site crisis intervention and obtaining emergency medical assistance.
- Providing victims with information concerning their rights and referrals to receive services and avail themselves of resources which can facilitate their emotional recovery.
- Providing essential services such as:
 - ✓ Explaining the procedures by means of which police investigations are carried out.
 - ✓ Showing victims how to protect evidence.
 - ✓ Accompanying victims to receive emergency medical services.
 - ✓ Providing information concerning the types of compensation which are available to victims of crime.
 - ✓ Immediately referring victims, either verbally or in writing, to agencies in communities which provide emergency services.
 - ✓ Providing victims with brochures which are written in their home languages and contain information pertaining to emergency and long-term services and other services which may benefit them.
 - ✓ Ensuring that victims are personally contacted by telephone, or in person, 24 to 72 hours after the initial responses by the SAPS, in order to determine whether assistance has been sought or received.
 - ✓ Establishing procedures to ensure that victims of violent crimes are periodically informed of the status of the investigations of their cases.
 - ✓ Promptly providing crisis intervention and psychological first aid or referring victims to receive appropriate specialist services.

- ✓ Contacting victim advocates to provide on-site assistance, if it is deemed to be necessary to do so.

➤ **Guidelines for rendering services to victims of vehicle hijacking and carjacking**

Providers of victim empowerment services should render appropriate services to victims of vehicle hijacking and carjacking by:

- Informing victims of the role which they are expected to play in criminal justice proceedings, with respect to the nature of the cooperation which will be required of them and the scope, timing, progress, and likely outcome of the criminal proceedings.
- Allowing the opinions and concerns of victims to be presented and considered at appropriate stages of the proceedings where their personal interests are affected, without prejudice to the accused and consistent with the relevant procedures of the national criminal justice system.
- Providing proper assistance to victims throughout the judicial proceedings pertaining to their cases.
- Minimising inconveniences to victims, protecting their privacy, if it is necessary to do so, and ensuring their safety and that of their families.
- Protecting victims from potential intimidation and retaliation.
- Avoiding unnecessary delays in the disposition of cases and the execution of orders or decrees which grant awards to victims.
- Offering victims the material, medical, psychological, and social assistance which they need.

➤ **Guidelines for rendering services to indirect victims of murder**

Indirect victims of murder have the right to receive the following forms of assistance from providers of VE services:

- Access to the most appropriate services in their communities.

- Emotional support when they have been notified that loved ones have been murdered and afterwards.
- Emotional support during the identification of the body of the deceased.
- Assistance in completing documents to enable members of the families, relatives, and friends to view the body of the deceased.
- Referrals by relevant providers of VE to services in instances in which arrests have been made, in order to receive information and support with respect to the roles which they are expected to play in the criminal justice system proceedings.

In addition, services which are provided to victims of other categories of crimes can also be provided in the immediate aftermath of murders to indirect victims, such as:

- Information concerning their rights and the workings of the criminal justice system.
- Psychological, emotional, and practical support throughout the investigations of murder cases and subsequent legal proceedings.
- Referrals to receive specialist services, should they be necessary.

➤ **Guidelines for rendering services to victims of hate crimes**

Hate crimes constitute a category of crimes which are committed as a consequence of hostility or prejudice against members of groups of people owing to their disabilities, race or ethnicity, religions or beliefs, or sexual orientations (Duncan & Nel, 2011: 33; Naidoo & Karels, 2012: 624; Mollema & Van der Bijl, 2014: 679). Hate crimes are essentially motivated by the animus of perpetrators towards people owing to their perceptions of the undesirability of the groups which they represent. Victims of hate crimes often continue to feel threatened long after they have been attacked, as they are aware that their traumatic experiences stem directly from fundamental dimensions of their identities. Although the crimes are often committed against individual people, they threaten the social fabric of entire communities. They can be committed in private homes, communities, at schools or tertiary institutions, and also in the workplaces of victims (Gerstenfeld, 2013: 31-32).

The sub-categories of hate crimes which are discussed in the sub-sections which follow emerged as the most prominent forms of hate crimes from the interviews and focus group discussions which yielded the data upon which the findings of the study are based.

➤ **Guidelines for rendering services to victims who are members of LGBTI communities**

Some of the participants suggested that specific guidelines should be developed for rendering VE services to victims of hate crimes who could be classified as LGBTI. It was also suggested that guidelines should be developed to guide the practices of providers of VE services through appropriate education and training which equipped them with a comprehensive understanding of the lives of LGBTI people. Owing to their sexual orientations and gender identities, LGBTI people are often subjected to discrimination in many countries and particularly prone to becoming victims of crime and violence (Nel & Judge, 2008). In the most extreme instances, in some countries they are liable for prosecution and even the imposition of the death penalty.

➤ **Guidelines for rendering services to victims of xenophobia**

Some participants also suggested that appropriate guidelines should be developed for rendering VE services to victims of the hate crime of xenophobia. South Africa has witnessed widespread xenophobic attacks since 1994, particularly in the provinces of Gauteng, the Western Cape, the Free State, Limpopo, and KwaZulu-Natal. Although there has been a great deal of speculation concerning the probable causes of outbreaks of xenophobic violence, several credible reports have cited factors such as grinding poverty and increased competition for the resources which are available in communities. As the types of leadership which prevail in communities could exert a decisive influence with respect to whether or not xenophobic attacks occur, the crucial role which governance plays becomes evident. Xenophobia does not concern only the

rights of foreign nationals, but rather also the safety of all who live in South Africa. It has been a disconcerting experience for many people in the aftermath of the apartheid era in South Africa to concede that most violent xenophobic attacks against immigrants from other African states have been carried out by black South Africans.

9.5.1.2. Recommendations for improving existing guidelines for rendering VE services to victims of crime and violence

Before the existing guidelines can be improved, they need to be comprehensively reviewed in a manner which permits their strengths and weaknesses to be identified. Guidelines need to be reviewed after specified periods which need to be agreed upon by all providers of VE services under the auspices of the VEPs. It is also recommended that a standardised VE costing model for services should be developed for funding purposes and in order to render optimal standardised services to all categories of victims.

9.5.1.3. Recommendation for the standardisation of guidelines

It is recommended that all guidelines are standardised, in order to ensure that the rights of all categories of victims are upheld through the equitable provision of VE services.

9.5.1.4. Recommendation for training in VE services

It is recommended that all providers of VE services, at the local, provincial, and national levels should receive training to enable them to keep pace with new developments concerning victim empowerment and improving VE services within the context of an intersectoral environment.

9.5.1.5. Recommendations concerning the implementation of the National Crime Prevention Strategy

Although the National Crime Prevention Strategy was developed to enable the government to combat crime in a coordinated and concerted manner and to prioritise the rights and needs of victims, statistics reveal that crime continues to be rampant in South Africa. Consequently, it becomes imperative that the government should evaluate existing crime prevention programmes accurately and make continuous modifications to overcome shortcomings which are identified, in order to combat crime through increasingly holistic strategies. Due consideration also needs to be given to the socioeconomic factors which encourage particular categories of crimes. Although career criminals operate in all countries of the world, the socioeconomic conditions which result in people who might otherwise seek employment in the formal sector of the economy turning to crime should not be ignored. The closures of prisons in countries such as the Netherlands suggest that when people no longer perceive that they are obliged to commit crimes in order to survive, incidences of particular types of crime are likely to decline sharply.

9.5.1.6. Recommendation for piloting the guidelines for practice

It is recommended that the guidelines for practice should be piloted before they are submitted for approval by the Minister of Social Development. According to Dikko (2016), pilot tests help to determine the effectiveness of interventions and to identify features which may need to be modified or revised. Consequently, it is anticipated that piloting the guidelines will provide opportunities to improve them in particular respects, thereby enabling them to be submitted in a suitably tested form.

9.5.2. Suggestions for further research

On the basis of the findings of this study and the conclusions which have been drawn from them, the following suggestions are made for future research studies:

- This study was conducted in order to formulate standardised guidelines for rendering VE services to victims of all categories of crimes. It was also conducted in order to solicit suggestions from participants who were either experts in the field of rendering VE services or victims of crime and violence concerning improving the quality and the scope of the VE services which are rendered to victims at present. As the study was conducted in only four provinces of South Africa, the findings cannot necessarily be generalised to other provinces. Consequently, it is recommended that similar qualitative studies should be conducted in the remaining provinces, to obtain a broader and more comprehensive basis for refining the guidelines for practice for rendering VE services to all categories of victims of crime and violence throughout South Africa.
- It is recommended that a comparative qualitative study in which both providers of VE services and victims of crime and violence participate should be conducted in order to evaluate the benefits which victims are able to derive from VE services which are rendered in shelters, Thuthuzela Care Centres, Khuseleka One-Stop Centres, and other care centres.
- It is recommended that the researcher, as an employee of the National Department of Social Development who is also responsible for the development of policy, should:
 - Submit the guidelines for approval by the Minister of Social Development once they have been pilot tested.
 - Consult and train providers of VE services to apply them once they have been pilot tested.
 - Monitor implementation of the guidelines by means of the monitoring and evaluation framework templates which have been developed.
 - Review and refine the guidelines on the basis of the findings which the monitoring and evaluation framework templates yield.
 - Continue to capacitate providers of VE services after updating and refining the guidelines for practice, in order to improve the rendering of appropriate VE services to victims and to prevent instances of secondary victimisation.

9.6. Conclusion

In this chapter it has been conclusively demonstrated that the individual objectives of which the goal of the study was comprised have been met and the research question has been adequately answered. The guidelines which were developed in response to the research question, the referral protocols, and the monitoring and evaluation framework templates for monitoring and evaluating the providing of VE services, in accordance with the perceptions of both providers and recipients of VE services, are the tangible fruits of the findings and conclusions of this study. They represent a sincere endeavour on the part of the researcher to make a significant contribution to extending social justice to all victims of crime and violence in South Africa, through the equitable rendering of victim empowerment services.

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ANNEXURES

ANNEXURE 1: Letter from the Ethics Committee

ANNEXURE 2: Request for permission to conduct research: Department of Social Development, Gauteng

ANNEXURE 3: Request for permission to conduct research: Department of Social Development, Mpumalanga

ANNEXURE 4: Request for permission to conduct research: Department of Social Development, Western Cape

ANNEXURE 5: Request for permission to conduct research: Department of Social Development, Northern Cape

ANNEXURE 6: A preamble to provide relevant information to enable potential participants who have been victims of crime to make informed decisions concerning whether they wish to consent to participate in the research study

A PREAMBLE TO PROVIDE RELEVANT INFORMATION TO ENABLE POTENTIAL PARTICIPANTS WHO HAVE BEEN VICTIMS OF CRIME TO MAKE INFORMED DECISIONS CONCERNING WHETHER THEY WISH TO CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

Dear Participant

I, Athalia Shabangu, the undersigned, am a social worker who is employed by the National Department of Social Development in Pretoria and also a part-time doctoral student in the Department of Social Work at the University of South Africa. In order to fulfil the requirements of the doctoral degree, I am required to conduct a research study, for which I have developed the following research topic:

Practice Guidelines for Designing and Implementing Victim Empowerment Programmes from the Perspectives of Services Providers and Consumers of Services

As you have been a victim of crime, I request your participation in the study. The choice to participate would be yours alone to make and the information which I shall provide is intended to assist you to decide whether or not you wish to participate in this research project. The information explains the nature of the study, with respect to its aims and why there is a need for it to be conducted. In addition, you will be informed of what your participation in this study will entail, in terms of the questions which you will be asked, the form which your participation will take, the possible risks and benefits which your participation could entail, and your rights as a participant in a research study in the social sciences.

This research project originated from the formulation by the researcher in her capacity as an employee of the Department of Social Development of a discussion paper concerning victimisation which results from transnational and other serious crimes and the development of guidelines for rendering victim empowerment services to victims of transnational and other serious crimes. During and after the formulation of the discussion paper and the guidelines, it became apparent to the researcher that the support services which are available to victims of crime and violence in South Africa at present are limited, uncoordinated, lack integration and are not rendered equitably throughout the country. Although the government is responsible for ensuring that all reasonable measures are taken to ensure the quality of the services which are rendered, it became increasingly apparent that there are no comprehensive guidelines for practice for rendering victim empowerment services in accordance with the objectives of government departments and organisations which render them and the needs of victims of crime and violence. Consequently, the aim of the study is to develop appropriate guidelines for practice which enable victim empowerment programmes to be implemented consistently in a manner which fulfils this mandate.

The information which is gathered from this study will benefit both providers of victim empowerment services and the victims of crime and violence to whom they are rendered.

Should you agree to participate, you would be requested to participate in from 1 to 3 face-to-face interviews or focus group discussions, which will be conducted at the offices of the service provider _____ from ____ to _____. It is estimated that the interview(s) will last approximately 45 minutes.

During the interview(s), the following questions will be directed to you as a victim of crime:

General information

1. Which is your home province?

1. Gauteng
2. Mpumalanga
3. Western Cape
4. Northern Cape

SECTION A: PERSONAL DETAILS

1. What is your gender? (Circle one answer only)

1. Male
2. Female
3. Transgender

2. What is your home language? (Circle one answer only)

1. Sesotho
2. Sepedi
3. Setswana
4. Siswati
5. Sitsonga
6. isiXhosa
7. isiNdebele
8. English
9. Afrikaans
10. Tshivenda
11. isiZulu
12. Other (specify)

3. What is your race? (Circle one answer only)

1. Black
2. White
3. Indian
4. Coloured
- Other (specify):.....

4. What is your Age group?

1. 19-29 years
2. 30-45 years
3. 46-55 years
4. 56 years or older

5. Are you a(n) (Circle one answer only)

1. Student

- 2. Employed
- 3. Self-employed person
- 4. Unemployed person
- 5. Business person
- 6. Other (Specify):.....

SECTION B: CRIMES COMMITTED AND SERVICES RECEIVED

1. Are you a victim of:

- 1. Robbery
- 2. Assault GBH
- 3. Hijacking
- 4. Rape
- 5. Other (Specify):.....

2. In which year did the incident occur? **(Circle one answer only)**

- 1. 2009
- 2. 2010
- 3. 2011
- 4. 2012

3. Where did the offence take place? **(Circle one answer only)**

- 1. Home
- 2. Street
- 3. Town
- 4. Other (Specify)

4. Who was your provider of victim empowerment services? Specify.....

SECTION C: RATING OF SERVICES

1. Do you think that the services which were provided to you were effective with respect to the type of crime which was committed against you?

Yes	No

If no, what do you think should have been done by the department or organisation which rendered victim empowerment services to you? (Please offer suggestions)

.....
.....

If yes, what can be improved by the provider of victim empowerment services?

.....
.....

2. Would you recommend the provider of victim empowerment services to people who become victims of crime or violence in the future?

Yes	No

If no, why?.....

3. Additional comments or suggestions, if any

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With your permission, the interview(s) will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the questions which you are asked during the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape(s)/videotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office in a lockable cabinet and only I shall have access to them. The transcripts (without any identifying information) will be made available to my research promoters, a translator (if they need to be translated into English), and an independent coder, for the sole purpose of assisting and guiding me in this research undertaking. My research promoters, the translator, and the independent coder will each sign an undertaking to treat the information which you provide in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication or presentation of the findings of the research study.

Please note that participation in the research study is completely voluntary and you are not obliged to take part in it. Your decision to participate, or not to participate, will not affect you in any way, now or in the future, and you will incur no penalties or losses if you decide not to participate. Should you agree to participate by signing this document as proof of your willingness to participate, please note that you are not signing away your fundamental constitutional rights.

If you agree to take part, you have the right to change your mind at any time during the conducting of the study. You are free to withdraw your consent and discontinue your participation without any loss of benefits. If you do elect to withdraw from the study, you would be requested to grant me an opportunity to engage in an informal discussion with you, in order to terminate the research partnership into which you entered in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without obtaining your consent if you fail to follow the instructions or if the information which you wish to divulge is sufficiently emotionally sensitive to upset you to such an extent that it has a debilitating effect upon your emotional or physical functioning. In addition, if participating in the study at any time jeopardises your safety in any way, you will be dismissed. Should I conclude that the information which you have provided has left you feeling emotionally upset or perturbed, I should be obliged to refer you to a counsellor for debriefing or counselling, if you agree to avail yourself of the service.

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns with respect to the study, please call either 012 312 7169 or 082 979 8788.

Please note that this study has been approved by the Departmental Research and Ethics Committee of the Department of Social Work of the University of South Africa. Without the approval of this committee, the study could not be conducted. Should you have any questions or queries which I may not have covered sufficiently, you would be more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at UNISA. His contact details are: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee of the Department of Social Work at Unisa, their answers have not satisfied you, you could direct your questions, concerns, or queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, UNISA, 0003.

On the basis of all the information which has been provided to you in this document and your awareness of your rights, you are requested to give your written consent if you wish to participate in this research study, by signing and dating the information and consent form and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Signature of researcher

Contact details: (Tel) 012 312 7169

(Fax) 086 542 5177

(Email) AthaliaS@dsd.gov.za

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT:

Practice Guidelines for Designing and Implementing Victim Empowerment Programmes from the Perspectives of Services Providers and Consumers of Services

REFERENCE NUMBER: 4593-216-6

RESEARCHER: Athalia Shabangu

CONTACT TELEPHONE NUMBERS:

Work: 012 312 7169

Cell: 082 979 8788

Fax: 086 542 5177

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:

I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____

_____(address)

A. HEREBY CONFIRM AS FOLLOWS:

1. I/the participant was invited to participate in the research project which is being undertaken by (name) _____ of the Department of Social Work in the School of Social Sciences and Humanities at the University of South Africa, Pretoria, South Africa.

2. The following aspects have been explained to me/the participant:

Aim: The researcher informed me that the aim of the study is to develop guidelines for practice for the implementation of victim empowerment programmes in accordance with the objectives of providers of victim empowerment services and the needs of victims of crime and violence.

The information which I provide will benefit both providers of victim empowerment services and victims of crime and violence to whom services are rendered under the auspices of the Victim Empowerment Programme.

2.1 I understand that

2.2 Risks:

Possible benefits from my participation in this study

Confidentiality: My identity will not be revealed in any discussion, description, or scientific publication by anyone who participated in the conducting of the study.
Access to findings: Any new information or benefit which emerges during the course of the study will be made available to me.
Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.
3. The information in this document was explained to me/the participant by _____ (name of relevant person) in _____ English/Siswati/Sitsonga/Sesotho/isiXhosa/isiZulu/other _____ and I have an adequate command of this language/it was translated to me satisfactorily by _____ (name of the translator). I was given an opportunity to ask questions and all of my questions were answered satisfactorily.
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw from participating in the study at any stage, without incurring penalties of any sort whatsoever.
5. Participation in this study will not result in any financial cost to me.
B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE RESEARCH PROJECT WHOSE NATURE HAS BEEN EXPLAINED IN THIS DOCUMENT.
Signed/confirmed at _____ on _____ 20__
_____ Signature or right thumbprint of participant
_____ Signature of witness

CONSENT FORM TO REQUEST PERMISSION TO PUBLISH AUDIOTAPES AND VERBATIM TRANSCRIPTS OF AUDIOTAPE RECORDINGS

During the course of conducting this study, I have made an audio recording of you. I should like you to indicate (with ticks in the appropriate blocks next to each statement below) the uses to which you are willing to consent that the recordings and transcripts may be put. I shall use the recordings and transcripts only in the ways in which you stipulate that they may be used and it will not be possible to identify participants from any of them.	Place a tick [✓] next to the use to which you consent that the recordings and transcripts may be put.
1. The recordings and transcripts can be studied by the research team and photographs of or quotations from the transcripts can be used in the research report.	

Thank you for your/the participant's participation in this study. Should at any time during the conducting of the study,

- an emergency arise as a consequence of conducting it
- you require any further information concerning the study
- the following occur

_____ (indicate any circumstance which should be reported to the investigator),
kindly contact _____ (name) at telephone number _____

[It must be a number at which help will be available on a 24-hour basis.]

INFORMED CONSENT FOR RESPONDENTS

1. **Title of Study:** Practice guidelines for victim empowerment programmes based on the perspectives of service providers and consumers of services
2. **The purpose of the study:** This study is to be conducted in order to develop appropriate guidelines for practice for implementing victim empowerment programmes in accordance with the objectives of providers of victim empowerment services and the needs of victims of crime and violence. A qualitative approach has been adopted in order to conduct an exploratory, descriptive, and contextual research study.
3. **The respondent's name**.....
4. **Research procedures:** The data is to be collected through the use of qualitative research methods, namely, face-to face semi-structured interviews and focus group discussions.
5. **Risks and Discomfort:** I have been assured that there will be no risks or anticipated discomfort entailed in participating in this research study.
6. **Benefits:** I understand that the researcher will not offer me any benefits or incentives for agreeing to participate in this study, although my participation should contribute to enabling the researcher to develop appropriate guidelines for practice for the implementation of victim empowerment programmes in accordance with the objectives of providers of victim empowerment services and the needs of victims of crime and violence.
7. **The rights of participants:** I understand that I may withdraw from participating in this study at any time or stage without incurring penalties of any sort whatsoever.
8. **Confidentiality:** I understand that the researcher will take all reasonable measures to protect the confidentiality of the participants in the study and that she will refrain from identifying me in her research report or any other publications which are related to this research study.

The data and findings of the study will be stored by the researcher for 15 years.

By signing the consent form, I confirm that I have read its contents and that the nature of the study has been adequately explained to me. I voluntarily agree to participate in this study and I do not waive any legal rights by signing this informed consent form. I acknowledge that I shall receive a signed copy of this consent form.

I understand that if at any time at which I may require additional information concerning this research project, I can contact the researcher at the following contact number: 082 979 8788

Date:

Signature

ANNEXURE 7: A preamble to provide relevant information to enable potential participants who are providers of victim empowerment services to make informed decisions concerning whether they wish to consent to participate in the research study

A PREAMBLE TO PROVIDE RELEVANT INFORMATION TO ENABLE POTENTIAL PARTICIPANTS WHO ARE PROVIDERS OF VICTIM EMPOWERMENT SERVICES TO MAKE INFORMED DECISIONS CONCERNING WHETHER THEY WISH TO CONSENT TO PARTICIPATE IN THE RESEARCH STUDY.

Dear participant

I, Athalia Shabangu, the undersigned, am a social worker who is employed by the National Department of Social Development in Pretoria and also a part-time doctoral student in the Department of Social Work at the University of South Africa. In order to fulfil the requirements of the doctoral degree, I am required to conduct a research study, for which I have developed the following research topic:

Practice Guidelines for Designing and Implementing Victim Empowerment Programmes from the Perspectives of Services Providers and Consumers of Services

As you are well-informed concerning the field of victim empowerment, I request your participation in the study. The choice to participate would be yours alone to make and the information which I shall provide is intended to assist you to decide whether or not you wish to participate in this research project. The information explains the nature of the study, with respect to its aims and why there is a need for it to be conducted. In addition, you will be informed of what your participation in this study will entail, in terms of the questions which you will be asked, the form which your participation will take, the possible risks and benefits which your participation could entail, and your rights as a participant in a research study in the social sciences.

This research project originated from the formulation by the researcher, in her capacity as an employee of the Department of Social Development, of a discussion paper concerning victimisation which results from transnational and other serious crimes and the development of guidelines for rendering victim empowerment services to victims of transnational and other serious crimes. During and after the formulation of the discussion paper and the guidelines, it became apparent to the researcher that the support services which are available to victims of crime and violence in South Africa at present are limited, uncoordinated, lack integration, and are not rendered equitably throughout the country. Although the government is responsible for ensuring that all reasonable measures are taken to ensure the quality of services, it became increasingly apparent that there are no comprehensive guidelines for practice for rendering victim empowerment services in accordance with the objectives of government departments and organisations which render them and the needs of victims of crime and violence. Consequently, the aim of this study is to develop appropriate guidelines for practice which enable victim empowerment programmes to be implemented consistently in a manner which fulfils this mandate.

The information which is gathered from this study will benefit both providers of victim empowerment services and the victims of crime and violence to whom they are rendered.

Should you agree to participate, you would be requested to participate in either one or two focus group discussions which will be held at the offices of the service provider _____ from ____ to _____. It is estimated that the discussions will last approximately 45 minutes.

During the discussions, the following questions will be directed to you as a provider of victim empowerment services:

General information

1. Which is your home province?

1. Gauteng
2. Mpumalanga
3. Western Cape

2. Are you an employee of:

1. A government department

Yes	No

2. A civil society organisation

Yes	No

3. Other (Specify):.....

SECTION A: PERSONAL DETAILS

1. What is your gender? (Circle one answer only)

- 1. Male
- 2. Female
- 3. Transgender

2. What is your race? (Circle one answer only)

- 1. Black
- 2. White
- 3. Indian
- 4. Coloured
- Other (specify):

3. What is your Age group? (Circle one answer only)

- 1. 19-29 years
- 2. 30-45 years
- 3. 46-55 years
- 4. 56 years or older

4. What is your **home language**? (Circle one answer only)

- 1. Sesotho
- 2. Sepedi
- 3. Setswana
- 4. Siswati
- 5. Sitsonga
- 6. isiXhosa
- 7. isiNdebele
- 8. English
- 9. Afrikaans
- 10. Tshivenda
- 11. isiZulu
- 12. Other (specify)

5. What is your highest **level of educational attainment**? (Circle one answer only)

- 1. Primary school
- 2. Secondary school
- 3. Tertiary qualification
- 4. Postgraduate qualification

6. How many years of **work experience** do you have?.....

7. How much experience do you have **in rendering victim empowerment services**?.....

8. Are you a

1. Manager

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Social worker

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
-----	----

3. Auxiliary worker

--	--

4 Counsellor

Yes	No

5. Voluntary worker

Yes	No

6. Other (Specify):.....

SECTION B: SERVICES WHICH ARE PROVIDED TO VICTIMS

1. How long have you worked as a provider of victim empowerment services?

- 1. 1-3 years
- 2. 3-6 years
- 3. 6-10 years
- 4. 10 years or more

2. Which categories of victims do you receive and assist?

.....
.....
.....
.....

3. How many victims do you assist each month?

.....
.....

4. Which types of services do you offer?

.....
.....
.....
.....

5. Do you have guidelines for the services which you render?

If yes, are you able to apply them to rendering services to all categories of victims of crime?

.....
.....
.....If no, why?
.....
.....
.....

6. Do you have any suggestions concerning provisions which should be included in the guidelines for rendering effective services to victims of crime?

.....
.....
.....

With your permission, the discussion(s) will be audiotaped. The recorded discussions will be transcribed word-for-word. Your contributions to the discussion (both the taped and transcribed versions) will be kept strictly confidential. The audiotape(s)/videotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office in a lockable cabinet and only I shall have access to them. The transcripts (without any identifying information) will be made available to my research promoters, a translator (if they need to be translated into English), and an independent coder, with the sole purpose of assisting and guiding me in this research undertaking. My research promoters, the translator, and the independent coder will each sign an undertaking to treat the information which you provide in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication or presentation of the findings of this research study.

Please note that participation in this research study is completely voluntary and you are not obliged to take part in it. Your decision to participate, or not to participate, will not affect you in any way, now or in the future, and you will incur no penalties or losses if you decide not to participate. Should you agree to participate by signing this document as proof of your willingness to participate, please note that you are not signing away your fundamental constitutional rights.

If you agree to take part, you have the right to change your mind at any time during the conducting of the study. You are free to withdraw your consent and discontinue your participation without any loss of benefits. If you do elect to withdraw from the study, you would

be requested to grant me an opportunity to engage in an informal discussion with you, in order to terminate this research partnership in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without obtaining your consent if you fail to follow the instructions or if the information which you wish to divulge is sufficiently emotionally sensitive to upset you to such an extent that it has a debilitating effect upon your physical or emotional functioning. In addition, if participating in the study at any time jeopardises your safety in any way, you will be dismissed. Should I conclude that the information which you have provided has left you feeling emotionally upset or perturbed, I should be obliged to refer you to a counsellor for debriefing or counselling, if you agree to avail yourself of the service.

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns with respect to the study, please call either 012 312 7169 or 082 979 8788.

Please note that this study has been approved by the Departmental Research and Ethics Committee of the Department of Social Work of the University of South Africa. Without the approval of this committee, the study could not be conducted. Should you have any questions and queries which I may not have covered sufficiently, you would be more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at UNISA. His contact details are: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at UNISA, their answers have not satisfied you, you could direct your questions, concerns, or queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, UNISA, 0003.

On the basis of all of the information which has been provided to you in this document and your awareness of your rights, you are requested to give your written consent if you wish to participate in this research study, by signing and dating the information and consent form and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

Signature of researcher

Contact details: (Tel) 012 312 7169
(Fax) 086 542 5177
(Email) AthaliaS@dsd.gov.za

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT:

Practice Guidelines for Designing and Implementing Victim Empowerment Programmes from the Perspectives of Services Providers and Consumers of Services

REFERENCE NUMBER: 4593-216-6

RESEARCHER: Athalia Shabangu

CONTACT TELEPHONE NUMBERS:

Work: 012 312 7169

Cell: 082 979 8788

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:

I, THE UNDERSIGNED, _____ (name), [ID No:
_____] the participant or in my capacity as

_____ of the participant [ID No
_____] of _____

_____ (address)

A. HEREBY CONFIRM AS FOLLOWS:

1. I/the participant was invited to participate in the research project which is being undertaken by (name) _____ of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.

2. The following aspects have been explained to me/the participant:

Aim: The researcher informed me that the aim of the study is to develop guidelines for practice for the implementation of victim empowerment programmes in accordance with the objectives of providers of victim empowerment services and the needs of victims of crime and violence

.The information which I provide will benefit both providers of victim empowerment services and victims of crime and violence to whom services are rendered under the auspices of the Victim Empowerment Programme.

2.3 I understand that

2.4 Risks:

Possible benefits: As a result of my participation in this study

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Confidentiality: My identity will not be revealed in any discussion, description, or scientific publication by anyone who participated in the conducting of this study.</p>
<p>Access to findings: Any new information or benefit which emerges during the conducting of the study will be made available to me.</p>
<p>Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.</p>
<p>3. The information in this document was explained to me/the participant by _____ (name of relevant person) in Afrikaans/English/Sesotho/isiXhosa/isiZulu/other _____ (indicate other language) and I am in command of this language/it was translated to me satisfactorily by _____ (name of the translator). I was given an opportunity to ask questions and all of my questions were answered satisfactorily.</p>
<p>4. No pressure was exerted on me to consent to participate and I understand that I may withdraw from participating in the study at any stage, without incurring penalties of any sort whatsoever.</p>
<p>5. Participation in this study will not result in any financial cost to me.</p>
<p>B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE RESEARCH PROJECT WHOSE NATURE HAS BEEN EXPLAINED IN THIS DOCUMENT.</p> <p>Signed/confirmed at _____ on _____ 20__</p> <p>_____</p> <p>Signature or right thumbprint of participant Signature of witness</p>

CONSENT FORM TO REQUEST PERMISSION TO PUBLISH AUDIOTAPES AND VERBATIM TRANSCRIPTS OF AUDIOTAPE RECORDINGS

During the course of conducting this research study, I have made an audio recording of you. I should like you to indicate (with ticks in the appropriate blocks next to each statement below) the uses to which you are willing to consent that the recordings and transcripts may be put. I shall use the recordings and transcripts only in the ways in which you stipulate that they may be used and it will not be possible to identify participants from any of them.	Place a tick [✓] next to the use to which you consent that the recordings and transcripts may be put.
6. The recordings and transcripts can be studied by the research team and photographs of or quotations from the transcripts can be used in the research report.	
7. Photographs of or quotations from the transcripts can be published in scientific publications or discussed in scientific meetings.	
8. The written transcripts or photographs of or quotations from them can be used by other researchers.	
9. Photographs of or quotations from the transcripts can be used in public presentations to non-scientific groups.	
10. Photographs of or quotations from the transcripts can be broadcast by means of television or radio channels.	
_____ Signature of participant	_____ Date

STATEMENTS AND DECLARATIONS

STATEMENT BY OR ON BEHALF OF RESEARCHER

I, _____ (name of investigator), declare that

- I have explained the information which is provided in this document to _____ (name of participant) and/or his/her representative _____ (name of representative);
- He/she was encouraged and given ample time to ask me any questions;

- This conversation was conducted in English/Siswati/Xitsonga/Sesotho/isiXhosa/isiZulu/other _____ (indicate other language) and no translator was used/this conversation was translated into _____ (language) by _____ (name).

Signed at _____ on _____ 20_____
 (place) (date)

 Signature of investigator/representative

 Signature of witness

IMPORTANT MESSAGE TO PARTICIPANTS OR REPRESENTATIVES OF PARTICIPANTS

Dear Participant/Representative of participant

Thank you for your/the participant's participation in this study. Should at any time during the study,

- an emergency arise as a consequence of conducting it
- you require any further information concerning the study
- the following occur

 _____ (indicate any circumstance which should be reported to the investigator), kindly contact _____ (name) at telephone number _____

[It must be a number at which help will be available on a 24-hour basis.]

INFORMED CONSENT FOR RESPONDENTS

1. **Title of Study:** Practice guidelines for victim empowerment programmes based on the perspectives of service providers and consumers of services

2. **The purpose of the study:** This study is to be conducted in order to develop appropriate guidelines for practice for implementing victim empowerment programmes in accordance with the objectives of providers of victim empowerment services and the needs of victims of crime and violence. A qualitative approach has been adopted in order to conduct an exploratory, descriptive, and contextual research study.
3. **The respondent's name**.....
4. **Research procedures:** The data is to be collected through the use of qualitative research methods, namely, face-to-face semi-structured interviews and focus group discussions.
5. **Risks and discomfort:** I have been assured that no risks or anticipated discomfort are entailed in participating in this research study.
6. **Benefits:** I understand that the researcher will not offer any benefits or incentives for agreeing to participate in this study, although my participation should contribute to enabling the researcher to develop appropriate guidelines for practice for the implementation of victim empowerment programmes in accordance with the providers of and the needs of victims of crime and violence.
7. **The rights of participants:** I understand that I may withdraw from participating in this study at any time or stage without incurring penalties of any sort whatsoever.
8. **Confidentiality:** I understand that the researcher will take all reasonable steps to protect the confidentiality of the participants and that she will refrain from identifying me in her research report or any other publications which are related to this research study.

The data and the findings will be stored by the researcher for 15 years.

By signing this consent form, I confirm that I have read its contents and that the nature of the study has been adequately explained to me. I voluntarily agree to participate in this study and I do not waive any legal rights by signing this informed consent form. I acknowledge that I shall receive a signed copy of this consent form.

I understand that if at any time at which I may require additional information concerning this project, I can contact the researcher at the following contact number: 082 979 8788

Date:

Signature

CONSENT FORM FOR PARTICIPANTS WHO ARE CHILDREN

I, _____, understand that my parents/guardian have/has given permission for me to participate in a study concerning _____

_____ under the direction of _____ (name of the researcher(s)).

My participation in this project is voluntary, and I have been told that I may withdraw from participating in this study at any time without penalties or loss of benefits to myself.

Signature

ANNEXURE 8: Questionnaire for providers of victim empowerment services

General information

1. Which is your home province?

- 1. Gauteng
- 2. Mpumalanga
- 3. Western Cape
- 4. Other

2. Are you an employee of:

1. A government department

Yes	No

2. A civil society organisation

Yes	No

3. Other (Specify):.....

SECTION A: PERSONAL DETAILS

1. What is your **gender**? (Circle one answer only)

1. Male
2. Female
3. Transgender

2. What is your **race**? (Circle one answer only)

1. Black
 2. White
 3. Indian
 4. Coloured
- Other (specify):

3. What is your **Age group**? (Circle one answer only)

1. 19-29 years
2. 30-45 years
3. 46-55 years
4. 56 years or older

4. What is your **home language**? (Circle one answer only)

1. Sesotho
2. Sepedi
3. Setswana
4. Siswati
5. Sitsonga
6. isiXhosa
7. isiNdebele
8. English

- 9. Afrikaans
- 10. Tshivenda
- 11. isiZulu
- 12. Other (specify)

5. What is your highest **level of educational attainment**? (Circle one answer only)

- 1. Primary school
- 2. Secondary school
- 3. Tertiary qualification
- 4. Postgraduate qualification

6. How many years of **work experience** do you have?

7. How much experience do you have **in rendering victim empowerment services**?

8. Are you a

1. Manager

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Social worker

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Auxiliary worker

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5 Counsellor

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5. Voluntary worker

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. Other (Specify):.....

SECTION B: SERVICES WHICH ARE PROVIDED TO VICTIMS

1. How long have you worked as a provider of victim empowerment services?

- 1. 1-3 years
- 2. 3-6 years
- 3. 6-10 years
- 4. 10 years or more

2. Which categories of victims do you receive and assist?

.....
.....
.....
.....

3. How many victims do you assist each month?

.....
.....

4. Which types of services do you offer?

.....
.....
.....
.....
.....

5. Do you have guidelines for the services which you render?

If yes, are you able to apply them to rendering services to all categories of victims of crime?

.....
.....
..... If no, why?

.....
.....
.....

6. Do you have any suggestions concerning provisions which should be included in the guidelines for rendering effective services to victims of crime?

.....
.....
.....
.....
.....

ANNEXURE 9: Questionnaire for victims of crime and violence

General information

1. Which is your home province?

- 1. Gauteng
- 2. Mpumalanga
- 3. Western Cape
- 4. Other.....

SECTION A: PERSONAL DETAILS

1. What is your gender? (Circle one answer only)

- 1. Male
- 2. Female
- 3. Transgender

2. What is your home language? (Circle one answer only)

1. Sesotho
2. Sepedi
3. Setswana
4. Siswati
5. Sitsonga
6. isiXhosa
7. isiNdebele
8. English
9. Afrikaans
10. Tshivenda
11. isiZulu
12. Other (specify)

3. What is your **race**? (Circle one answer only)

1. Black
2. White
3. Indian
4. Coloured
- Other (specify):.....

4. What is your **Age group**?

1. 19-29 years
2. 30-45 years
3. 46-55 years
4. 56 years or older

5. Are you a(n) (Circle one answer only)

- 1. Student
- 2. Employed person
- 3. Self-employed person
- 4. Unemployed person
- 5. Business person
- 6. Other (Specify):.....

SECTION B: CRIMES COMMITTED AND SERVICES RECEIVED

1. Are you a victim of:

- 1. Robbery
- 2. Assault GBH
- 3. Hijacking
- 4. Rape
- 5. Other (Specify):.....

2. In which year did the incident occur? (Circle one answer only)

- 1. 2009
- 2. 2010
- 3. 2011
- 4. 2012

3. Where did the offence take place? (Circle one answer only)

- 1. Home
- 2. Street
- 3. Town
- 4. Other (Specify)

4. Who was your provider of victim empowerment services?
Specify.....

SECTION C: RATING OF SERVICES

5. Do you think that the services which were provided to you were effective with respect to the type of crime which was committed against you?

Yes	No

If no, what do you think should have been done by the department or organisation which rendered victim empowerment services to you? (Please offer suggestions)

.....
.....

If yes, what could be improved by the provider of victim empowerment services?

.....
.....

2. Would you recommend the provider of victim empowerment services to people who become victims of crime or violence in the future?

Yes	No

If no, why?.....

3. Additional comments or suggestions, if any

.....
.....

.....

**ANNEXURE 10: Monitoring and evaluation framework template for providers of
 VE services**

Circle the number in each row which designates the category of your organisation and the types of services which it provides to victims.

Translate the number to a percentage (%) as follows: 5 = 100%, 4 = 80%, 3 = 60%, 2 = 40%, and 1 = 20%

Rate the following items according to this scale:

- 5= Aims have been achieved
- 4= A great deal of effort has been made to meet the standard
- 3= Aims have not been achieved
- 2= Little effort has been made to meet the standard
- 1= No effort has been made to meet the standard

Type of service provider	%	Scale
1. Government department		
2. Civil society organisation		
3. Other		
Types of victims assisted		
1. Robbery	%	
2. Assault GBH		

3. Hijacking 4. Rape/ Sexual offences 5. Domestic violence 6. Other		
Reception, Assessment, and Referral		
1. Reception of victims 2. Assessment of victims 3. Referral of victims	%	
Assistance with respect to the rights of victims		
Availability and communication of information pertaining to the rights of victims	%	
Availability of Victims' Charter posters, pamphlets, and booklets	%	
Procedures for lodging complaints have been laid down	%	
Types of services offered		
7. Crisis intervention 8. Emergency services 9. Support services 10. Court-related services 11. Legal services 12. Other	%	
Services provided by each department: South African Police Service		
1. Crime scene management 2. Investigations 3. Forensic social services 4. Transport 5. Interpreters 6. Other	%	
Services provided by each department: Department of Health		
1. Management of facilities 2. Medical examinations	%	

3. Collecting evidence 4. Post-exposure prophylaxis services 5. Medical services 6. Mental health services		
Services provided by each department: Department of Social Development		
1. Victim support 2. Court preparation 3. Counselling and therapy 4. Coordination of the activities of NGOs 5. Shelter services 6. Psychosocial and related interventions	%	
Services provided by each department: Department of Justice and Constitutional Development/NPA		
1. Coordination of stakeholders 2. Victim assistance 3. Court preparation 4. Enabling victims to navigate the criminal justice system 5. Prosecuting cases 6. Court facilities and services 7. Intermediary services 8. Interpreters	%	
Types of programmes offered		
1. Counselling 2. Life skills 3. Healthcare 4. Recreation; 5. Economic empowerment programmes 6. Office administration skills 7. Entrepreneurial skills, such as sewing, beadwork, or gardening 8. Other	%	

Sub-total for upholding the rights of victims at the shelter	%	

ANNEXURE 11: Monitoring and evaluation framework template for victims of crime and violence to whom VE services are rendered at shelters and other care facilities

This exercise should enable the Facility Manager to identify developmental areas that will inform and encourage effective and efficient service delivery at the shelter or Khuseleka One-Stop Centre. Example: Circle the number in each row that the victim scores.

Translate the number to a percentage (%) as follows:
 4 = 100%, 3 = 75%, 2 = 50%, and 1 = 25%

Rate the following items according to this scale and draw a circle around your choice:
 4=Strongly agree 3=Agree 2=Disagree 1=Strongly disagree

Upon admission to the facility

Type of Victimization: Which type of crime was committed against you?

1. Robbery 2. Assault GBH 3. Hijacking 4. Rape/Sexual offences 5. Domestic violence 6. Other (Specify)	%	Scale
---	---	-------

Information concerning the rights of victims: Were you informed of the following rights?

The right to be treated with respect and dignity The right to offer information The right to receive information The right to legal advice The right to protection The right to compensation The right to restitution		
Sub-total for upholding the rights of victims at the shelter		
Services and programmes for victims: Which of the following services were you offered?		
1. Counselling 2. Training in life skills 3. Healthcare 4. Recreation 5. Training for economic empowerment, to enable you to obtain employment 6. Training in office administration skills 7. Training in entrepreneurial skills, such as sewing, beadwork, or gardening		
Services provided to victims of robbery and assault GBH		
1. On-site crisis intervention 2. Emergency medical assistance 3. Information concerning the rights of victims 4. Referrals to receive specialist services		
Services provided to victims of vehicle hijacking and carjacking		
1. Material assistance 2. Medical assistance 3. Psychosocial assistance		
Services provided to indirect victims of murder		
1. Information concerning the rights of victims and the workings of the criminal justice system		

2. Psychological, emotional, and practical support throughout investigations and legal proceedings		
3. Referrals to receive specialist services		
Services provided to victims of sexual offences		
1. Emotional support and containment		
2. Psychosocial support and physical safety		
3. Referrals to other providers of victim empowerment services		
Effectiveness of services with respect to the types of programmes provided to victims		
Counselling	%	4 3 2 1
Training in life skills	%	4 3 2 1
Healthcare	%	4 3 2 1
Recreation	%	4 3 2 1
Economic empowerment programmes	%	4 3 2 1
Training in office administration skills	%	4 3 2 1
Training in entrepreneurial skills, such as sewing, beadwork, or gardening	%	4 3 2 1
	%	4 3 2 1
Referrals to other providers of victim empowerment services		
Formal/ Informal referral	%	4 3 2 1

Annexure 12: General monitoring and evaluation framework template for victims who are accommodated in shelters or other care facilities

Rate the following items according to this scale and draw a circle around your choice: 4=Strongly agree 3=Agree 2=Disagree 1=Strongly disagree		
Translate the number in each row to a percentage (%) as follows: 4 = 100%, 3 = 75%, 2 = 50%, and 1 = 25%		
The highest score in each row is 4 - that equals 100%. There are 12 rows. Calculate as follows: 12 x 4 = 48. 48 equals 100%		
During your stay at the shelter or care centre		
1.1 I felt comfortable	%	4 3 2 1
I felt cared for	%	4 3 2 1
I received the name and contact number/s of the social worker who was responsible for the management of my case	%	4 3 2 1
I received emergency telephone numbers (hospital, clinic, and police)	%	4 3 2 1
I signed a contract with the service provider	%	4 3 2 1
I was given a date for a follow-up counselling session	%	4 3 2 1
I attended counselling sessions	%	4 3 2 1
I attended group work sessions	%	4 3 2 1
I was aware of the cycle of violence (The tension-building phase, the acute battering episode,	%	4 3 2 1

and the aftermath, namely, the loving respite or honeymoon phase)		
We developed a safety plan	%	4 3 2 1
I was empowered. I know my rights	%	4 3 2 1
1.2 What would be your overall rating of your stay at the shelter or centre?	%	4 3 2 1
TOTAL:		

ANNEXURE 13: Exit form

To be completed by the social worker on duty

Surname: _____ Name: _____

Address upon departure: _____

Time: _____

Length of stay: _____

Status of departure: Return to:

Home _____

Rental accommodation _____

Friends _____

Relatives _____

Other _____

Follow-up contact with the social worker, if needed:
 YES or NO

Name and telephone number of counsellor and the National Stop Gender Violence toll-free Helpline (0800 428 428) supplied to victim or survivor

Yes or No

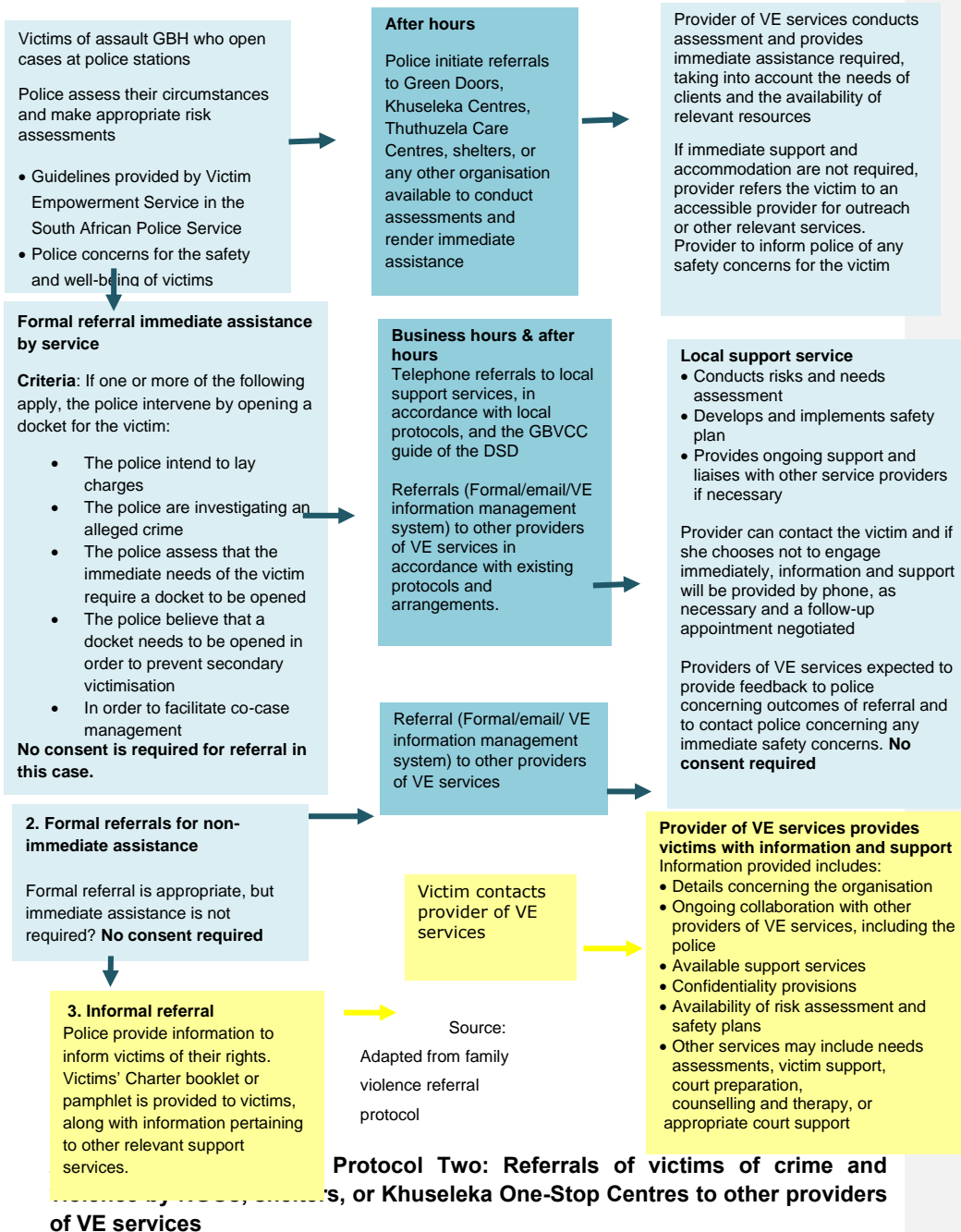
Signed by:..... Signed by:..... Date.....

Capacity of: Survivor:..... Date.....

ANNEXURE 14: Referral Protocol One: Referrals of victims of crime and violence

Referral Protocol One: Referrals of victims of crime and violence by departments of the JCPS Cluster to other providers of VE services

Assessments by agencies such as the SAPS	Action/contact	Service/response
--	----------------	------------------



Referral Protocol Two: Referrals of victims of crime and violence by NGOs, shelters, or Khuseleka One-Stop Centres to other providers of VE services

Agencies such as NGOs

Action/contact

Service/response

The organisation receives a victim of sexual offences and:

- Conducts an immediate assessment
- Opens a personal file for the victim to record the admission
- Provides emotional support and containment to the victim



Referral to Police

Formal/Informal referral:
Telephone/email/ Fax/
Victim information management system

Referral to Health Facility/TCC

Formal/Informal referral:
Telephone/email/ Fax/
Victim information management system



Responsibilities of the SAPS after referring victims of sexual offences to healthcare facilities

Police take the victim to a healthcare facility or TCC for a medical examination, after which a police officer takes a statement

Police take receipt of the evidence collection kit, the J88 form, and medical evidence

If required, police immediately contact a counsellor or psychologist for guidance or assistance

Police transport the victim to home, a shelter, or a Khuseleka One-Stop centre

Informal referral: Self-referral by victim to police/healthcare facility/TCC

NGO provides details of services from the police, healthcare facility, or TCC which are available to the victim



Self-referral by victim to police/healthcare facility/TCC for accommodation and assistance



Victim makes contact with providers of VE services



Procedures to be followed by healthcare facilities or healthcare centres

After receiving the victim, a nurse explains the nature and the purpose of the medical examination which is to be performed

A file is opened for the victim

Tests are performed for pregnancy, HIV, and STIs and other tests are also performed if they are necessary

The nurse summons the medical practitioner who is to perform the examination

Evidence generated by the examination is collected

Evidence is handed to the investigating officer, along with the docket and other relevant documentation

Source: Adapted from Family violence referral protocol

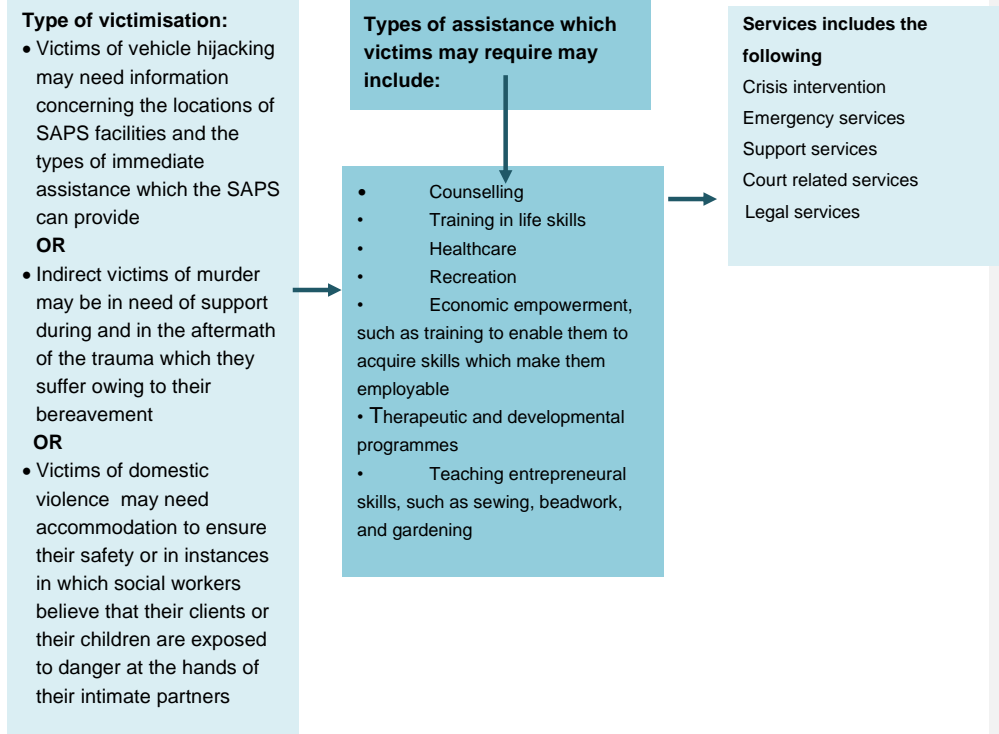
ANNEXURE 16: Referral Protocol Three: Self-referral by victims of crime and violence to providers of VE services

Referral Protocol Three: Self-referrals by victims of crime and violence to providers of VE services

Self-referrals by victims of crime and violence Self-referral

Action/contact

Types of services which are available to victims of crime and violence from providers of VE services



Source: Adapted from Family violence referral protocol

ANNEXURE: 17: Letter from the independent coder

ANNEXURE 18: Letter to confirm that the thesis has been proofread and edited by a language editor

