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FILE NO: 12/1/2/3/21

An Evaluation of Shelter services for Victims of Crime and Violence in the Western Cape.

**Commissioned by the Western Cape Department of Social
Development.**

JULY 2015



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ACKNOWLEDGEMENTS

This evaluation was undertaken for and commissioned by the VEP Programme of the Western Cape Department of Social Development (WC DSD). Many people have contributed to undertaking this evaluation and the preparation of this report.

Creative Consulting and Development Works (CC&DW) would like to acknowledge the 13 shelters and their staff, whose efforts have been instrumental in making this evaluation process possible. We would also like to extend our appreciation to the representatives of the local NGOs and regional DSD offices who agreed to participate in this evaluation. The information, experiences and knowledge provided by all of the evaluation participants enabled the evaluation team to collect data and report on the findings in a comprehensive, well-informed and diversified manner.

We greatly acknowledge and thank all participants of this evaluation, who gave of their time and insights during the data collection phase. Our evaluation team consisted of Lindy Briginshaw (Director), Elena Mancebo Masa (Senior Researcher), Megan Meredith (A qualified and practicing Social Worker and Technical Expert on the evaluation team), Susannah Clarke (Research and Evaluation Manager), Nicola van der Merwe (Researcher) and Carmen Sylvester (Office Supervisor).

In addition, due to the sensitive nature of the evaluation topic and the vulnerability of the shelter clients interviewed, CC&DW collaborated with seven qualified social workers from the non-profit organisation, Khulisa Social Solutions, to conduct the interviews with the shelter clients. Khulisa Social Solutions addresses social vulnerabilities as a systemic problem through the building of capacity for grass-root motivated upliftment. Khulisa implement and facilitate projects that engage poverty alleviation, crime reduction, victim empowerment, enterprise development and community upliftment.

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The evaluation team was responsible for the evaluation's administrative and logistical needs, the collection of data through interviews, the review of project-related documents and the synthesis and analysis of the data. We thank our team for their dedicated efforts during this assignment.

EXECUTIVE SUMMARY

The Western Cape Department of Social Development (WC DSD) provides funding to 13 non-governmental organisations (NGOs) that specialise in the delivery of shelter services to victims of crime and violence, in particular of domestic violence, in vulnerable communities across all regions of the Western Cape. The programme is part of the provincial Victim Empowerment Programme (VEP) and aims to empower the victims through providing them with access to sheltered accommodation, counselling, support and reintegration services.

WC DSD commissioned CC&DW to undertake a programme evaluation to assess the services available at the 13 funded shelters for victims of crime and violence. The evaluation included the assessment of the relevance of these services in relation to the needs of victims, the demand for the services offered, and the measures taken to provide a safe, secure and developmental environment for victims. Lastly, the evaluation assessed the gaps in the current service delivery and through research on best practices, suggests improvements to ensure better quality service delivery.

Primary data for the evaluation was collected from the 13 shelters and identified local role-players and included 111 participants. The participants consisted of 65 shelter clients (five clients per each of the 13 shelters), a shelter social worker and manager at each of the shelters (25 participants), a representative from a local non-government organisation in the community surrounding each of the shelters (12 participants), the relevant regional DSD WC VEP coordinators (6 participants) and three local South African Police Services VEP coordinators. Primary data was collected from these evaluation participants through semi-structured face-to-face interviews.

The findings of the evaluation have been structured around the key evaluation questions provided, namely: (1) Profile of shelters and shelter clients; (2) The need for additional shelters (3) The nature of services offered at the shelters, (4) Pathways of women to and from shelters, (5) The relevance and appropriateness of provided services, (6) The effectiveness of services provided at the shelters; (7) A best-practice model for shelter service delivery, (8) Limitations and gaps in effective service delivery, and (9) Expansion, improvement and recommendations for effective shelter service.

The **first section** of the report provides a brief introduction to the evaluation, which is followed by **Section 2**, a literature review of shelter services, gender-based violence and domestic violence in the Western Cape. **Section 3** depicts the evaluation limitations and **section 4** the methodology employed to conduct this evaluation. The main findings of the evaluation and

subsequent discussions are provided in **Sections 5 to 8** of the report, while the concluding remarks are noted in the final section (**Section 9**) of the report¹.

1. Shelter and client profiles

The 13 shelters evaluated ranged from 111 years to two years in existence. All 13 shelters appeared in good condition, as the buildings and infrastructure were well-maintained, neat, safe and secure, as well as overall colourful and inviting. Of the 13 shelters, four have 1st and 2nd stage² accommodation; although DSD only funds 2nd stage accommodation at one of the four shelters who offer it. Shelter staff reported that the average duration of stay of all their clients over the past 12 months was between 0 - 6 months. However, at the time of this evaluation, the 65 clients interviewed had been at the shelter for three or less months. Across all 13 shelters, WC DSD funds 337 bed spaces per quarter for stage 1 accommodation (1348 funded beds per annum).³ Approximately 113 staff members are employed on a full time basis across the 13 shelters.

In addition, more than half of the shelter clients included in the evaluation were young adults aged between 18 and 35 years of age. The majority were Coloured and just over a ¼ were Black. Most clients came from the Western Cape Province, in particular, the Cape Metro, Winelands/Overberg and the West Coast regions. The large majority of the clients were unemployed.

2. The need for shelters in the Western Cape

It appears if the Western Cape currently does not have adequate DSD funded shelters. Both the geographical location of DSD funded shelters and social trends such as reported cases of domestic violence, highlight the need for expanding shelter services in the province. However, in view of the lack of reliable information regarding the location and capacity of shelters currently not funded by the DSD, it is not clear whether additional shelters should be established, as the extent to which shelters not funded by the DSD is meeting the need for shelter accommodation, is not known. In addition, an in-depth analysis of admission trends, cross-boundary referrals as well as the profile of clients, will assist in evaluating the need for shelters in the province.

¹ In order to provide the reader with a more grounded sense of the various services funded, as well as their impact, "vignettes" are included where applicable. A vignette is a small illustration (whether graphically or textually) used to enhance a finding reported on or a conclusion made in this report.

² Not all beds in shelters are funded by the DSD

³ These numbers may vary, as more than one client can access a bed per quarter in succession.

3. The nature of services offered at Western Cape shelters

At the time of the evaluation, the 65 clients included in the evaluation had been at the shelter, on average, for three or less months. With reference to the continuum of services that should ideally be offered at all shelters, it was found that basic shelter services for clients are more accessible than critical, specialised services, and similarly basic services for children are more accessible than critical, specialised services. Basic shelter services include safety, individual counselling and crèche services for children, whereas specialised services refer to psychosocial support, advanced health care and play therapy for children. There is no standardised, structured daily shelter programme that is offered consistently across shelters. More resources should be allocated to the provision of such specialised services and structured programmes at shelters, given that relevant literature suggests that this is crucial for achieving long-term victim empowerment and healing.

4. The referral pathway to and from shelters

Most clients were referred to shelters after suffering from abuse often perpetrated by an intimate partner. Abuse was often in the form of a combination of physical and emotional abuse. The first step the victims took after a domestic violence incident was either to leave their current accommodation or report the abuse to SAPS. Clients generally reached out for assistance to social service institutions (such as NGOs and local DSD offices) and a family- or community member. Clients were additionally largely referred to shelters by DSD or NGO social workers, community members and SAPS. Shelters followed the required assessment, intake and recording processes, including using official documents and professional social work conduct while working with the clients during intake. However, the evaluation found that most shelters do not have an exit strategy or referral pathway for clients out of the shelter back into the community.

As such, it was noted that shelters are failing to successfully integrate victims back into their communities and/or families. This finding should receive specific attention given that the successful reintegration of victims is the ultimate goal of the victim empowerment programme, of which shelters are a key component.

5. The relevance and appropriateness of services provided

The evaluation found that while clients' basic needs are met, they often require a higher level of support (such as psychotherapy, employability, meaningful vocational skills, and accredited early childhood development), which remains unmet. Domestic violence is a complex phenomenon, whose impact and reach is constantly changing, often becoming more severe for affected victims. In order to ensure that shelter services remain relevant and appropriate to the needs of their clients, these services need to be regularly revisited and adapted.

6. Effectiveness of services provided at the shelters

All 13 shelters are aware of the existence of Minimum Standards for Service Delivery in Victim Empowerment, and are progressively rolling out the practical implementation of the Standards in their respective shelters (DSD, 2011). All 13 shelters complied with the specific requirements of four of the Minimum Standards namely, engagement and admission, safety and security, complaints procedures, and Individual Development Plans (IDPs) for clients. The rights of domestic violence victims, such as confidentiality, respect, victim-centred service delivery and protection, appeared to be adhered to across all 13 shelters. In addition, the physical environment at all 13 shelters evaluated was found to be in line with stipulated requirements, which include the provision of a hygienic and secured space for victims.

Finally, three standards were not effectively implemented at the majority of the shelters. These include health care, client care plans, and disengagement.

In addition, the evaluation found that shelters use different and specific approaches and strategies to serve the needs of their clients. Some of these innovative practices include: addressing GBV through a community-based responsibility approach⁴; introducing spirituality as part of the healing process; relying on formal partnerships and referral processes; working through community-based centres; or adopting a 'whole woman'⁵ structured programme.

Even though the effectiveness and long-term sustainability of the shelters' impact can be increased; shelter services have an overall positive effect on clients, who report positive change and some level of empowerment.

7. A best-practice model for shelter service delivery in the Western Cape

This report provides an evidence-based and best-practice model for shelter services in the Western Cape. The main element in this model is the importance of an integrated, inter-sectoral and 'whole-world-of-the-women'⁶ approach to shelter service delivery, ideally at a one-stop centre.

⁴ This approach refers to community cohesion, perceptions and cultural adaptations that are improved towards GBV, inter-partner violence and domestic violence, in order to prevent these social ills in the community.

⁵ This refers to a holistic personal development programme for shelter clients that address all levels of the client's personal challenges, such as emotionally, psychologically and physically.

⁶ This refers to a woman's development in the context of a system of relationships which comprise her environment; these include the microsystem (the cognitive, biological and educational development), mesosystem (family, religion) and the macrosystem (community, society and culture).

8. Limitations and gaps in effective service delivery

Effective service delivery at the shelters is hindered as a result of a number of programmatic barriers and limitations, which result in gaps in effective service delivery to victims of violence. The limitations and gaps identified included: funding constraints; the limited duration a beneficiary is allowed to stay at a shelter; the lack of inter-departmental and inter-sectoral collaboration; the abuse of substances by beneficiaries staying at the shelters; the lack in emphasis on the family in shelter services; the importance of a family-approach to shelter services; the exclusion of male children over 10 years in shelter services; limiting the role a perpetrator can play in breaking the cycle of abuse and violence; and the need for additional shelters in high incidence areas. The final sections of this report include specific recommendations to address these limitations and gaps.

9. Recommendations for improvement and expansion

Recommendations for expansion and improvement in shelter service delivery are listed below in terms of priority and urgency:

- 1. Continue capacity development of staff and quality assurance of services at the shelters** – with a specific focus on developing specialised service delivery that can meet the higher-level needs of clients, as well as ensuring that sufficient human and financial resources are available to deliver the required full continuum of services to shelter clients.
- 2. Include substance abuse services on the continuum of shelter services.**
- 3. Introduce family-focused interventions** to break the cycle of violence and abuse (both inside and outside the shelter). In addition, shelters should attempt to accommodate mothers and their children together and avoid breaking up matri-focal families wherever possible. The establishment and maintenance of a client's relationship with her family is critical in the healing process, as well as the existence of a successful exit strategy for the client. This service can be strengthened by training shelter staff appropriately and providing them with clear procedures to work with clients' families.
- 4. Increase specific focus on children:** Break the cycle of crime and violence through addressing the needs of children who are affected by gender-based and domestic violence – with a specific focus on the positive development of the male child of all ages. It was noted that children (and especially male children) were often separated from their mothers and/or other siblings. This was due to the limited space for children at the shelters and at shelters who do not accept boys older than 10 years. In addition,

literature highlights the importance of minimising the long-term effects of domestic violence on children, as these may include learning pro-violence behaviour and/or depression, anxiety and feelings of neglect. As such, children affected by gender-based violence should receive specific attention through a victim empowerment initiative. In addition, the exclusion of male children older than 10 years should be revisited.

5. **Extend shelter service periods** to accommodate clients who require assistance beyond 3 months at all funded shelters.
6. **Integrate service delivery through fostering partnerships and collaboration:** Establish and maintain formal partnerships between the Department of Social Development in the Western Cape, other government departments, the shelters, and the private and non-profit sector, to leverage funding opportunities and resources of other key government departments who are mandated to play an active role in services for victims of crime and violence. More specifically, these partnerships should focus on linking shelters to local DSD offices, local government departments (such as clinics, health care staff and justice officials) and local private sector institutions for possible work opportunities. This can be done through existing structures, such as the Western Cape Shelter Movement and/or the Western Cape Network on Violence Against Women. Develop and maintain a formal partnership with the national and provincial Departments of Human Settlements, who can play a key role in providing accommodation for 2nd and 3rd stage shelter services.
7. **Improve information and reporting systems in respect of victims of crime and violence admitted to shelters in the Western Cape in order to evaluate the need for additional shelters.**
8. **Identify and map shelters not funded by the DSD in order to establish a comprehensive database of shelters (both DSD funded and DSD unfunded) in the province.**
9. **Expand shelter services to incorporate all three stages of shelter interventions** – namely 1st, 2nd, and 3rd stage services, in order to ensure successful victim empowerment of victims.
10. **Expand shelter services to systematically include the whole ecological system of the victim** – with a specific focus on family and community in the prevention of violence against women and children, and the possible inclusion of the perpetrator in addressing repeat victimisation of women and children.

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ACRONYMS

CC&DW	Creative Consulting and Development Works
CBO	Community-based Organisation
CSO	Civil Society Organisations
DV	Domestic violence
DVA	Domestic Violence Act
ECD	Early Childhood Development
GBV	Gender-based Violence
IPV	Intimate Partner Violence
GBH	Grievous Bodily Harm
GEM	Girls' Education Movement
IDP	Individual Development Plan
ISS	Institute for Security Studies
JCPS	Justice Crime Prevention and Security
LGBTI	Lesbian Gay Bisexual Transgender/Trans-sexual Intersexed
MOU	Memorandum of Understanding
NCPV	National Crime Prevention Strategy
NGO	Non-governmental Organisation
NICRO	National Institute for Crime Prevention and the Reintegration of Offenders
NIDCAM	National Institute Community Development and Management
NLDTF	National Lottery Distribution Trust Fund
NPA	National Prosecuting Authority
NPO	Non-profit Organisation
PTSD	Post-Traumatic Stress Disorder
RAR	Reception, Assessment and Referral
R2CEWD	Right to Education for Children with Disabilities
SADC	Southern African Development Community
SAPS	South African Police Services
SDA	Service Delivery Areas
SOCA	Sexual Offences and Community Affairs Unit
SS	Stepping Stones
TPA	Transfer Payment Agreements
UN	United Nations

UNICEF United Nations International Children's Emergency Fund

UNODC United Nations Office on Drugs and Crime

VE Victim Empowerment

VEP Victim Empowerment Programme

VAW Violence Against Women

WC DoCS Western Cape Department of Community Safety

WC DSD Western Cape Department of Social Development

1. INTRODUCTION

“Shelters represent an absolutely critical point of crisis intervention... [and] are therefore a crucial base of information on the extent to which the legal system is effective in protecting the enormous amount of women seeking such protection.”

- Minimum Standards on Service Delivery for Victim Empowerment (DSD, 2001)

The theme for South Africa's 2014 16 days of activism for no violence against women and children was 'Count me in: Together moving a non-violent South Africa forward' (South African Government, 2014). South Africa adopted this international campaign (which runs annually from 25 November to 10 December) in 1998 as one of the intervention strategies towards creating a society free of violence. The campaign continues to raise awareness amongst South Africans about the negative impact of violence against women and children on all members of the community. This campaign is one of many initiatives in South Africa that aims to protect women and children from violence and abuse.

Another approach across the world to protect women and children from violence, crime and abuse is the provision of shelter services to such women and their children. Shelters are an integral resource for abused and victimised women and children. Johnson and Zlotnick (2009) note that there are approximately 2, 000 community-based shelter programmes across the United States, which provide emergency shelter services to an estimate 300, 000 women and children each year. Research (as referred to by Johnson & Zlotnic, 2009) suggests that treatment provided to victimised women is a key resource that makes women more amendable and capable of using available resources to rebuild their lives. A prime time to intervene is when women decide to seek help from shelters. This behaviour shows an instituted change in their life. Women who seek more forms of help while in shelters report less re-victimization (Johnson & Zlotnick, 2009).

Across the world, shelters for abused women have evolved from asylums for female refugees and ex-sex workers in the year 1500, to shelters for battered women (Cohen, 1992). In the 16th and 17th Centuries across Catholic Europe, the growth of new institutions designed to house repentant sex workers as well as girls and women at risk of becoming sex workers was noticed. In Western societies from the 16th Century onward, far more types of gender-specific institutions

have been created for women than for men; representing a new residential option for women beyond the traditional ones of marriage or convent. These institutions were "asylums" in a dual sense, operating as both sites of internment and shelters from harm (Cohen, 1992).

In South Africa, an organisation called People Opposing Woman Abuse (POWA) in 1984 opened the doors to the first shelter for abused women and their children in the country (Van der Hoven, 2001). In Cape Town, the opening of the Rape Crisis shelter for battered women followed briefly thereafter and was opened in January 1986. In 1996, the Rape Crisis shelter was the largest of its kind in the country and offered both accommodation and counselling to battered women and their children (Van der Hoven, 2001).

In the Western Cape, shelter services emanated from the National Crime Prevention Strategy, where a National Victim Empowerment Programme (Department of Social Development, 2010) was set up under the auspices of the National Department of Social Development. The National VEP further informed the National Strategy for Shelters 2013 – 2018, which (in conjunction with the National VEP) is used by provincial Departments of Social Development to implement provincial VE programmes, such as shelter services for abused or victimised women and children.

Johnson and Zlotnick (2009) emphasise the importance of shelter services as an intervention to abused women and children. Johnson and Zlotnick (2009) highlights that such a service includes: stabilisation, counselling, referrals to other social services, legal resources, safe temporary accommodation, and services for children. Johnson and Zlotnick further refer to research conducted by Berk, Newton and Berk (Johnson & Zlotnick, 2009) indicating that women who seek and access more assistance during their stay at a shelter are reportedly less likely to be re-victimised.

Smith (2013) emphasised that shelter services for victimised and abused women and children should also include post-shelter services to increase sustained empowerment. Research on long-term planning and services to victims is limited across the world. However, two studies in the United States were conducted in respectively 1992 and 2012. Sullivan, Basta, Tan and Davidson (1992) found that women survivors of abuse required many resources on leaving a shelter. These included childcare, housing, financial assistance and health services. In 2012, Grossman, Lundy, George and Crabtree-Nelson concurred by noting post-shelter services such as housing, education and employment, access to community services and services to children and health care, were reported most needed by shelter clients upon exiting the shelter.

Thorpe (2014) notes that South Africa has high levels of gender-based violence, specifically in the form of domestic violence, intimate partner violence and sexual offences. Despite South Africa's legislative framework which aims to address these crimes, violence against women and children persists at great cost to the victims thereof, as well as the State (Thorpe, 2014).

It appears that despite on-going efforts from government and other stakeholders to prevent GBV, the prevalence and incidence of domestic violence, Intimate Partner Violence (IPV) and violence against women and children remains high. The Western Cape Department of Social Development (WC DSD) (2013) concurs noting that domestic violence is still a major challenge and concern in numerous communities across the province.

1.1 DEFINITIONS OF KEY CONCEPTS

For the purpose of this evaluation the following key concepts are defined:

- Victim
- Domestic Violence
- Gender-based Violence
- Victim Empowerment and Victim Support
- Victim safe spaces: shelter
- Client

1.1.1 Defining a “Victim”

The United Nations Office on Drugs and Crime (2011) defines a victim as “... a person who, individually or collectively, has suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their rights, through acts or omissions that are violations of national criminal laws or of internationally recognised norms relating to human rights.”

1.1.2 Domestic Violence

The Domestic Violence Act 116 of 1998 defines domestic violence (DV) as a pattern of abusive behaviour that transgresses the right of citizens to be free from violence. Such behaviour includes any act towards a person in a domestic relationship (including partners, spouses, children, family

and individuals in one household) that threatens the safety, health or wellbeing of the other person. Domestic violence includes harm from one partner to another to obtain or maintain power and control over them, regardless of whether they are married or unmarried, living together or apart. The 'harm' can take a variety of forms, including verbal abuse e.g. shouting, emotional abuse e.g. manipulation, control and/or humiliation, physical abuse e.g. hitting and/or punching, economic abuse e.g. the control of financial resources and/or sexual abuse e.g. rape.

In order to gain a better understanding of the nature of domestic violence, it is important to note that this term is a broad term that encompasses intimate partner violence, child abuse, elder abuse and violence between siblings. In addition to its presence in different types of family relationships, domestic violence also takes a range of forms (Vetten, 2014).

These include:

- Physical and sexual abuse;
- Economic abuse, defined as unreasonably depriving family members of economic and financial resources to which they are legally entitled (including by unreasonably disposing of household effects or other property);
- Emotional, verbal and psychological abuse, described by the Act as consisting of a pattern of degrading or humiliating conduct, repeated threats or the repeated exhibition of possessiveness or jealousy, which is such as to constitute a serious invasion of the complainant's privacy, liberty, integrity or security; and
- Any other controlling behaviour such as intimidation, harassment, stalking, damage to property and entering the victim's home without permission (Vetten, 2014).

1.1.3 Gender-based Violence

Gender-based Violence (GBV) encompasses a wide range of violations against women and girls and includes any number of behaviours that serve to undermine the physical, sexual and emotional integrity of women (Abrahams, Martin & Vetten, n.d.). The United Nations' (United Nations, 2005) Declaration on the Elimination of Violence Against Women defines GBV as an "act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life." This definition emphasises that all these acts of violence are rooted in the power imbalances between men and women.

1.1.4 Victim Empowerment and Victim Support

The National Policy Guidelines for Victim Empowerment define Victim Empowerment (VE) as a certain philosophy, method or technique of handling victims in which it is accepted that, instead of being dependent on the expertise and assistance of a professional or someone else, all people have certain skills and competencies which, when facilitated appropriately, can come to the fore to assist individuals to help themselves or to cope better with an incident of victimisation. The crux is that victim empowerment service providers, such as shelters, are not (necessarily) expected to perform additional tasks, but rather that they firstly really do what they claim to be doing and then secondly, do it with the client's needs in mind (i.e. with 'client service' at the forefront of their aim).

1.1.5 Victim safe spaces: shelter

The National Strategy for shelters, 2013 – 2018 by the National Department of Social Development defines a shelter as “a residential facility for all victims of crime and violence, as well as their care - dependents up to the age of 18 years (unless infrastructure provides for the admission of youth older than 18 years in a situation where the livelihood and safety is at risk) providing short-term intervention in a crisis situation for two weeks up to approximately six months as the need dictates. This intervention includes meeting basic needs (protection, food and clothing) as well as support, counselling and skills development including victim's rights and capacity building.”

1.1.6 Client

In the context of this evaluation, the word *client* refers to a passive recipient and primary beneficiary of services (namely shelter services) (DSD, 2005, p 13).

1.2 EVALUATION AIMS AND OBJECTIVES

The evaluation aimed to assess the services available at 13 shelters for victims of crime and violence within the Western Cape, funded by the provincial DSD's Victim Empowerment Programme (VEP). The evaluation specifically explored:

- The relevance of these services in relation to the needs of victims;
- The demand for the services offered; and

- The measures taken to provide a safe, secure and developmental environment for victims.

Furthermore, the study aimed to identify gaps in the current service offering and through research focusing on best practice, suggest improvements to ensure better-quality service delivery.

In order to achieve the evaluation aim, the specific objectives of this evaluation included:

- To explore the nature of services offered at shelters in the Western Cape;
- To determine the effectiveness of services provided by shelters in the Western Cape in addressing the needs of victims accommodated by shelters in terms of the current Minimum Standards for VEP;
- To assess the relevance and appropriateness of services offered at shelters in the Western Cape;
- To evaluate the need for shelter services in terms of intake trends versus unmet demand in order to make recommendations for the establishment of additional shelters in the province;
- To evaluate security measures in place at shelters in terms of the norms and standards or providing a “secure” environment;
- To identify best practices in service delivery;
- To evaluate the referral pathway to and from shelters; and
- To identify gaps in service delivery and make recommendations for the improvement thereof.

The evaluation was conducted over the course of seven months, namely November 2014 to June 2015, and was informed through multiple streams of data. CC&DW conducted a total of 99 interviews which included 111 participants.⁷ These 111 evaluation participants consisted of five clients at each of the 13 shelters (65 participants), a shelter manager and shelter social worker at each of the 13 shelters (except for one shelter, where only a manager was interviewed; 25 participants), one representative of a local NGO in the communities surrounding the shelter (12 participants as one relevant representative was identified for two shelters in close proximity), six

⁷ Interviews with the shelter staff consisted of 2 staff members per interview, except in one case where only one staff member was interviewed. As such a total of 25 staff members were interviewed across 13 interviews.

regional WC DSD VEP coordinators (one from each of the regions where the shelters are situated) and three SAPS VEP coordinators, as identified from three local police stations.

1.3 EVALUATION QUESTIONS

In order to address/answer the above research objectives, the study aimed to provide answers to the following research questions:

- What are the needs of clients accommodated by shelters?
- What are examples of best practice models for victim empowerment service delivery?
- What is the standard referral pathway for shelter services?
- What are the relevant VEP policies, guidelines and legislation informing victim empowerment service delivery?
- What services are available and required per shelter as outlined in the DSD Transfer Payment Agreement?
- What is the demand for referrals and services?
- What records of incidences related to breaches of security are there?
- What is the nature and extent of crime and violence (specifically DV and gender-based violence)?
- In what condition are the shelters?
- What are the trends in the usage and demand (and capacity to meet such demand) of the shelter?
- What are the security measures currently in place at the shelter?
- How are minimum standards for VEP implemented at the shelter?
- What are Best Practices models/interventions at the shelters?
- What are the perceived and actual needs of the clients?
- What are the perceived gaps within the services delivered?
- How do clients experience services delivered at the shelter?
- How do the clients experience the implementation of minimum standards for VEP?
- What, according to the clients, are required for a model on Best Practices in victim empowerment?
- What are the local needs and demand levels for victim empowerment services?
- Is the victim empowerment services demand being met within the area?

2. LITERATURE REVIEW

South Africa is known to have one of the highest crime rates in the world and, in particular, high rates of rape and murder. The advent of democracy in 1994 and the globally acclaimed reconciliation process implemented at the time, did not manage to deal with the high levels of violence that were inherited from the South African Apartheid system. Increasing socio-economic inequality and unemployment have exacerbated the problem, which affects women and children in particular. Violence in South African households is as old as the country itself (Van der Hoven, 2001). In addition, trafficking of women and children remains a concern in South Africa (The Salvation Army Southern Africa Territory, 2014). Services for abused and victimised women and children by organisations other than welfare services, only begun to develop during the eighties (Van der Hoven, 2001).

Although the majority of women access shelter services in South Africa as a result of abuse and domestic violence, shelters additionally serve victims of trafficking. Segrave, Milivojevic and Pickering (2009), note that trafficking is a crime directed against individuals and calls for restoration (i.e. victim assistance and repatriation). The authors are of the view that potential victims specifically require short-term assistance and safety until they can return to their country or home. In some instances they are sheltered and given medical and psychological assistance until it becomes clear whether they are required to provide evidence in court. Returning women home 'where they belong' is the main objective of repatriation and reintegration.

2.1 THE GLOBAL NATURE OF SHELTERS

Across the world shelters have been described as an institution designed to provide a variety of specific services and benefits to assist women and their children (where relevant) to address the challenges they face when escaping abuse and victimisation (Gierman, Liska & Reimer, 2013). Such support includes both direct service delivery and access to services not provided on site. In general these services include safe accommodation on an emergency basis to respond to immediate protection needs; medical treatment for immediate and long-term consequences of violence; counselling and therapeutic support to develop survivors understanding of the typically complex dynamics associated with abuse and leaving situations of violence; financial and economic assistance to address difficulties resulting from or exacerbated by abusers' control of financial resources and the economic freedom of the victim; legal assistance (including protection orders, prosecution of the offender, child custody and maintenance and

compensation to the survivor and her children) and long-term housing support (Gierman, et al., 2013).

2.1.1 Categories of shelters for victimised women and children

Tutty, Ogde, Giurgui, Weaver-Dunlop, Damant and Thurston (2009) classify shelter accommodation in three categories, namely:

- 1) Emergency shelters (also known as first stage emergency housing) that provide short or medium-term secure accommodation and emotional support for women who enter with or without dependent children. First stage housing is generally for a period of a few days up to a few months. Core services during this shelter stage often include the provision of personal goods (such as clothes and toiletries), as well as more extensive support, including counselling, referrals, individual advocacy with community agencies and service providers, safety planning, programmes for affected children and follow-up for former residents;
- 2) Second stage/transitional housing facilities offer longer-term accommodation ranging from six months to one year or more. Support and referral services to assist women and their families in the transition from emergency shelter to permanent housing are included in some instances. Second stage facilities may provide anonymous and confidential services (such as ongoing emotional support for residents, including through women's and children's groups); and
- 3) Third stage housing may be available for women who have completed a second stage programme, but still need financial assistance with housing and support in their community. It is envisaged that the third stage shelter service may result in permanent housing. Even in this stage of care, ongoing emotional support is often provided (i.e. provision of follow-up services by staff/advocates or support from related community-based resources made available through housing initiatives (Tutty et al., 2009).

2.1.2 Effectiveness of shelters for victimised women and children

Attention to the overall effectiveness of shelters for women and children who have been victims of crime and violence has been increasing globally in order to understand the contribution of

shelter services to the empowerment of this group of victims, as well as to the broader fight to prevent violence perpetrated against women and children. Large non-comparative studies from the United States, Ireland and Scotland highlight that women's experiences in shelters can contribute to increased feelings of hope about the future, greater self-confidence in their own decision-making, comfort asking for help, talking about their concerns, and knowledge about their options and community resources available. The experience can also help women to feel more positive about their ability to achieve goals for themselves, take actions on their own and plan for their safety. These findings were particularly associated with women who had been in a shelter for longer periods of time (average stay was 22 days, with accommodation available for up to one year), although all women reported general satisfaction with shelter services in meeting their needs. Studies (as noted by Gierman et al., 2013) indicate shelter services have the potential for improving women's mental health, life quality, self-esteem, coping, empowerment, and in some cases, outcomes related to depression and trauma symptoms. There is also potential to improve women's safety planning and knowledge of community resources.

2.2 CONTEXTUALISING CRIME AND VIOLENCE AGAINST WOMEN IN SOUTH AFRICA

The extent of violence against women and children is particularly difficult to assess. Vetten (2014) rightfully states that there is no crime termed 'domestic violence and/or GBV' in the current SAPS crime classification system. Instead, its multiple forms are captured across a range of different categories of criminal offences such as assault (either common or with intent to cause GBH), pointing a firearm, intimidation, rape or attempted murder (among other charges). When violated, protection orders issued in terms of the DVA are dealt with as charges of contempt of court. This is because the abuser has ignored an instruction from the court to refrain from assaulting or otherwise harming the complainant. When the SAPS reports on crime statistics each year, it does not say how many of these crimes were perpetrated in the context of domestic violence (Vetten, 2014).

In addition, the Southern African Territory of the Salvation Army (2014) notes that South Africa faces a real challenge with regard to human trafficking which is described as a modern-day form of slavery. A global trafficking and slavery index study conducted by the Walk Free Foundation (2014) estimated that in South Africa alone, there are 106 000 people living in some form of slavery (including due to trafficking). According to the Salvation Army (2014), factors such as poverty and desperation, as well as a lack of education, fuel human trafficking. Both the

victims of human trafficking and the perpetrators of human trafficking are largely motivated by money. Human trafficking is the 2nd largest profit-making crime in the world next to drug trafficking. People most vulnerable to human trafficking are children, teenagers, young women, refugees and job seekers. These people are preyed upon in various ways and are literally tricked into going somewhere with their traffickers, and subsequently held against their will. Women and children are specifically trafficked for labour exploitation, prostitution (usually paid very little), sexual slavery (not paid) and forced marriage. In South Africa, women are often forced to marry mine workers or young girls are forced to marry older men. Victims of trafficking are almost always introduced to the trafficker by someone they know (The Salvation Army Southern Africa Territory, 2014).

2.2.1 Violence and crime against women and children in the WC

Violent crime against women and children is alarming in the Western Cape Province. Measuring the nature and prevalence of domestic violence in the Western Cape requires recognising the different sorts of familial and intimate relationships, as well as the different types of abuse. However, SAPS data does not offer a comprehensive guide to this terrain (Vetten, 2014), as GBV is not recognised as a separate crime.

According to the Violence Against Women (VAW) in the Western Cape baseline study conducted by Gender Links (Genderlinks, 2013), about two in every five women (44.8%) have experienced GBV, while 37% of men have perpetrated GBV in their lifetime. This translates into approximately 23 cases per day. In addition, 24 846 cases of assault with the intent to do GBH and 452 cases of neglect and ill-treatment of children were reported in the province for that period (Genderlinks, 2013).

Based on research by Abrahams et al. (2012), the WC DSD (2013) highlights the urgent need to regard domestic violence as a national and provincial priority, to receive due attention, as current prevention efforts are not effective enough to reduce GBV in the country.

2.3 RESPONSES TO VIOLENCE AND VICTIMISATION

2.3.1 National framework for victim empowerment services

In order to address the high rates of criminal victimisation in the country, particularly with regards to women and children, the government established the VEP in 1998. Whilst framed as a whole government responsibility, according to the National Crime Prevention Strategy (NCPS, 1996), DSD is charged with leading and co-ordinating the VEP. The VEP was a strategic move away from responding to crime as a security issue, to focusing on crime prevention by dealing with the social issues associated with crime. This also encouraged a shift from a criminal justice (punitive) approach to a restorative justice (victim centred) approach which seeks a “balanced approach to the needs of the victim, wrongdoer and community through processes that preserve the safety and dignity of all,” (Braithwaite, 2002). The VEP relies on inter-sectorial collaboration and partnership from the different government departments to leverage and enable victims to easily access a continuum of services. The South African VEP is collaboratively implemented by a number of departments including Social Development, Correctional Services, Justice and Constitutional Development, SAPS, the National Prosecution Authority and the Department of Health. The National DSD is the lead department on the programme and coordinates its implementation within the Criminal Justice System. Different departments play different roles in the provision of services to victims of crime and violence. The services vary from registering and investigating a case, to offering medico-legal services by health professionals and ultimately prosecuting the case through the courts (DSD, 2001).

Besides government departments, there are also different NGOs that play an essential role in offering complimentary services to victims and also advocating for their causes. The government has set up forums at national and provincial levels where different departments sit together regularly to plan, monitor and evaluate the delivery of services to victims by different spheres of government (DSD, 2001).

The National Strategy for Shelters 2013 – 2018, which emanated from the National VEP, details the responsibilities of both individual shelters and the DSD in the rendering of services to shelter beneficiaries:

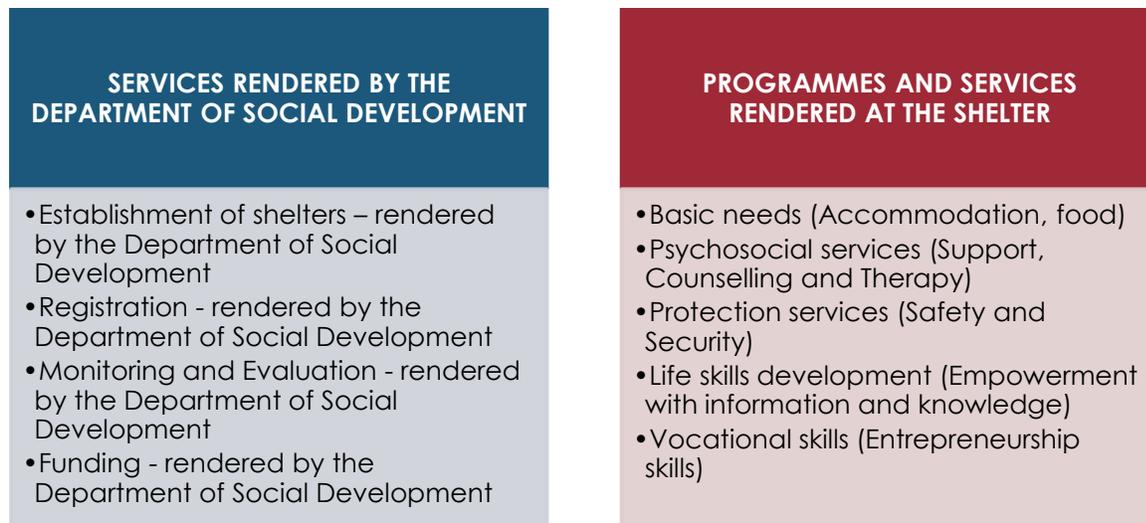


FIGURE 1: NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT, NATIONAL STRATEGY FOR SHELTERS 2013 - 2018

National DSD is primarily responsible for policy making, co-ordination and monitoring, while provincial departments are responsible for implementation.

2.3.2 The Western Cape Victim Empowerment Programme

In the Western Cape Province, the VEP assumes the function of co-ordinating integrated victim services at the provincial level. Since its inception, the VEP focused mainly on the subsidising of shelters for women and adults (Department of Social Services and Poverty Alleviation [DSSPA], 2003). However, in 2003 the Departmental Budget Programme for Crime Prevention and Victim Empowerment implemented a provincial VEP to give effect to the National Crime Prevention Strategy (NCPS) and the International Victim Charter.

According to the Victim Empowerment Strategic Document, the priority target groups for victim empowerment services in the Western Cape include:

- Victims (survivors) of domestic violence
- Victims (survivors) of sexual assault and rape
- Abused/at risk children
- Abused/at risk older people
- Abused/at risk people with disabilities
- Victims (survivors) of human trafficking
- Victims (survivors) of hate victimisation
- Farm workers and dwellers
- Ex-combatants

These are the same priority groups as designated in the National Policy Guidelines for Victim Empowerment. However, the Western Cape VEP also identifies Lesbian, Gay Bisexual, Transgender/Transsexual Intersexed (LGBTI) persons, male victims, sex workers and refugees as other significant groups in terms of the province's VEP strategy (DSD, 2014).

The Department subsequently highlights their strategic objective- to provide all victims of violence with a special emphasis on women and children with access to a continuum of services. This subsequently translates into the Department's objective statement to contribute to the empowerment of 20 500 victims of domestic violence and reduce the risk of sexual and physical violence by ensuring access to a continuum of services by March 2015.

2.3.3 WC shelter services for victims of crime and violence

Despite the broader scope of the VEP, the programme for shelter services to victims of crime and violence in the province is one of many programmes that stems from the Victim Empowerment Strategy (WC DSD, 2014). Of the 42 shelters present in South Africa, 17 are based in the Western Cape. While the great majority of shelters assist GBV and domestic violence victims, the province has supported the development of shelters for victims of human trafficking and transgender persons.

Currently 13 shelters access WC DSD funding to provide services and accommodation to women and children who are victims of crime and (domestic) violence. These shelters provide victims with sheltered accommodation, counselling and support, as well as reintegration services. In addition, it is envisaged that these shelters should also provide support to the families of victims, as well as their children and in some instances, the alleged perpetrators. Victims should also have access to skills development programmes to assist them in becoming economically empowered. WC shelter services include all marginalised groups, such as LGBTI individuals and victims of human trafficking. However, it is important to note that WC DSD aims to include these marginalised groups in all the shelters, but not all shelters provide these services yet.

The key indicator in the Annual Performance Plan of the WC DSD VEP (and what the Department reports on in Parliament) is the "Number of people reached who have access to victim support services." On the ground level for the shelter service providers, this translates into the number of victims of crime and violence in shelters who benefit from victim support services, which include sheltered accommodation, counselling, support and reintegration services.

According to the Minimum Standards on Shelters for Abused Women, the national DSD is required to “facilitate and fast track the provision of shelters for abused women, as well as ensuring the availability and accessibility of counselling services to women and children,” (DSD, 2001:1). The Minimum Standards state further that shelter services are offered and accessed at a critical point of crisis intervention. As such, shelters are a crucial representation of the effectiveness of the legal system to protect large numbers of women who are seeking such protection and safety (DSD, 2001).

Madsen, Blitz, McCorkle and Panzer (2003) highlight that shelters are accessed by families escaping violence at home when all other options have failed and their only option is to leave. In addition to experiencing physical violence, being injured or abused by someone one trusts and loves, but now fears and needs to flee from, damages one’s beliefs about oneself, other people, and the world (Madsen et al., 2003). All women access shelters for abused women because of suffering such abuse and victimisation, but they also all have different needs depending on their personal situations and histories. As such, shelters have to respond to a range of demands while offering twenty-four hour security. This translates into the need for skilled and trained staff to work in collaboration at a shelter (Madsen et al., 2003).

The WC DSD’s responsibilities in respect of shelters (Bhana et al., 2013) include the following:

- Through shelters, to provide a short-term intervention for women and children in crises;
- To ensure that the interventions meet the basic needs, as well as provide support, counselling and skills development;
- To ensure that shelters are linked to accredited organisations and registered with the DSD;
- To ensure that shelters maintain an effective level of safety and security for staff and residents;
- To ensure that shelters have responsible managers who are involved in the daily running of the shelter;
- To ensure that all persons involved in providing sheltering attend training that equips them to meet minimum standards in service delivery;
- To implement developmental quality assurance (for monitoring and evaluation purposes) in an effort to ensure service delivery and the transformation of welfare services;
- To ensure adequate screening assessment of clients as soon as they arrive for admission; and
- To ensure that an effective process of referral is in place as well as a procedure manual that specifies how to deal with domestic violence cases (Bhana et al., 2013).

2.4 BEST PRACTICE MODELS AND APPROACHES TO GENDER BASED VEP SERVICES IN EXISTING LITERATURE

TABLE 1: OVERVIEW OF SELECTED BEST PRACTICE MODELS AND GENDER-BASED VEP SERVICES IN EXISTING LITERATURE

MODEL	DESCRIPTION	RELEVANCE TO THE CURRENT EVALUATION
<p>1. The Girls' Education Movement (UNICEF, n.d.)</p>	<p>•The Girls' Education Movement (GEM) is a school/community intervention model created to make schools safe environments conducive to children's learning, with a particular focus on the extent to which GEM is able to combat violence against girls in schools. The content of this case study is drawn from a study conducted in secondary schools South Africa in (June - July and September - October) 2007 through a series of observations, review of records, crime reports, school attendance records, programme materials and interviews of teachers, school administrators and learners to assess the efficacy of the GEM initiative. GBV in schools compromises the learning environment and educational opportunities for girls. Girls are disproportionately the victims of physical and sexual abuse at school and experience rape, sexual assault, abuse and sexual harassment at the hands of their male classmates and sometimes by their teachers.</p> <p>•GEM aims to: • Give girls equal access to education • Improve the quality of education, especially in disadvantaged schools, • Make the school curriculum and school books gender responsive, • Create schools that are safe and secure for children, especially girls, work with boys as strategic partners, • Reduce GBV • Abolish harmful cultural practices such as early marriage for girls (UNICEF, n.d.) GEM was launched in Uganda 2001 and is an African child-driven grassroots movement, through which students in schools and communities employ strategies to bring positive</p>	<p>•GBV services and prevention programmes should include a focus on education and awareness in communities at risk, as well as social structures, such as schools.</p>

	change in the lives of girls and boys (UNICEF, n.d.).	
2. From Policy To Practice: Exploring Victim Empowerment Initiatives In South Africa (Nel & Kruger, 1999)	<ul style="list-style-type: none"> •This study explored effective initiatives in S.A. for sustainable victim empowerment, and found the below critical elements that should be present in VE initiatives, including shelter services •A skilled project coordinator and volunteers; training, supervision and support •Leadership with vision and drive, that is responsible for project management and strategic planning, with management and project management skills •Efficient office space; furniture; telephones; transport; medical equipment, etc. •Transparency, credibility, feedback and reflection on processes •A service by the community for the community •Raising awareness, enhancing understanding, dissemination of information to communities •Staff with appropriate skills and training to deliver an effective service, ability to address the needs of victims •Adequate awareness and understanding of the issues; commitment to the 'cause' by all parties and motivation to a common vision and goal •Inter-sectoral co-operation and collaboration with a clear understanding of roles and responsibilities, guidelines and procedures 	<ul style="list-style-type: none"> •The importance and value of key enabling factors to provide quality shelter services to women and children, who have been victims of crime and violence, include: skilled staff, sufficient resources, supervision and training, community involvement, education and awareness and inter-sectoral and inter-governmental collaboration.

<p>3. Lifeline South Africa Victim Support Programme (LifeLine South Africa, 2014)</p>	<ul style="list-style-type: none"> •Police Station-based Victim Support Centres are in essence Reception, Assessment and Referral (RAR) sites that: <ul style="list-style-type: none"> ○ Receive the victim in a friendly manner and with respect to the victim's dignity and privacy; ○ Victims are given the opportunity to share information and are assisted should they wish to open a case; ○ Victims are offered emotional support; ○ Victims are offered practical support; ○ Victims are provided information on the criminal justice process and on additional services available to the victim; ○ Victims are referred for professional services.; and ○ Appropriate records related to their services are kept and monitored. 	<ul style="list-style-type: none"> •The Lifeline victim support model highlights the importance of the quality and services necessary in the initial contact with a victim of crime and violence; •These services include: receiving victims appropriately, assessing victims appropriately and referring the victims to an appropriate service provider; and •For shelter services offered to victims of crime and violence, these initial services are crucial as they can prevent secondary victimisation and ensure the appropriate intervention is employed to assist the shelter client.
<p>4. Thuthuzela Care Centres (National</p>	<p>Thuthuzela Care Centres are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary trauma for the victim, improve conviction rates and reduce the cycle time for finalising cases;</p>	<ul style="list-style-type: none"> •The Thuthuzela Care Centres are operating on the model of one-stop centres, where

<p>Prosecuting Authority [NPA], 2009)</p>	<p>The word Thuthuzela means 'comfort' in Xhosa;</p> <ul style="list-style-type: none"> •Thuthuzela Care Centres operate best in public hospitals close to communities where the incidence of rape is particularly high. They are also linked to sexual offences courts, which are staffed by skilled prosecutors, social workers, magistrates, NGOs and police and located in close proximity to the centres; •The centres are facilitated by a top level inter-departmental management team comprised of the departments of Justice, Health, Education, Treasury, Correctional Services, Police, Social Development and designated civil society organisations; •Thuthuzela's integrated approach to rape care is one of respect, comfort, restoring dignity and ensuring justice for children, women and men who are victims of sexual violence; •The Thuthuzela project is led by the NPA's Sexual Offences and Community Affairs Unit (SOCA), in partnership with various donors as a response to the urgent need for an integrated strategy for prevention, response and support for rape victims. 	<p>victims of crime have access to a variety of critical services in close proximity, such as social work services, prosecutor services, police services and medical services; and</p> <ul style="list-style-type: none"> •In addition, the model focuses on integrated, inter-departmental and inter-sectoral service delivery for victims of GBV and sexual offences.
<p>5. The one-stop centre based Khuseleka Model (Genderlinks, 2015)</p>	<ul style="list-style-type: none"> •The Khuseleka model is based on the principle of a one-stop centre that provides all the required services for women and children victims of violence, such as trauma counselling and psychosocial support, health care, police services, legal assistance and shelter services to name a few. The name "Khuseleka" is derived from the Zulu word which means protection or providing a protective environment. Such one-stop centres are to be open 24-hours for service; •The first fully operating Khuseleka One-Stop Centre in South Africa was the Limpopo Khuseleka One-Stop Centre, launched on 5 October 2011. Based on the success of the Limpopo Centre, five provinces followed and opened a centre in the province based on the Khuseleka model. These provinces included the North West, Mpumalanga, Eastern Cape, Northern Cape and Gauteng Province; 	<ul style="list-style-type: none"> •The Khuseleka model is based on the model of a one-stop centre for women and children who have been victims of crime, violence and GBV; •This model incorporates services providers across all relevant sectors and government departments and provide a variety and

	<ul style="list-style-type: none"> •The continuum of care or shelter at Khuseleka-based centres includes: •accommodation for men, women and children affected by GBV, children under the age of 18 affected by sexual assault or sexual abuse and human trafficking victims; •The services include: Social work services which address relationship skills, communication skills, self-esteem and self-image of victims; •Therapeutic intervention is rendered while addressing the Individual Development Plan (IDP); •Therapeutic, psychosocial and rehabilitation services are incorporated as part of IDP; •Physical care is addressed and women, men and children are taught to become proud within themselves, of themselves; •Services include meeting their educational needs by ensuring that they attend school where possible/ABET; as well as enrolling children in Early Childhood Development (ECD) facilities for those under school-going age; •Practical assistance is provided in terms of application for birth certificates and identity documentation, assistance with grant applications and opening of bank/post office accounts for victims, while promoting the culture of saving; and •Other services are rendered by nurses, doctors, psychologists, court preparation assistants, prosecutors and police all working in a multi-disciplinary team to assist victims and to mount successful cases for prosecution. •In addition, the key role-players in this model include: <ul style="list-style-type: none"> ○ Social Development: provides shelter, social workers, care workers and volunteers for psychosocial, care, empowerment, financial support and technical expert services; ○ Health: technical support for medico-legal services to simplify possible prosecution; 	<p>continuum of services to these victims, on one premises;</p> <ul style="list-style-type: none"> •Victims access holistic, structured and multi-sectoral services at these one-stop centres – with the aim to empower the client on all ecological levels (namely micro, meso- and makro levels); and •This model introduces a revised funding approach and model to the provision of shelters services to clients, as each sector-specific organisation, individual government department and relevant role-player, contribute their resources to the services offered at the shelter, on their costs.
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	<ul style="list-style-type: none"> ○ National Prosecuting Authority: Victim and case preparation for court process and prosecution; ○ South African Police Service: case registering, arresting, investigating, transporting and protecting; ○ Department of Correctional Services: victim participation in parole board hearing, skills development programmes, life orientation and reintegration programmes; ○ Department of Education: educational programmes on life skills and life orientation; ○ Department of Home Affairs: repatriation of women/men and children involved in human trafficking, provision of birth certificates and ID to victims without these documents; ○ Department of Human Settlements and Traditional Affairs: Build and provide houses and land to victims/survivors, rehabilitate and reintegrate victims/survivors with the communities and society; ○ Donors: provides both financial and technical expert support; ○ NGOs/NPOs: provides support, care, advice, referrals and rendering non-core services; and ○ Private sector: provides financial and technical support. <p>● In all six provinces where the Khuseleka model has been rolled out, noteworthy effect and success have been reported. It was noted at a gender protocol summit held in Gauteng, from 21 to 24 April 2013 as a 'good practice' name of good practice and subsequently recommended that the same model should be replicated in all the districts of these provinces to ensure its sustainability in the provinces (Gender Links, 2015).</p>	
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<p>6. The Housing Ladder Model (Combrinck, 2009, & Wicht, 2006)</p>	<ul style="list-style-type: none"> •Combrinck (2009) notes that if one analyses the constitutional and legislative framework supporting women's housing rights in South Africa, the government's duty to promote the realisation of the right of women who are victims of GBV (particularly domestic violence) to have access to adequate housing is clear (yet often not understood and consulted). •It appears logical that women who are abused should ideally be able to stay in their own homes (with their children), with the alleged perpetrators moving out. However, in practice it is usually the women who have to leave and find alternative accommodation. •A best-practice model to address the housing needs of victims of GBV is depicted in the 'Housing Ladder' (Wicht, 2006). This 'ladder' represents a continuum, ranging from emergency shelter at one end, to full independent home ownership at the other. The housing needs of an individual (and subsequently of abused women and children) include: <ul style="list-style-type: none"> ○ Community care: focus is on preventative intervention; ○ Emergency housing: focus is on crisis assistance; ○ Shelter: focus is on personal stabilisation; ○ Transitional housing: focus is on development; ○ Communal housing: focus is on empowerment; ○ Social housing: focus is on inter-dependence; and ○ Home ownership: focus is on independence. 	<ul style="list-style-type: none"> •This model emphasises the importance of sufficient housing and/or accommodation made available to women and children who have been victims of crime and violence, based on the housing needs of individuals (which stretches beyond 0 to 6 months shelter accommodation). As such, if a key objective of the WC DSD VEP shelters services is to empower its clients. This model depicts that the housing needs of these women must be addressed up to the level of communal housing. It can be seen that this corresponds with a three-staged shelter model, as the level of communal housing is equivalent to the level of stage three shelter services.
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The value and importance of effective, evidence-based shelter service to women and children who have been victims of crime and violence is highlighted by McMahon (2012). McMahon writes that shelter services for these victims can, if provided with quality and as intended, significantly improve outcomes for victims. These outcomes are specifically in respect of the improvement in overall quality of life, increased self-esteem, reduced symptoms of anxiety and depression and reduced symptoms of Post-Traumatic Stress Disorder (PTSD). Shelter services are especially important and useful when women experience severe violence – they are the only resource of this type for many victims. One of the only ways to successfully protect women in abusive situations is for them to receive shelter services. A recent study conducted in the United States (U.S.) suggests that victims who obtain shelter are often living on the edge financially and emotionally and may have little education, external support and/or little ability to find employment. Shelter stay and the services provided at the shelters are some of their most crucial resources.

In addition, Gierman, Liska and Reimer (2013) agree that shelters provide fundamental resources to victimised and abused women and children. Shelters services can actively assist and empower these victims to move on from violence, to independent living. Amongst others, these include: secure accommodation to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life, increased awareness and understanding among women and girls of what constitutes gender-based violence and violations of their human rights, and support to use the judicial, police and social service systems in order to access the critical protection and support provided by these institutions (e.g. facilitating orders of protection, access to housing, and other health, financial and family resources).

The literature consulted for this evaluation provides a clear rationale for gaining a better understanding of the shelter services available for women and children who have been victims of crime and violence in the Western Cape. Such an understanding will contribute to and inform what currently works and what does not work, in order to ensure shelters reach their ultimate objective- to empower women to break the cycle of abuse and violence and live free from this social ill.

3. RELEVANT POLICY AND LEGISLATIVE FRAMEWORK

This section provides an overview of the international, national and provincial legislative and policy framework that relates to shelter services for victims of crime and violence. While this list is not exhaustive of all relevant policies, it does include all the key international, national and provincial documents that underpin the mandate of the VEP with specific reference to shelter services.

TABLE 2: LEGISLATION AND POLICY RESPONSES TO CRIME AND VIOLENCE AGAINST WOMEN AND CHILDREN

INTERNATIONAL	<p>The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of 1985</p> <p>Internationally the needs and rights of victims of crime and violence are recognised and addressed primarily through the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. South Africa is signatory to this Declaration, which is based on the philosophy that victims should be adequately recognised and treated with respect for their dignity. Victims are entitled to access all mechanisms of justice and to prompt redress for the harm and loss suffered. They are also entitled to receive adequate specialised assistance in dealing with emotional trauma and other problems caused by the impact of victimisation.</p>
	<p>The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979</p> <p>The Convention provides the basis for realising equality between women and men through ensuring women's equal access to and equal opportunities in, political and public life -- including the right to vote and to stand for election -- as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms.</p>
	<p>UN Convention on the Rights of Children, 1989</p> <p>The Convention has four general principles. The first two apply to all people and the Convention reaffirms them for children. The last two are of particular concern to children:</p> <ul style="list-style-type: none"> • Children must not suffer discrimination "irrespective of the child's or his or her parents' or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."

- Children have a right to survival and development in all aspects of their lives, including the physical, emotional, psychosocial, cognitive, social and cultural.
- The best interests of the child must be a primary consideration in all decisions or actions that affect the child or children as a group. This holds true whether decisions are made by governmental, administrative or judicial authorities, or by families themselves.
- Children must be allowed to be active participants in all matters affecting their lives and be free to express their opinions. They have the right to have their views heard and taken seriously.

The South African National Crime Prevention Strategy (NCPV), 1996

The NCPV is based on four pillars. The first pillar, *National Programmes – The Criminal Justice Process*, depicts the focus on victim-centred approaches to justice through the national VEP. The VEP has a specific focus on GBV and crimes against children. The NCVP acknowledges that rights and freedoms which the constitution entrenches are threatened every time a citizen becomes a victim of crime. The VEP aims to empower victims of crime and violence through giving them a greater role for victims in the criminal justice process, as well as providing protection against repeat victimisation. The VEP furthermore emphasises the quality of services to be delivered to these victims.

The Domestic Violence Act, 116 of 1998

The DVA 116 of 1998 is used to govern violence perpetrated inflicted by one member of a family or household on another. A key objective of this Act is to grant all victims of domestic violence the necessary protection they require from the law. It also serves to introduce measures by which the State and law-enforcers prevent and reduce domestic violence.

The Minimum Standards For Service Delivery In Victim Empowerment (Victims Of Crime And Violence) 2004

The nature, trends and impact of crime and violence on victims (specifically women and children) makes it difficult for victim empowerment practitioners to provide quality services to such victims. In order to assist victim empowerment service providers with this challenge, South Africa compiled The Minimum Standards for Service Delivery in Victim Empowerment guideline, which is in line with the Constitution of the Republic of South Africa, 1996. Key minimum standards for proficient, professional and standardised services to empower victims of crime and violence are listed and explained to service providers.

The Service Charter and Minimum Standards for Victims of Crime in South Africa, 2006

The Service Charter for Victims of Crime in South Africa (also referred to as the *Victims' Charter*) consists of a consolidated description of current legal framework relating to the rights of and services provided to victims of crime. The Government of South Africa adopted the Victims' Charter as a formal guideline through which (a) secondary victimisation in the criminal justice system can be minimised; (b) victims remain central to the criminal justice process; (c) the required service standards to victims in the criminal justice system can be clarified; and (d) victims' recourse when VEP standards are not met can be provided for.

The National Strategy For Shelters For Victims Of Crime And Violence In South Africa, 2013 – 2018

The DSD's mandate is aligned to the strategic objectives of the South African government's priorities regarding contact crimes and crime against women and children i.e. the *Justice Crime Prevention and Security (JCPS) cluster Outcome 3*. Therefore, it is critical that shelters provide safe, secure and protective services to all victims of crime and violence. This national strategy enables provinces to develop their provincial strategies to provide victims of crime and violence services that are empowering and enabling, in partnership with Civil Society Organisations and funded by provincial government.

The Prevention and Combating of Trafficking in Persons Act, 7 of 2013

The United Nations (UN) Protocol to Prevent, Suppress and Punish Trafficking in Persons, more specifically trafficking of women and children, influenced related advocacy and policy making in South Africa. As a result The Prevention and Combating of Trafficking in Persons Act 7 of 2013 came into effect, supplementing UN's convention against transnational and organised crime (2000). Services provided by shelters to victims of human trafficking are guided and governed by this Act.

Children's Act, 38 of 2005 & The Children's Amendment Act, 41 of 2007

The Children's Act governs all the laws relating to the care and protection of children. It defines the responsibilities and rights of parents. It makes provision for the establishment of Children's Courts and the appointment of welfare officers. It regulates the establishment of places of safety, orphanages and the rights of orphans and sets out the laws for their adoption. It also provides for the contribution of certain people towards maintenance. In most cases, the guiding principle is the best interests of the child.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007

The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 is an act of the Parliament of South Africa that reformed and codified the law relating to sex offences. It repealed various common law crimes (including rape and indecent assault) and replaced them with statutory crimes defined on a gender-neutral basis. It expanded the definition of rape, previously limited to vaginal sex, to include all non-consensual penetration; and it equalised the age of consent for heterosexual and homosexual sex at 16. The act provides various services to the victims of sexual offences, including free post-exposure prophylaxis for HIV and the ability to obtain a court order to compel HIV testing of the alleged offender. It also created the National Register for Sex Offenders, which records the details of those convicted of sexual offences against children or people who are mentally disabled.

SA Declaration on Gender and Development

The Southern African Development Community (SADC) Protocol on Gender and Development:

- encompasses commitments made in all regional, global and continental instruments for achieving gender equality,
- enhances these instruments by addressing gaps and setting specific measurable targets where these do not already exist; and
- advances gender equality by ensuring accountability by all SADC member states, as well as providing a forum for the sharing of best practices, peer support and review.

National Policy Guidelines for Victim Empowerment

These National Policy Guidelines are intended to achieve a society in which the rights and needs of victims of crime and violence are acknowledged and effectively addressed within a restorative justice framework.

Department of Social Development Integrated Social Crime Prevention Strategy, 2011

The role and responsibility of the DSD and other departments is to provide services to vulnerable groups within the society, which includes amongst others the poorest of the poor, marginalised, ill, uneducated and disadvantaged groups. More emphasis is on the South African Police Service's vision to "create a safe and secure environment for all the people of South Africa" meaning that it plays an integral role towards the creation of safe communities of opportunity. Against this background, the government departments' critical role is to support these groups by providing programmes aimed at reducing criminal activities and

violence.

Victim Empowerment National Plan of Action, 1998

The VEP was officially launched in August 1998 as one of the key programmes under pillar one of the NCPS. It is an inter-sectorial and inter-departmental approach to holistically address the diverse needs of victims of crime and violence. The VEP aims to promote and implement a victim-centred approach to crime prevention focusing on minimising the negative impact of crime on victims and on breaking the cycle of violence as well as creating a victim friendly criminal justice system

The Housing Act 107 of 1997, 1997

This Act sets out a number of general principles applicable to housing. It is stated that national, provincial and local spheres of government must

- promote the meeting of special housing needs, including, but not limited to, the needs of the disabled;
- and the housing needs of marginalised women and other groups disadvantaged by unfair discrimination (Section 2(1)(e))

Among other things, the Act states that national government must determine policy and set national and provincial delivery goals and, where appropriate, local government goals

Western Cape Department of Social Development's Victim Empowerment Programme Strategy Document, May 2011

The purpose of this Victim Empowerment Strategic Document is to guide the promotion and sustaining of an inter-governmental and inter-sectorial victim empowerment support network in the Western Cape. The vision of this strategy document is to create a society in which safety is prioritised and the rights and needs of victims (referred to as survivors) of crime and violence are acknowledged and effectively addressed within a restorative justice framework.

Western Cape Government Integrated Provincial Violence Prevention Policy Framework, August 2013

The integrated provincial violence prevention policy framework aims to promote inter-sectoral support for and collaboration on, the key elements of successful violence prevention approaches, namely:

- The balancing of programmatic and policy interventions likely to reduce violence in the short-term (such as those that reduce access to lethal means, e.g. firearms and the use of drugs associated with violence and aggressive behaviour, e.g. alcohol) and interventions that affect sustained long-term change to the social environment and societal norms that support violence (such as programmes for improved early childhood development and positive parenting);
- An intervention approach driven by an accessible evidence base and reliable injury surveillance data;
- The strategic and systematic deployment of prevention resources to target high-risk times, places and groups at-risk; and
- The ongoing monitoring of outcomes and risk factors for refinement and improvement.

4. EVALUATION LIMITATIONS

Some of the limitations of this evaluation included:

- This evaluation did not aim to collect data that can be generalised to the Western Cape as a whole; instead data was collected from a small, convenient sample of participants, as the focus and nature of this evaluation was largely qualitative; quantitative data was collected to enrich the descriptive information gathered through interviews.
- In addition, it is important to note that during the fieldwork planning stage of this evaluation, shelter managers indicated that they could not ensure selected interviewees (based on the initial criteria for clients to be included in the evaluation) would be at the shelter on their shelters scheduled site visit day. The interviewed clients were therefore mostly clients who were unemployed and at the shelters for less than three months. As such, findings from this evaluation have been drawn mostly from interviews with a specific profile of a client.
- The limited secondary data available for this evaluation, in turn, resulted in the limited information in the analysis of annual shelter progress, intake trends and unmet demand.
- Finally, the data used for evaluating the need for additional shelters was limited and as such, limited the depth and accuracy of conclusions and subsequent recommendations made for establishing additional shelters in the province. Information such as shelter intake registers of the past financial year (2014/'15), community-level statistics on abused and victimised children seeking shelter services, surveys and censuses on the magnitude of victimised women and children who do not have access to critical resources when they have to leave their homes as a result of violence, was not available and not the focus of the data collection. This limitation was a subsequent barrier to determining the need for additional shelters.

5. EVALUATION METHODS

CC&DW implemented a formative evaluation to ensure the evaluation objectives were met. As described by Rossi, Lipsey and Freeman (2004), a formative evaluation is usually conducted to gain insight into how an intervention is working and how it can be improved. Therefore, the formative nature of this evaluation guided the evaluation team in gathering evidence of how the shelters and more specifically, the services offered at shelters within the Western Cape are functioning, what can be done to improve their implementation, effectiveness and efficiency in achieving their outcomes, as well as the general relevance of their services in relation to the needs of clients.

5.1 EVALUATION SAMPLE

For the selection of individual shelter beneficiaries to be interviewed for this project, CC&DW aimed to incorporate a purposive sampling strategy. The criteria for selection were initially:

1. Existence of previous experience at a shelter (1st time beneficiary vs. repeat beneficiary);
2. Employment status (employed vs. unemployed); and
3. Existence of children under care.

As previously mentioned in the evaluation limitations section, during the fieldwork planning stage of this evaluation, shelter managers indicated that they could not ensure selected interviewees (based on the above criteria) would be at the shelter on their shelters scheduled site visit day. The reasons provided included: their clients may be at work (and often work fluctuating hours), their clients may have left the shelter (unplanned), their clients may have to appear in court for an order (unplanned), or the shelter might not even have five clients at that stage at the shelter and/or available on that day. As such, shelter managers cooperated with the fieldwork team to identify clients as far as possible according to the selection criteria described above. The overall evaluation sample includes representatives from all three of the selection criteria. This sample has provided perspectives and information from all identified levels of interest. As such, as mentioned above in the evaluation limitations section, the sample shelter clients included in the evaluation was a small, convenient sample and included clients who were available at the shelters in the day.

In addition, each shelter was asked to select or recommend an appropriate local partner to be interviewed; shelters provided the details of the organisation, NGO or Community-based Organisation (CBO) that they work most closely with.

Finally, the regional VEP coordinators at the 6 DSD regional offices, where the shelters are based, were included in the sample and interviewed, as well as the SAPS VEP coordinators at three identified SAPS stations. These three SAPS stations were selected as two of them are in the Metros and one in the Winelands region and 9 of the 13 sites are located in those regions.

Taking into account the criteria above, the following sample of stakeholders (as depicted in Table 3 below) to be interviewed for this evaluation was included.

TABLE 3: EVALUATION SAMPLE

Stakeholder group	Description	Type of interview	
Shelter beneficiaries	Five beneficiaries at each shelter	Semi-structured	65
Shelter management & social worker	One interview with two people at each shelter (except one shelter)	Semi-structured	25
VE Portfolio Manager at regional DSD office	Six regional offices	Semi-structured	6
Local partner	One partner per shelter (two shelters identified the same partner)	Semi-structured	12
VEP Coordinator at SAPS	One interview at three relevant SAPS stations	Semi-structured	3
Total			111

As part of the protocol development process for this evaluation, CC&DW obtained ethical approval for the research from the Provincial DSD Research Ethics Committee.

5.2 EVALUATION APPROACH

The evaluation utilised a mixed methods data collection approach drawing on both quantitative and qualitative data. Stemming from the evaluation questions, a mixed methods strategy was applied to achieve both breadth and depth of understanding of the programme implementation. Mixed methods research outlines a combination of qualitative and quantitative methods that are inclusive and complementary. The most fundamental part of mixed methods research is that its eclectic nature provides the best chance to produce useful answers. The mixed methods approach allows for engagement in multiple ways with stakeholders and beneficiaries in order to elicit multiple standpoints on what are important challenges, achievements and suggestions of the services offered at shelters in the Western Cape (Cresswell & Clark, 2011).

5.3 PILOT STUDY AND FIELDWORK

Once ethics approval was granted for the final methodology and data collection tools, the fieldwork planning was completed and fieldwork subsequently scheduled. The CC&DW team and our technical expert (Megan Meredith) held an intensive one-day training workshop with the fieldwork team on Tuesday 24 February 2015. The one-day intensive training included a) overview and familiarisation with the VEP and shelter evaluation; b) sensitisation training regarding GBV; c) practical application of the data collection tool; and d) face-to-face interview refresher training. Research ethics principles were clearly explained, as well as mechanisms for reporting and referral of cases where necessary. For the second part of the day, fieldworker's role – played in pairs the data collection tools.

The evaluation pilot study was conducted from 25 to 26 February 2015. The pilot study was conducted at one of the participating shelters and the results were satisfactory. Based on the feedback from the fieldwork training and the pilot study, Tool 1 was revised and adapted, with the purpose of clarifying the questions and streamlining the tools for data collection.

5.4 DATA COLLECTION

CC&DW visited all 13 shelters for victims of crime and violence funded by WC DSD. These included one in the Metro East, four in the Metro South, two in the Metro North, three in the Winelands/Overberg region, two in the Eden Karoo District and one in the West Coast District, as per the figure below. Figure 2 below geographically represents the 13 shelters visited across the province.

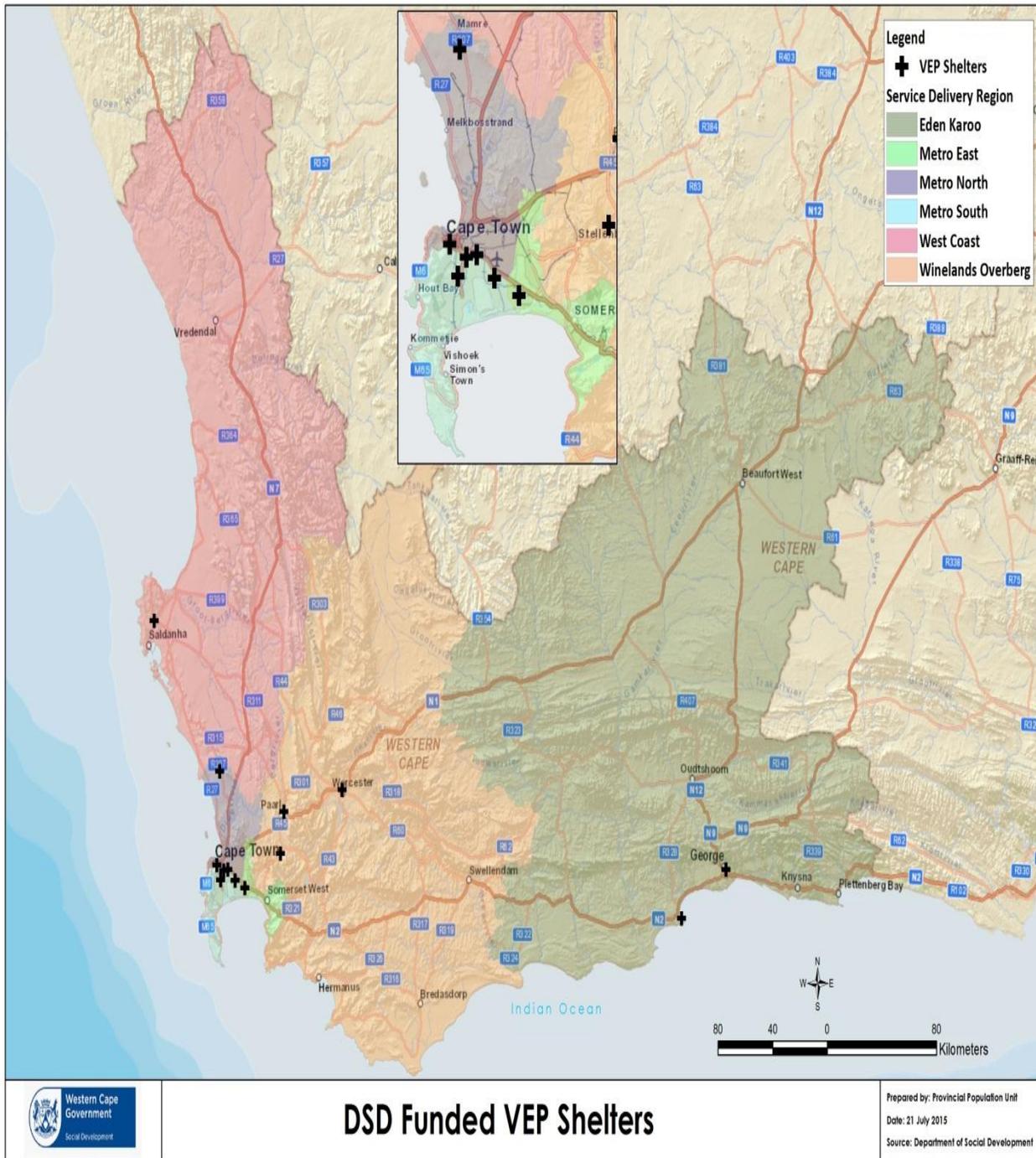


FIGURE 2: SHELTER VISITS IN THE WESTERN CAPE

Both primary and secondary data was collected and analysed in the evaluation. Primary data was collected through individual interviews and site visits. Secondary data was collected through a literature review, desktop review and reviewing relevant programme documentation.

Primary data collection was conducted through semi-structured interviews with five types of stakeholders, namely:

1. A sample of shelter clients;
2. A shelter management representative and social worker at each shelter;
3. Victim Empowerment Portfolio Manager at regional DSD service points;
4. One local partner organisation for each shelter (CBO/NGO); and
5. SAPS VEP coordinators at three local police stations.

Interviews were conducted by a team of two people, namely one social worker & one researcher. All interviewees were asked to sign a consent form prior to participating in the interview. Given the sensitivity of the area of work, clients were specifically interviewed by qualified social workers.

5.5 DATA ANALYSIS AND REPORTING OF FINDINGS

CC&DW's team worked with qualitative and quantitative data analysis methods in order to bring a robust and credible set of findings. Quantitative data was captured and analysed in Microsoft Excel, while qualitative data was analysed using thematic analysis principles. Data was organised around key questions or main indicators addressed in the research tools. During data analysis, 'triangulation' between various sources (key informant interviews and the desktop review) was undertaken. Findings from qualitative data and quantitative data obtained through the semi-structured interviews were compared with quantitative findings depicted in programme documentation in order to ensure validity and reliability.

A draft report was completed and submitted to the relevant WC DSD individuals and the findings were presented to the management team. Feedback from both the draft report and findings presentation was incorporated and a final draft report and final report was submitted to the Department.

5.6 EVALUATION TIMELINE

The evaluation followed the below stages:

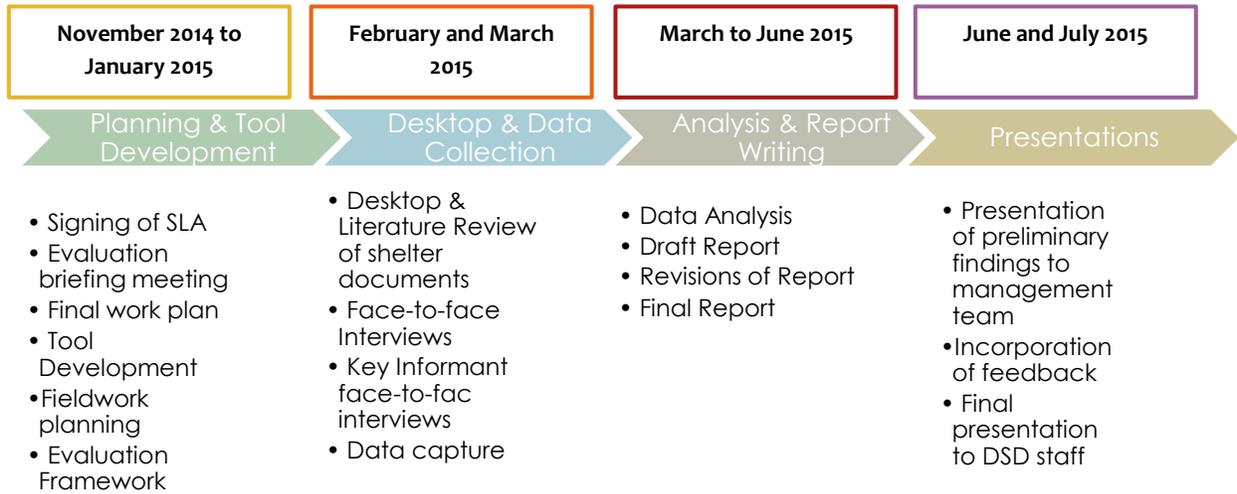


FIGURE 3: OVERVIEW OF EVALUATION TIMELINE

6. SHELTER AND CLIENT PROFILES

The target population specified in the Transfer Payment Agreements⁸ (TPA) for the 13 shelters evaluated were largely *women and children who are victims of crime and violence*. It is important to note however that these children are those who accompany their mothers, thus not children without mothers (these children are accommodated by the Children's Act [Act 38 of 2005]). In addition, four of the 13 shelters target other groups, including:

- Victims of crime and violence;
- Male perpetrators of domestic violence; and
- Women, children, victims of human trafficking and members of the LGBTI community affected by crime and violence.

According to TPAs, the 13 shelters are mandated to provide a myriad of social work services, including:

- Counselling, casework, group work and referral and support services to victims and their family (child; alleged perpetrator);
- Victims of crime and violence including family members/significant others, assisted through provision of a 24-hour support and counselling service;
- Perpetrators of domestic violence develop insight through therapeutic group sessions;
- Provide victims of crime and violence with job skills training and job opportunities;
- Victims of crime and violence are empowered through the provision of therapeutic intervention (individual; family/significant others);
- Provision of 2nd stage shelter service for victims of crime and violence, contributing to the successful reintegration of women transferring from stage 1 to stage 2 and from there into the community; and
- Emergency shelter/containment services to suspected victims of human trafficking.

⁸ TPA refers to an agreement between WC DSD and a non-governmental organisation, which stipulates the requirements for monetary payments to further policy objectives and WC DSD priorities, service delivery

6.1 PROFILE OF SHELTERS

This section provides a brief overview of the unique characteristics of each shelter, such as service delivery area, capacity, a description of services offered and security conditions at the shelter.

TABLE 4: PROFILE OF SHELTERS

Shelter nr:	1	2	3
Capacity	28 beds	11 beds	16 beds (13 are funded)
Referral agencies	SAPS, DSD, Walk-in clients	Social services, such as ACVV & Child Welfare	SAPS, DSD, walk-in clients, other NGOs
Admission criteria	Admit victims of physical, emotional, and sexual abuse; victims of rape in a domestic relationship	Admit victims of physical, emotional, and sexual abuse; victims of rape in a domestic relationship; victims who have been raped; victims who have been trafficked	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims of rape in a domestic relationship; victims who have been raped; victims who have been trafficked; refugees
Exclusion	Refugees, human trafficking, pregnant mothers or babies under 1 year (unless placed for adoption), boys older than 10, substance abuse	Refugees, boys older than 10, individuals from LGBTI (depending on assessment, as it is difficult/challenging for other clients), substance abuse	Refugees are assessed for admission, as there are often language barriers, substance abuse, boys older than 15
Average	3 to 6 months	3 to 6 months	3 to 6 months

stay			
Return policy for clients	In general, clients are not taken back into the shelter for a second time; However all returning clients are assessed and exceptions are allowed	Yes, clients are not taken back into the shelter for a second time	Yes, clients are allowed back once (this is however assessed case-by-case and depends on the motivation for returning)
Own services on site	Counselling, linkages & support to community structures, client IDP, legal assistance & education, childcare facility, skills development (life skills, computer literacy, & arts & crafts)	Counselling services, group work sessions, Linkages and support to community structures, client Individual Development Plan, aftercare and tracking services	Counselling services, RJ interventions, group work sessions, play therapy/psychosocial programmes for children, linkages to community, a client IDP, educational programmes, aftercare and tracking services
Services through partners	Family integration and preservation, RJ interventions, play therapy and psychosocial programmes for children, support groups, therapeutic programmes, substance abuse services, medical services	Family integration and preservation, RJ interventions, support groups, therapeutic programmes, medical services, educational programmes, legal assistance and education, substance abuse services, crèche services, aftercare and tracking	Legal assistance and education, substance abuse services, crèche services
Service charges	Yes – R 70.00 to R 460.00 (chores for unemployed clients); money goes towards house necessities	Yes – R 80.00 per month (if a lady works in the house, she can get her money back); money is kept and	Yes – R 250.00 for all, when unemployed clients can't afford, they do house

		when a client leaves the money goes towards her "wish list"	chores as substitute; money is used for extra shelter costs, such as medical costs and volunteer stipends; clients with child support grants use that money to buy child necessities
Nr unemployed clients	5	4	4
Target population	Females from 18 and older, with their children where necessary (girls of all ages; only boys younger than 10)	Females from 18 and older, with their children where necessary (girls of all ages; only boys younger than 10)	Females from 18 and older, with their children where necessary (girls of all ages; only boys younger than 15), LGBTI on assessment and exception
Number of children	4	4	5
Annual target	112	36	52
Shelter security	Electric fencing, 24-hour neighbourhood patrol, name hidden	Fully walled, electric fencing, burglar bars on all windows, 24-hour armed response	Fully walled, electric fencing, burglar bars on all windows, 24-hour armed response

Staff compliment	11 staff (9 permanent & 2 fixed-term)	6 permanent staff and 25 volunteers	12 staff (5 permanent & 7 volunteers)
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Shelter nr:	4	5	6
Capacity	20 beds	Emergency & 1st stage = 70 beds; 2nd stage = 30 beds (over 10 houses)	20 beds
Referral agencies	DSD, social welfare services, Philippi court, SAPS, community members and walk-ins, hospital and clinic, other NGOs	SAPS, courts, DSD, Social Welfare services, Hospitals, Churches, walk-ins	SAPS, DSD, Hospitals, other NGOs
Admission criteria	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims of rape in a domestic relationship; victims who have been raped; victims who have been trafficked (not yet occurred); refugees	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims of rape in a domestic relationship; victims who have been raped; victims who have been trafficked	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped; pregnant victims; victims who have been trafficked (however security measures for the latter is insufficient)
Exclusion	Refugees are assessed for admission, must have Aslam papers, boys older than 15, substance abuse	Refugees (are linked with a refugee centre and/or Home Affairs), substance abuse	Human trafficking victims are assessed, as security measures are insufficient for these clients, substance abuse
Average stay	1st stage – 4months; 2nd stage – 3 months	1st stage – 4 to 5 months; 2nd stage – 6 to 12 months	3 to 6 months
Return policy for	No, all clients are allowed back	No, clients may return, but their stay	No, each case is however assessed and

clients	(root cause of problem is explored)	is shortened to 6 – 8 weeks	decided on by merit (such as why the client returned)
Own services on site	Counselling services, family integration and preservation, group work sessions, play therapy and psychosocial programmes for children, support groups, linkages to community, a client IDP, aftercare and tracking in 1 st stage	Counselling services, group work sessions, play therapy and psychosocial programmes for children, linkages to community, client IDP, educational programmes (ECD and aftercare), legal assistance and education, crèche services for children, medical services	Counselling services, RJ services, group work sessions, linkages to community, a client IDP, Educational programmes (ECD and aftercare), crèche services
Services through partners	Therapeutic services, medical services, legal assistance and education, educational programmes, substance abuse services, aftercare services	Family integration and preservation, RJ services, therapeutic programmes	Family integration and preservation, play therapy and psychosocial programmes, support groups, therapeutic programmes and services, legal assistance and education, substance abuse services, medical services
Service charges	No – clients are encouraged and helped to save for own homes	Yes, R 400.00 p/m (as of 01/04/2015) for 1 st stage shelter, and R 400.00 p/m for 2 nd stage shelter, with a deposit	Yes, based on a sliding scale; mothers who are working or receive a child support grant are responsible for their children and amenities
Nr unemployed clients	3	3	5
Target population	Females from 18 and older, with	Females from 18 and older, with their	Females from 18 and older, with their

	their children where necessary (girls of all ages; only boys younger than 15), listen to men (alleged perpetrator) and refer to Mosaic	children where necessary (girls of all ages; boys of all ages), LGBTI	children where necessary (girls of all ages; boys of all ages)
Number of children	4	4	5
Annual target	80	1376	128
Shelter security	Fully walled, electric fencing, security bars on all windows, 24-hour access control	Fully walled, electric fencing, security bars on all windows, cameras, 24-hour security and access control	Fully walled, security bars on all windows
Staff compliment	5 staff members and 1 relief staff member	20 staff members (19 permanent & 1 sessional)	6 staff members

Shelter nr:	7	8	9
Capacity	25 beds	55 beds	30 beds
Referral agencies	SAPS, DSD	SAPS, Social Services, DSD, walk-ins, court, hospital, NGOs	DSD, social welfare services/organisations, hospitals, SAPS
Admission criteria	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims; refugees and	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims; victims who have	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims

	victims who have been trafficked (based on an assessment regarding level of danger)	been trafficked	
Exclusion	Refugees and victims of trafficking in cases of severe danger and seriousness, boys older than 12, substance abuse	Refugees (has admitted before, but big language barriers and clients seldom want to stay), boys older than 12, substance abuse	Refugees, victims of human trafficking, boys older than 12, substance abuse
Average stay	3 months	3 months	3 to 6 months
Return policy for clients	Yes, client is allowed back approximately three times, based on an assessment	No, however clients are assessed before allowed to return	Yes, clients are not taken back into the shelter for a second time
Own services on site	Counselling services, group work sessions, play therapy and psychosocial programmes for children, linkages to community, a client IDP, educational programmes (ECD), support groups (as per new TPA)	Counselling services, family integration and preservation, RJ interventions, group work sessions, play therapy and psychosocial programmes for children, linkages to community, a client IDP, substance abuse services, crèche services	Counselling services, group work sessions, play therapy and psychosocial programmes for children, linkages to community, a client IDP, Educational programmes (ECD), crèche services,
Services through partners	Family integration and preservation, therapeutic programmes, substance abuse programmes, substance abuse services, medical services	Support groups, therapeutic programmes, legal assistance	Family integration and preservation, RJ services, support groups, therapeutic programmes, medical care, legal assistance, substance abuse services
Service charges	Yes, R 10.00 p/m for all clients (some sense of commitment); mothers who	Yes, R 3.00 per individual client p/m and R 5.00 per family at the shelter	Yes, clients who are employed pay R 50.00 per client and R 20.00 per child,

	receive child support grants are responsible for their children's amenities; money is used for fun activities or dessert over weekends	p/m, only clients who are employed	clients who are unemployed do extra house chores
Nr of unemployed clients	3	5	2
Target population	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 12)	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 12)	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 12), LGBTI
Number of children	4	5	4
Annual target	100	220	76
Shelter security	Fully walled, security bars on windows, 24-hour accessed control, cameras	Fully walled, electric fencing, cameras, 24-hour security and access control	Fully walled, electric fencing, 24-hour security and access control, security bars on windows
Staff compliment	7 staff members (6 permanent & 1 relief)	10 staff members	12 staff members

Shelter nr:	10	11
Capacity	20 beds	51 beds
Referral agencies	DSD, NGOs, SAPS	Hospitals, SAPS, DSD, social welfare organisations, NGOs, trauma centres
Admission criteria	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims, refugees, victims of human trafficking	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims, refugees (with the required documentation and involve abuse)
Exclusion	Boys older than 12 years, substance abuse	Victims of human trafficking (difficult and time consuming), boys older than 10, substance abuse
Average stay	1 to 3 months	1 st stage = 3 – 6 months 2 nd stage = 6 – 12 months
Return policy for clients	No, but each returning client is assessed	Yes, if a client relapses during the envisaged programme period she is allowed back; if a client completed the envisaged programme she is not allowed back
Own services on site	Counselling services, family integration and preservation, group work sessions, linkages to community, a client IDP, crèche services, after care and tracking	Counselling services, family integration and preservation, RJ interventions, group work sessions, play therapy and psychosocial services for children, linkages to community structures, a client IDP, educational programmes (ECD)
Services through partners	RJ services, educational programmes, legal assistance and education, substance abuse services	Therapeutic programmes, legal assistance and education, substance abuse services
Service charges	No, mothers who are working or receive a child support grant are responsible for their children and amenities	Yes, R 400.00 p/m for employed mothers (if they have a child an additional R 100.00 p/m); R 100.00 p/m for mothers receiving a child support grant (if they a child an additional R 60.00 p/m); unemployed clients

		complete house chores; money paid for children goes towards crèche costs
Nr of unemployed clients	3	3
Target population	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 12), LGBTI	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 10), LGBTI (based on assessment)
Number of children	4	4
Annual target	72	1 st stage = 172; 2 nd stage = 32
Shelter security	Fully walled, security bars on windows, 24 hour armed response	Fully walled, electric fencing, security bars on windows, 24 hour security and access control
Staff compliment	4 staff members	10 permanent staff members and 4 volunteers

Shelter nr:	12	13
Capacity	21 beds	1 st stage = 25 beds 2 nd stage = 4 bedrooms 3 rd stage = 4 bedrooms
Referral agencies	DSD, hospitals, walk-ins,	SAPS, walk-ins, hospitals, NGOs, DSD
Admission criteria	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims, refugees (as	Admit victims of physical, emotional, and sexual abuse; victims who are pregnant; victims who have been raped in a domestic relationship; pregnant victims, refugees, and

	a holding or container for further intervention, e.g. Home Affairs)	destitute women
Exclusion	Boys older than 10, substance abuse	Victims of human trafficking, children older than 5 years
Average stay	3 to 6 months	1 st stage = 3 – 6 months 2 nd stage = 6 – to 12 months (must be employed & sign a contract with shelter) 3 rd stage = 12 months (must be employed, pays rent & sign a lease with shelter)
Return policy for clients	No, however will only accept clients who are assessed and appropriate to return	No, returning clients are assessed and engaged with for appropriateness
Own services on site	Counselling services, family integration and preservation, RJ interventions, group work sessions, play therapy and psychosocial programmes for children, linkages to community structures, a client IDP, legal assistance and education	Counselling services, family integration and preservation, group work sessions, play therapy and psychosocial programmes for children, linkages to community structures, a client IDP, educational programmes (ECD), crèche services, tracking (though an annual family day for all existing and previous clients)
Services through partners	Therapeutic programmes, medical services, educational services, substance abuse services, crèche services, aftercare and tracking services	RJ interventions, therapeutic programmes, medical services, legal assistance and education, substance abuse services
Service charges	No, all money clients receive while being at the shelter is saved for exiting the shelter	1 st stage = Yes, R 100.00 p/m for employed clients, R120.00 per month for crèche service, clients who receive a child support grant or who are employed are responsible for their own children and amenities, unemployed clients do not pay; 2 nd stage = Yes, R 650.00 p/m rent

		3 rd stage = Yes, R 750.00 p/m rent
Nr of unemployed clients	4	4
Target population	Females from 18 and older, with their children where necessary (girls of all ages; boys younger than 10), LGBTI	Females from 18 and older, with their children where necessary (only children younger than 5 years)
Number of children	3	5
Annual target	103	84
Shelter security	Fully walled (except for front wall), security bars on windows, 24-hour access control, barbed wire on walls	Fully walled, 24-hour access control, security bars on windows, electric fencing
Staff compliment	17 staff members	12 staff members

6.2 SOCIO-DEMOGRAPHIC PROFILE OF SHELTER CLIENTS

More than half of the shelter clients who participated in the evaluation,(42 of the 65) were young adults (18 to 35 years of age). Of these clients, 17 clients were aged between 18 to 25 years and 25 clients were aged between 26 and 35 years, respectively.

TABLE 5: DEMOGRAPHIC CHARACTERISTICS OF THE SHELTER CLIENTS IN THE EVALUATION

Age	
18-25	17 clients
26-35	25 clients
36-45	20 clients
46-55	2 clients
56-66	1 client
Population group	
Black	16 clients
Coloured	44 clients
White	4 clients
Other	1 client (appeared Indian)
Gender	
Female	65 clients
Marital status	
Married	17 clients
Divorced	7 clients
Single	25 clients
Co-habiting with partner	14 clients
Separated	1 client

Widowed	1 client
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Children

One child	19 clients
More than one child	28 Clients
No children	18 clients

Regions	Number of clients	Relative proximity of client to the shelter?
Cape Peninsula	21 clients	Yes (21)
Winelands	5 clients	Yes (5)
West Coast	9 clients	Yes (9)
Breede River Valley	5 clients	Yes (3); No (2)
Overberg	6 clients	Yes (3); No (3)
Klein Karoo	14 clients	Yes (11); No (3)
Garden Route	2 clients	No (2)
Gauteng	1 clients	No (1)
Eastern Cape	2 clients	No (2)

Employment status

Permanent employment	3 clients
Contract employment– salary	5 clients
Char job – daily pay	2 clients
Unemployed – SASSA grant	31 clients
Unemployed – no income	
Volunteer – stipend	17 clients
Volunteer – no income	
Other	3 clients

1 client

3 clients

n = 65

The majority, 44, of the shelter clients were Coloured and just over a ¼ (16) were Black.

Just more than a third of the clients (25 clients, which translates to 39%) were not in a relationship at the time of the evaluation. In addition, just under half (31) were in an established relationship with their partners, and 17 and 14 respectively were either married or co-habiting with their partners.

Of the 47 clients who had children, 19 indicated that they only have one child (and the child that stays with the client in the shelter). The remaining 28 of these clients indicated that they have more than one child, however only one child was staying with the client in the shelter. As such in those clients' cases, a mother and her children, as well as their siblings, are separated.

Most clients came from the Western Cape Province and subsequent towns in the province, including Cape Metro, Winelands, West Coast and the Breede River Valley. In addition, there were also clients from other provinces, specifically the Eastern Cape and Gauteng. Table 5 above depicts the regions where clients are originally from. The implication from the data in Table 5 above, in respect of establishing additional shelters, is discussed in the needs assessment section of this report.

48 of the 65 clients were unemployed, of which 31 received a child support grant or an old age grant. The remaining 17 unemployed clients had no source of income. In addition, 8 of the clients were employed and received a salary. Three of the employed clients were permanently employed and five were employed on a fixed-term contract. Eight of the 65 clients were working for a fixed, once-off amount, in the shelters as and when an opportunity was available.

This is an interesting finding and indicates that there might be untapped opportunities for shelters and their partner network to find suitable staff among their clients, potentially having a compound positive effect for them.

7. EVALUATION RESULTS AND DISCUSSION

The evaluation and discussion section of this report provides the reader with the data and subsequent discussions on the key evaluation outcomes. These included: 1) the need for shelter services in the Western Cape; b) the nature of services offered at the shelters in the Western Cape; c) the referral pathway to and from shelters; d) the relevance and appropriateness of shelter services provided; the effectiveness of services offered by the shelters; and e) a best-practice model for service delivery at shelters in the Western Cape.

7.1 THE NEED FOR SHELTERS IN THE WESTERN CAPE

Evaluating the need for additional shelters in the Western Cape was a key objective of this project. However, in view of the unavailability of data regarding intake trends as envisaged in the Terms of Reference of the project and related social data, the analysis could not be completed. Recommendations regarding the establishment of additional shelters can therefore not be made. This section consequently focuses on describing the current location of shelters funded by the DSD in the Western Cape and comments on the data sources that could assist with an evaluation of this nature.

The DSD's VEP Programme currently funds 13 shelters in the province as outlined in Table 6 below. The VEP funds according to the National VEP Policy which states that a client can stay for a period of 3 months. This is regarded as 1st stage shelter accommodation. The policy also provides for 2nd stage shelter accommodation for a minimum period of 6 months. However, currently 2nd stage accommodation is funded at only one shelter. This information is not presented in the table below.

TABLE 6: OVERVIEW OF DSD FUNDED BEDS IN SHELTERS PER DISTRICT MUNICIPALITY, 2013/14

District Municipality	Number of Shelters	Number of beds currently funded⁹ by the VEP Programme Per Quarter
West Coast	1	20
Cape Winelands	3	43
Overberg	0	0
Eden	2	50
Central Karoo	0	0
CoCT	7	224
Province	13	337

In determining the need for additional shelters in the Western Cape, the following factors should be considered:

- The existence of shelters that are currently not funded by the DSD.
- The lack of information regarding the number, location and capacity of these shelters.
- Cross-border (provincial, national and international) utilisation of shelters, typically to ensure the safety of beneficiaries.
- The lack of information regarding current admission and referral trends.
- Limited information regarding the profile of victims of crime and violence who are admitted to shelters and the reasons for their admission.

⁹ Stage One Accommodation.

In view of the above, the discussion below in respect of current shelter provisioning is approached with caution. At a provincial level, it is evident that the Western Cape has a skewed distribution of DSD funded shelters. Some District Municipalities such as the Overberg and Central Karoo do not have any DSD funded shelters, while others such as the West Coast have only one in the south western part of the municipality and none in other parts. In terms of District Municipalities and the City of Cape Town, the following should be noted:

7.1.1 West Coast District Municipality

The West Coast District Municipality corresponds with the DSD West Coast Region. In 2014, the Region had one DSD funded shelter with 20 beds. The current location of the West Coast's only DSD funded shelter in Vredenburg could be inaccessible for many residents of the area. However, the existence of shelters that are currently not funded by the DSD should be considered before any recommendations regarding the establishment of additional shelters can be made.

Social trends that highlight the need for shelters in the area include previous research by the Department's Research Unit regarding domestic violence in the Western Cape. This analysis indicated a disturbing increase in the number of reported cases of domestic violence in the Vredendal and Vredenburg police clusters in the period 2007 to 2010. During this period, reported cases of domestic violence increased by 26% in the Vredendal Cluster and in the Vredenburg Cluster by 41%.

7.1.2 Cape Winelands District Municipality

The Cape Winelands District Municipality falls within the DSD Winelands/Overberg Region. There are 3 DSD funded shelters in this Region, with 43 funded bed spaces quarterly.

The rate of domestic violence cases in the Winelands/Overberg Region supports the need for shelters. As reported in DSD (2013); the SAPS Worcester Cluster (4,035 cases) and the SAPS Paarl Cluster (2,924 cases), had the second and third highest number of reported cases for the period 2007-2010 respectively outside of the Metro.

7.1.3 Overberg District Municipality

The Overberg District Municipality falls within the DSD Winelands/Overberg Region. In 2014/15, there were no DSD funded shelters in the Overberg Municipality.

7.1.4 Eden District Municipality

There are currently 2 DSD shelters in this District Municipality, with 50 beds that are funded quarterly. The District Municipality covers a large geographic area. The geographical location of the area's two DSD funded shelters in the central southern area could create access challenges for potential beneficiaries of this service. However, the existence of shelters that are currently not funded by the DSD should be considered before any recommendations regarding the establishment of additional shelters can be made.

7.1.5 Central Karoo District Municipality

The Central Karoo District Municipality had an estimated population size of 73,019 people in 2014. There are currently no DSD funded shelters in this area. The District Municipality falls within the Department's Eden Karoo Region.

7.1.6 City of Cape Town

In 2014/15, the City of Cape Town had had 7 DSD funded shelters with 224 beds funded on a quarterly basis. In terms of the geographical location of the shelters, it should be noted that most of the DSD funded shelters are located in the Metro South Region, creating access challenges for potential beneficiaries of the service who reside elsewhere in the City of Cape Town.

Trends in domestic violence in the Metro Region support the need for shelters. During 2010, a total of 13,972 cases of domestic violence were reported in the SAPS clusters that are in the City of Cape Town. Previous research regarding domestic violence identified the Khayelitsha SAPS Cluster as having one of the highest number of reported cases for the period 2007-2010. For example, in 2010, 2,139 cases of domestic violence were reported to SAPS in Khayelitsha. However, Khayelitsha has one DSD funded shelter with 21 DSD funded beds on a quarterly basis.

In conclusion, it appears if the Western Cape currently does not have adequate DSD funded shelters. Both the geographical location of funded DSD shelters and social trends such as reported cases of domestic violence, highlight the need for expanding shelter

services in the province. However, in view of the lack of reliable information regarding the location and capacity of shelters currently not funded by the DSD, it is not clear whether additional shelters should be established, as the extent to which shelters not funded by the DSD, is meeting the need for shelter accommodation, is not known. In addition, an in-depth analysis of admission trends at shelters to determine the need for the service, cross-boundary referral and admission trends as well as the profile of clients, will assist in evaluating the need for shelters in the province.

7.2 THE NATURE OF SERVICES OFFERED AT WESTERN CAPE SHELTERS

“I have been in this shelter for longer than a year. I could not move home as the circumstances there were not conducive and safe. When I reached the maximum time period of three months in this shelter, I was moved to another shelter. My experience at the other shelter was not good and after two months I requested to go back to the first shelter.”

Client X is between 36 and 45 years old. She is divorced and has 4 children of whom 2 are staying with her at the shelter. She has been staying at the shelter for more than 12 months.

7.2.1 Clients in the evaluation had spent on average three or less months at the shelter

The majority of the clients were (at the time of the evaluation) living at the shelter for a period of three or fewer months, as 44 indicated accordingly¹⁰. Less than a third of the clients (18 of the 65) had been living at the shelter for longer than three months, but less than one year. In addition, three of the clients have been living at the shelter for more than a year.

¹⁰ Shelter staff reported that the average duration of stay of all their clients over the past 12 months was between 0 - 6 months. At the time of this evaluation, the 65 clients interviewed had been at the shelter for three or less months.

7.2.2 Basic shelter services for clients are more accessible than critical, specialised services

The feedback from the shelter staff highlighted that services such as counselling services, group work sessions, play therapy for children, linkages to community structures, client Independent Development Plans (IDPs) and educational programmes for children are offered relatively consistently across all 13 shelters. However, more than half of the shelter managers indicated that a variety of crucial services are not offered. These services include family integration and preservation, restorative justice interventions, support groups, intensive therapeutic interventions, legal assistance and education, substance abuse services, crèche services and aftercare and tracking (follow-up) services once a client leaves the shelter.

In addition, clients' feedback on their experiences of accessible services on offer depicted that the common services that were offered at, at least half or more of the shelters included counselling services, group work sessions, support groups, links to community services and crèche services. Services that were offered at less than half (and in some cases less than a third) of the shelters, included play therapy or psychosocial support for children, medical or health services, specialised therapeutic services, education programmes for the client and/or the child, legal assistance, substance abuse services, crime prevention programmes, skills development programmes and support for exiting the shelter.

In comparing and triangulating the responses of the shelter staff and the clients, in respect of the services available and accessible at the shelter, the basic services corresponded in the two sets of information (even in somewhat different proportions), such as basic amenities, individual counselling and group work services (including client IDPs) and some level of child care services (such as play therapy, crèche services and educational programmes [ECD]).

In addition, the above feedback highlighted the lack of critical and necessary services, but also the services which are vital to achieving long-term success. These services are hinted at in the shelter TPAs with WC DSD or assumed to be forming part of the services required by the Department, but appear to not be readily available or accessible to clients (for whatever legitimate or illegitimate reason). These services included family and community integration and preservation services, psychosocial services, skills development (personal and life skills, but more importantly vocational and employability skills), substance abuse services and exit strategies and assistance.

The findings above are supported by a study conducted in 2013 on three Western Cape shelters for women and children who were victims of crime or violence (Bhana, Lopes, & Massawe, 2013). In their study, the general services offered and available at the three evaluated shelters included:

- Shorter-term shelter and care for women their children;
- Crèche and educare services for children, including counselling and therapy to the traumatised children in the shelter;
- Individual counselling and group work for the women; and
- Spiritual input and guidance.

In addition, Bhana et al. (2013) highlighted the services that were equally important but not as easily accessible at the shelters. These included:

- Specialised health services;
- Psycho-social services; and
- Legal services (that go beyond protection orders and maintenance orders).

It should be noted, however, that almost all 13 shelters indicated the critical services lacking on-site at the shelters were offered as far as possible through referrals to outside organisations to provide these services as required. The accuracy and/or effectiveness of these referral procedures can however be questioned, as shelter clients reported no access to these services; neither at the shelter, nor outside the shelter. The shelter staff and managers in most instances additionally highlighted the challenge of referring clients to external services as such external services do not necessarily take responsibility for the clients and regard them as the clients of the shelter. As such, the external services were regarded by the shelter staff as incomplete and not followed through by the external partners (as noted in section 6.1 earlier).

When considering the responsibility stipulated by the National Strategy for Shelters 2013 to 2018 (depicted earlier in Figure1) given to DSD and shelters to provide clients with basic needs (such as accommodation and food), protection services (such as safety and security) and support services (such as counselling and therapy) are provided to clients. However, advanced and specialised services

stipulated by the Shelters Strategy appear to be lacking at the shelters, such as life skills development (including empowerment with information and knowledge, specialised psychosocial services) and vocational skills (including employability and entrepreneurship skills).

7.2.3 Basic services for children are more accessible than critical, specialised services

The services commonly available for children included trauma and psychosocial counselling, crèche and aftercare services. The 12 clients, who indicated an overnight service for children was available, specifically referred to services where a homeless child stayed over at the shelter for one night, in cases of emergency and was placed in alternative care the following day. Family integration and preservation support, play therapy and educational programmes were not readily available at most of the shelters. These services are critical in the healing process of these children, which without, these children will likely end up as either another abuser or another victim of abuse, or even both (ICRW, 2012). Evidence shows that when children are exposed to violence they learn that it is 'normal' and that conflict is resolved through the use of violence (ICRW, 2012). This subsequently also may increase recidivism levels and a continuation of the cycle of violence and abuse.

7.2.4 No standardised daily shelter programmes are offered

It was found that the 13 shelters operated quite differently during the day and clients' daily activities varied between doing shelter chores throughout the day, looking after their own and other clients' children, full time study while at the shelter, full-time work while at the shelter and participation in daily, structured sessions focusing on personal development.

The overall illustration of clients' daily routines was supported by some of the claims made regarding services and programmes (or the lack thereof) available at the shelters. At only three of the 13 shelters daily structured programmes were reported, which included a combination of chores, skills development, counselling and personal time. At the remaining ten shelters where no structured daily programmes were reported, shelter managers explained that there was a lack of resources to implement such programmes. These included the lack of a dedicated skills development facilitator, programme materials and manuals for development programmes and

the limited time of the shelter social workers to offer such programmes, as the majority of their time is dedicated to individual client counselling and development.

From the clients' descriptions of their daily routines (except for the working and studying clients) it seemed that the majority of clients interviewed for the evaluation, were allowed to structure their days the way they wanted and preferred, as well given the freedom to attend counselling and/or development programmes when they wanted to and on their terms.

Even though clients should be actively involved in the development of their IDPs and inform their pathways to healing at the shelters based on their individual needs, authors such as De Las Fuentes and Wright (1991) note that victims of abuse and violence can be helped to lessen the adverse impact that such acts have on their lives through structured emotional support and personal development, which serve to enhance the recovery and healing process. An example of this includes group clinicians and therapists utilising structured group techniques and interventions for helping women recover from personal tragedy, such as group processing and discussion of personal feelings and reactions (De Las Fuentes & Wright, 1991).

As such, the lack of standardised and structured daily shelter programmes may hinder the successful healing and empowerment of clients at these shelters.

7.3 THE REFERRAL PATHWAY TO AND FROM SHELTERS

The International Centre for Research on Women (ICRW) (2012) highlights the importance of probing and understanding the *pathways* to violence perpetration and victimisation, in order to respond to and prevent crime and violence in communities, but also the intergenerational transmission thereof. Research on pathways involves a detailed approach of looking at life-history events and turning points of an individual, as well as exploring the relationships between those events and subsequent events (such as domestic violence and abuse) (Artz, Hoffman-Wanderer, & Moulton, 2012).

For the purpose of this study, the evaluation did not require an extensive examination of the clients' pathways to victimisation (as far back as their life-history). However, an evaluation objective was to understand the pathways of the clients to the shelter services.

"My pathway to the shelter was not an easy one, but definitely important to save my life. This is the second time I am in a shelter. 15 years ago I was in another shelter after an abusive relationship with my boyfriend. I broke up with him and moved in with my step-parents after leaving the shelter. My brother and stepfather abused me for years thereafter. Last year my son wanted to commit suicide, because his uncle was abusing him also. We told the doctor at the day hospital and she referred me to the sister at the mental health clinic. The sister asked me questions and then referred me to the shelter."

Client Y has been in 2nd shelter accommodation for the past four months. She and her sons (aged 11 and 14) were physically and emotionally abused by her brother and stepfather. She lives with her sons in the shelter on weekends and during the week, they live with her mother. The client is unemployed, living from a SASSA grant and between 36 and 45 years old.

7.3.1 Abuse is often perpetrated by an intimate partner

A large majority of clients (41) were at the shelter due to abuse and victimisation by a husband, partner, or spouse and eight clients did not know the person who abused them (five of these were living in the shelter because they were homeless and were abused by strangers). 16 clients indicated 'other'; upon further inquiry, it

was found that the majority of these individuals were in an interpersonal or domestic relationship, which led to abuse. These included family members, parents, siblings, children and step-family.

"I was the sole provider at home and my partner did not want to work. He was very abusive. My five children were removed, as my partner also emotionally and verbally abused the children. After a year, they were placed back in my care. This was when I moved to Cape Town, from the Eastern Cape. Originally, I stayed with my eldest daughter and paternal family in Athlone, but I wanted to stay with all five of my children and I couldn't do that alone. I came to the shelter."

"A dispute and physical fight with my mother led me to being homeless and I went to stay with a boyfriend. He was very abusive to me; I broke up with him before realising I was pregnant by him."

This finding is unfortunately not surprising: according to WC DSD (2013), Abrahams, Matthews, Martin, Lombard and Jewkes, concur that the perpetrator is in most cases a person the victim has an intimate relationship with. Abrahams's research found that intimate partner violence was the leading cause of death of female homicide victims in 2009 (this is the case for 56% of female homicide cases recorded in that year) (WC DSD, 2013).

7.3.2 Abuse is often in the form of a combination of physical and emotional abuse

The SAPS (2014) provides the following operational definitions for the various types of abuse that can be regarded as domestic violence:

- Sexual abuse (whether you are married to the other person or not);
- Physical abuse or assault (for example, slapping, biting, kicking and threats of physical violence);
- Damage to property or anything you value;
- Stalking (when the other person follows or approaches you or your children repeatedly);

- Economic abuse, (that is, when the other person keeps money to which you are legally entitled from you in an unreasonable manner by - refusing to pay or share the rent or mortgage bond for the home you share; or disposing of any property (household goods) in which you have interest without your permission);
- Emotional abuse (that is, degrading or humiliating behaviour, including repeated insults, belittling, cursing and threats); and
- Any other controlling or abusive behaviour which poses a threat to your safety, health or well-being.

In this evaluation, four main types of abuse were found, namely physical abuse (which included instances of sexual abuse), emotional abuse (which included verbal abuse), damage to property and theft of belongings (including theft of money).

In numerous cases, clients experienced a combination of at least two types of abuse. The most common forms of combined abuse experienced included emotional and physical abuse (40 clients).

“My mother remarried and she had other kids. She never treated me the same as my sister and brother. It was like my mom was ashamed of me. She was emotionally and verbally abusive. In the end, we started fighting physically also. I grew up with my Granny.”

7.3.3 Victims often leave their current accommodation or report the abuse at SAPS as a first step after a domestic violence incident

37 of the 65 clients moved out of their current place of stay and 27 clients laid a charge at the SAPS. In addition, 22 of the clients obtained a protection order from a court.

“I laid a charge and was referred to the court to get a protection order, which I did. I felt much safer thereafter.”

Statements were taken of 56 clients and the rights of a victim were explained to 41 of the clients. This may appear as a relatively good indication of service delivery by relevant role-players, however the nature of these cases and severity of distress in which these clients may have approached the specific role-player, demand a sensitive and truthful approach; an approach where the client feels safe and secure.

"I went to SAPS many times but they could not help me. The lady said it was not a major case and that they couldn't help me."

The importance of collaboration with SAPS in the prevention of domestic violence is critical, with specific reference to the implementation of domestic violence legislation in South Africa. WC DSD (2013) reported similar shortcomings in the lack of collaboration between SAPS and other relevant role-players and highlighted the value therein will be to make victims aware of the services available to help them and not fear further victimisation.

However, the data collected from the three SAPS VEP coordinators indicated an increased focus by SAPS on domestic violence to specifically improve quality services provided to victims of crime and violence. It was reported at the three SAPS VEP rooms included in this evaluation that standardised VEP services and VEP rooms at police stations countrywide were currently being rolled out. The standardised practices are including community involvement and collaboration with local organisations that similarly work with victims of crime.

7.3.4 Shelters follow the required referral procedures

It was found that all 13 shelters completed a client log register, an intake form and an assessment form. In addition, at all 13 shelters an IDP is compiled for every client. The content of these forms, as described by the shelter managers and social workers, appeared sufficient with regard to critical information to record every client assessed, admittance of clients to the shelters, monitoring client progress during their stay at the shelter, as well as keeping an accurate record of the clients that come through the shelter doors. In addition, these documents correspond with the required documents stipulated in the TPAs between the shelters and WC DSD.

In conclusion, the referral process was relatively consistent across all 13 shelters, as well as in line with the requirements stipulated in the TPAs between the shelters and the Department. The general referral process followed by the 13 shelters is depicted in Figure 4 below.

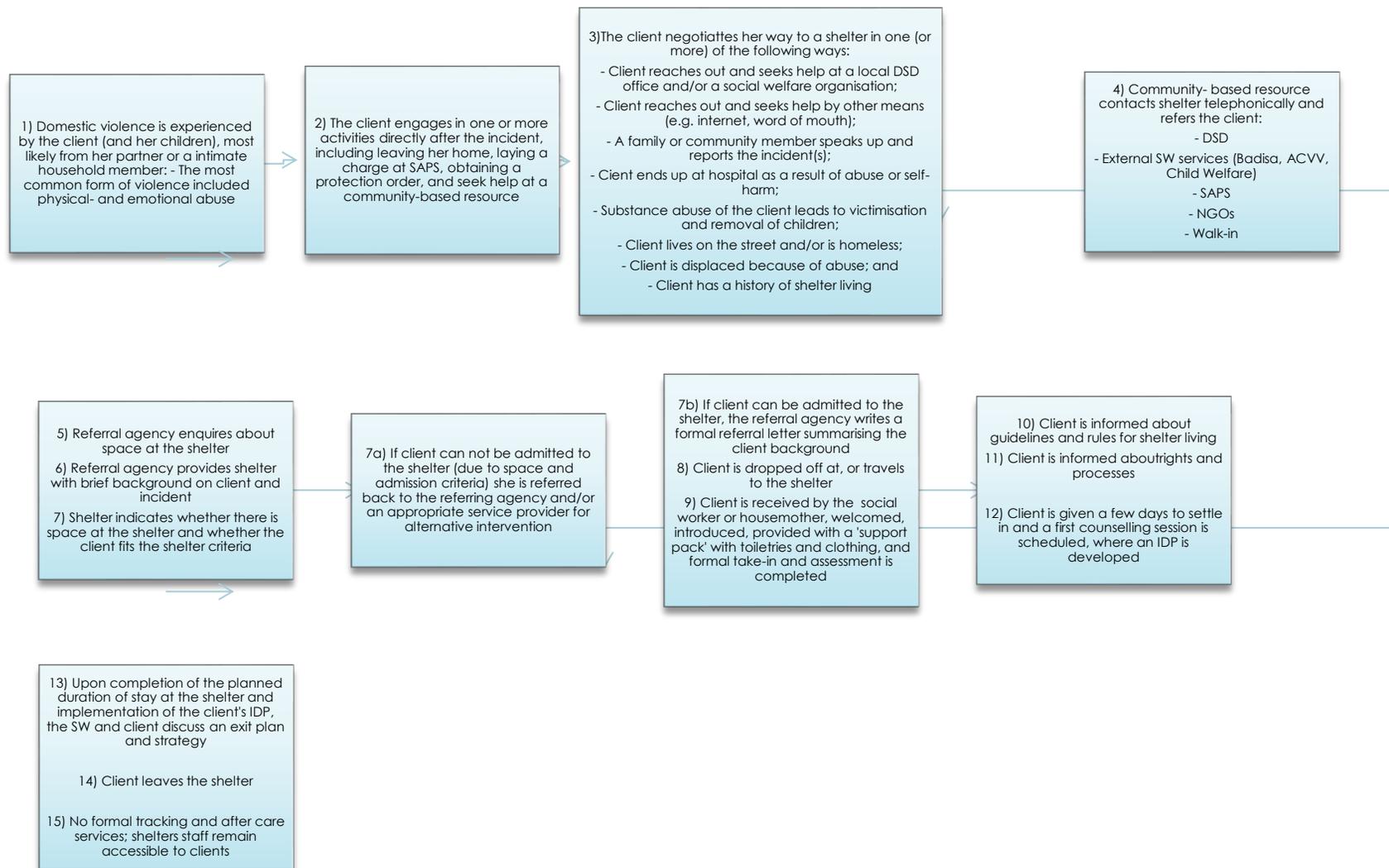


FIGURE 4: SHELTER REFERRAL PROCESS

7.4 THE RELEVANCE AND APPROPRIATENESS OF EXISTING SERVICES

7.4.1 The relevance and appropriateness of shelter services are changing and require redevelopment

An understanding of the relevance and appropriateness of the current services available in the day to day running of the 13 shelters were obtained through asking the 65 clients and 25 shelter staff to describe the services most commonly available at the shelter and the services they think are similar or more relevant and appropriate, but not offered at the shelter. The findings thereof were aggregated per shelter in order to provide the reader with shelter level feedback. Table 8 below depicts the two lists of services, as well as the number of participants (from the 90 participants who responded to the question) who cited these services.

TABLE 6: PARTICIPANTS' INDICATION OF INCREASINGLY RELEVANT AND APPROPRIATE SERVICES

Shelter services considered most relevant and appropriate	Number of respondents
Counselling services	70
Group work sessions	45
Basic psychosocial development for clients and their children	46
Linkages to community structures	56
Client IDPs	90
0 – 6 month empowerment intervention	64

Shelter services considered increasingly more relevant and appropriate	Number of respondents
Additional and specialised psychosocial and mental well-being services	81
Substance abuse services	90
Healing and restoration-based, therapeutic group sessions	83
External and structured support groups	79
Therapeutic group services for perpetrators aimed at breaking the cycle of violence	61
Accredited educational and skills development programmes	90
Life skills: parenting, financial management, work ethics and job-readiness, communication, non-violent conflict resolution, problem solving	90
Educational development services for children	67
Family integration and preservation	83

Intensive couples counselling	58
Realistic client exit and reintegration plan	90
Longer-term and multiple stages of empowerment intervention	90
Meaningful work opportunities	90
Feasible accommodation for independent living	90

n = 90

The findings above depict that services currently offered at the shelters are relevant and appropriate, as these services were indicated as such by between five and 13 of the shelters. In addition, the majority of participants who answered this question indicated that more specialised programmes, such as those listed above, are additionally relevant and appropriate to achieve the desired objectives of the shelters (including the empowerment of the victims).

A study conducted by Bhana, Vetten, Bakhunga and Massawe (2012) depicted similar findings regarding the relevance and appropriateness of services currently delivered at shelters and the evolving needs of shelters and their clients, due to the evolving nature and extent of crime, violence, psychosocial and socio-economic challenges in communities. Bhana et al. (2012) noted that shelters are limited to the services they are able to offer to women and their children and these services in general include the minimum services considered relevant and appropriate to the clients. However, Bhana et al. write that, although trying their best with limited funding, shelters do not meet all the increasingly relevant, appropriate and legitimate needs of the women and children in their care. Raditloaneng (2013) similarly highlights and describes the changing nature of domestic violence that subsequently has an influence on the relevance and appropriateness of services offered to victims of GBV. Raditloaneng (2013, p 070) writes:

“Gender-based domestic violence has changed from socio-culturally condoned ant-hill type behaviours and festered like an ulcer to become fatal and a predisposition of women (as a disadvantaged group) to HIV, AIDS, severe mental illness and ultimately, death from murder, AIDS and AIDS opportunistic infections.”

It is important to highlight the difference between the two terms *counselling services* and *specialised therapeutic programmes*. These are often used interchangeably as they have similar meanings and there is considerable overlap. However, there are also some important distinctions. Eder (2015) notes that counselling refers to a series of conversations between a counsellor and client. Counselling usually focuses on a specific problem and taking the steps to

address or solve it. Problems are discussed in the present-tense, without too much attention on the role of past experiences. In contrast, more specialised therapy (or psychotherapy) is also based on a healing relationship between a health care provider and client and also takes place over a series of meetings, but often has a longer duration than counselling. Some people participate in therapy on and off over several years. In addition, such therapy explores the past and its impact on the present (Eder, 2015).

The overall conclusion of the relevance and appropriateness of the shelter services provided to women and children victims of crime and violence through the 13 WC DSD funded shelters was two-fold. Firstly, the current services provided to shelter clients across all 13 shelters appear to be relevant and appropriate with regard to the basic needs identified by the clients and the surrounding communities, as well as the services to address the zero – six months envisaged changes of shelter clients. These included counselling services and child care and protection. The period of stay at the shelters (on average zero to six months) was however found to be inappropriate for clients to internalise and own the development initiated by the counselling, group work and IDPs of the clients.

Secondly, the services that shelters are able to offer were found to be less relevant or appropriate to the advanced development and empowerment of shelter clients, based on the changing and more condemning nature of social challenges faced by clients and communities. These services included specialised adult and child therapeutic programmes, substance abuse services, job readiness, employability and work opportunities. Without these progressive relevant and appropriate services the impact and change achieved with the clients would be short-term, unsustainable and result in repeat victimisation and a repeat need for shelter services. Authors, such as Babbel (2011) and Evans (2007), agree with the challenges in achieving long-term and sustainable changes in victims of domestic violence and highlight the importance of specialised and a variety of services to do so. Evans (2007), notes that DV occurs on a *continuum* and has a lingering impact long beyond the point of separation and/or divorce. This continuum can be complex and far-reaching and has the potential to create ongoing issues such as finances, employment, overall health, effective parenting, inter-familial relationships and the need for ongoing support services. Babbel (2011) specifically emphasises the psychological and emotional long-term effects of DV and the specialised, long-term services that must be provided to achieve sustainable healing. These effects included PTSD from abuse, characterised by symptoms such as flashbacks, intrusive imagery, nightmares, anxiety, emotional numbing, insomnia, hyper-vigilance and avoidance of traumatic triggers.

7.4.2 The basic required support and needs of clients are met

Approximately three out of four clients (48 of the 65) receive the support they need at the shelter. A large number of clients supported their answer by listing which of their needs were being met and subsequently which they felt were the most valuable to them. These listed needs were in line with the basic human needs as defined on the first and second levels of Maslow's hierarchy of needs, which includes physiological needs (such as food, water, warmth and rest), as well as safety needs (such as security and safety). Figure 5 below depicts Maslow's hierarchy of needs.

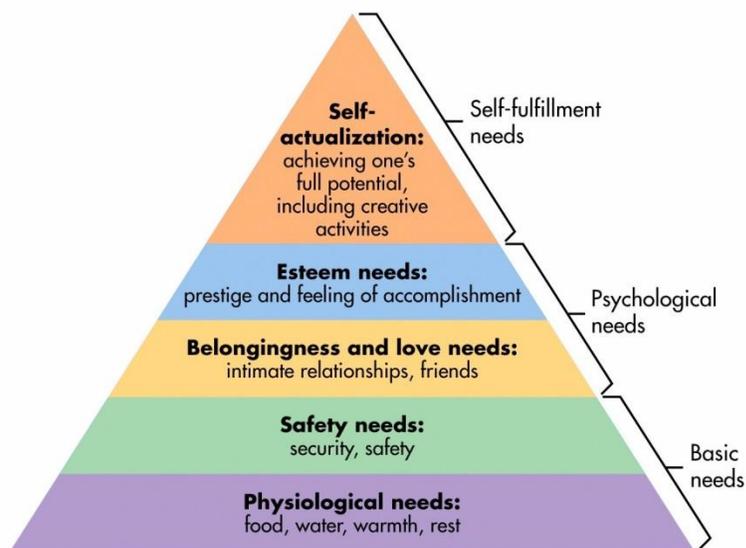


FIGURE 5: MASLOW'S HIERARCHY OF NEEDS

Secondly, other clients identified needs relating to those on the third level of Maslow's hierarchy, as the most value they got from the shelter. This level of needs is associated with psychological needs, specifically needs relating to belonging and love (such as intimate relationships and friends).

"The shelter helped to get my ID and apply for a SASSA grant, I have a place to wash and clean my clothes and a safe place to stay."

"The Shelter feels like a family. The house mothers feel like my own mothers. We have a good bond and talk about anything."

It can be concluded from the descriptions of most valued support that the clients indicated they received from the shelters, were needs met on levels one to three of Maslow's hierarchy of

needs. This in principle is not a negative finding and is an indicator of good performance and services provided by the 13 shelters evaluated.

7.4.3 The higher level support and needs of clients are not met

The critical support required to empower clients to live independently once they leave a shelter appeared to be lacking. These needs are on levels four and five of Maslow's hierarchy of needs. Levels four and five of Maslow's hierarchy of needs (as depicted in Figure 7 above) include esteem needs (such as prestige and feelings of accomplishment) and self-fulfilment needs (such as self-actualisation, achieving one's full potential, including creative activities).

The shelter managers and social workers at all 13 shelters (100%) concurred by noting there is additional support and services they believe their clients need, which they do not offer or provide to their clients. The challenges listed by the shelter managers for the inability to provide these services and support to their clients included limited funding, limited human and monetary resources and a lack of appropriately trained and experienced staff. Bhana, Lopes and Massawe (2013) concur with these findings, as they highlighted financial constraints and the lack of trained, experienced and specialised staff as challenges in quality service delivery at shelters for women who have been abused.

The need for effective and specialised medical and psychological services is emphasised in a study conducted by Development Research Africa and the Council for Scientific and Industrial Research (DRA & CSIR, 2008). In that study, it was found that the consequences of GBV were mostly physical. The average victim required medical attention at least twice. In addition, 35% reported that they had permanent physical injuries, 10% reported that they had contracted HIV or other sexually transmitted diseases and approximately 12% reported a negative impact on their child-bearing abilities, including infertility, unwanted pregnancies, abortions and miscarriages. The victims of domestic violence interviewed were severely traumatised. Commonly reported physical symptoms of this trauma included chronic anxiety, depression and fear, chronic headaches, sleep disorders, overwhelming anger and eating disorders (DRI & CSIR, 2008).

The quarter of clients that indicated their needs were not met or only met to some extent (17 of the 65 clients), indicated their emotional needs (7), their need to develop self-esteem (9) and their need to empower themselves to deal with violence (10), were not met. Most of these unmet

needs are (as per discussion above) on levels three and four of Maslow's hierarchy of needs. This thus corresponds to the earlier conclusion made that the majority of needs met and support provided at the shelters are needs in levels one to three of Maslow's hierarchy. Those that are experienced by the shelter clients as unmet and not provided are the critical needs identified on levels three and four of Maslow's hierarchy of needs.

These higher level needs are however stipulated in the TPAs between WC DSD and shelters as required services to be delivered, as well as in the National Shelter Strategy 2013 – 2018 and should subsequently be revisited and increasingly offered at the WC DSD funded shelters.

7.5 EFFECTIVENESS OF SERVICES PROVIDED AT SHELTERS IN TERMS OF THE MINIMUM STANDARDS

7.5.1 Awareness and positive strides towards Minimum Standards implementation

The majority of shelter staff were aware of (23 of the 25 staff interviewed) and trained on (21 of the 25 staff interviewed) the Minimum Standards for Service Delivery in Victim Empowerment required by the national DSD. Most staff concurred they attended training on the Minimum Standards provided by either the National Institute Community Development and Management (NICDAM) or the United Nations Office on Drugs and Crime (UNODC).

During the fieldwork visits to the 13 shelters, it was observed that minimum standards such as quality engagement and admission, adequate safety and security, sufficient complaint procedures, as well as client-centred IDPs were adhered to.

Shelter staff was asked to provide examples of applying the Minimum Standards for Services Delivery in Victim Empowerment daily at the shelter. Their examples included:

"The individual's basic rights are ensured."

"Encourage self-determination (take responsibility in own development)."

"Keep client information and counselling sessions confidential."

The way a programme is implemented as designed and prescribed (e.g. by policies and minimum standards) is referred to as 'implementation fidelity' (Cordray, 2007). Dane and Schneider (1998, as cited by Cordray, 2007) identify five aspects of implementation fidelity, namely:

- Adherence – programme components are delivered as prescribed;
- Exposure – amount of programme content received by participants;
- Quality of the delivery – theory-based ideal in terms of processes and content;
- Participant responsiveness – engagement of the participants; and
- Programme differentiation – unique features of the intervention are distinguishable from other programmes.

When considering Corday's (2007) five elements of programme implementation fidelity, it can be concluded that a) shelters adhere to the delivery of programme components as prescribed in the Minimum Standards and b) there is adequate programme differentiation in the shelters, that is; unique features of the shelter interventions that distinguish it from other programmes. However, the other three elements of implementation fidelity, namely:

- Exposure: amount of programme per shelter and per client content received by clients, as was seen earlier in the daily routines and programmes attended by clients;
- Quality of the delivery: theory-based ideal in terms of processes and content, as not all shelters offer evidence-based or theory-driven empowerment programmes; and
- Participant responsiveness: engagement of the clients in the shelter programmes available both on-site and off-site, were found to be less efficiently applied and can be improved upon.

It is important to note that an extensive fidelity of programme implementation as stipulated by the Minimum Standards was not conducted for this project; instead, a general understanding of this was obtained to add value to the evaluation of the shelter services.

7.5.2 Minimum Standards at shelters are rolled-out progressively

Table 8 below depicts the comparison between the minimum standards required and the observations made on these requirements during the shelter visits.

The first four listed standards were observed to be in line with the relevant minimum standard, across all 13 shelters. These four included engagement and admission, safety and security, complaints procedures and Individual Development Plans.

The following two standards, namely rights of victims of DV and physical environment, were found to be present and appropriate, but not necessarily efficiently applied. Finally, the bottom three listed standards were found to be lacking and not effectively implemented at most of the shelters. These three standards included health care, client care plans and disengagement.

In general, it appeared that all 13 shelters are striving towards and progressively managing to implement the minimum standards with fidelity, as far as they can (given their lack of human- and financial resources). It is however important to continuously monitor and evaluate the implementation of the Minimum Standards at all 13 shelters, as well as increase capacity and resources of shelters to ensure all Minimum Standards required are adhered to and effectively implemented at WC DSD funded shelters.

TABLE 7: MINIMUM STANDARDS IMPLEMENTATION KEY FINDINGS

FOUR STANDARDS THAT APPEARED PRESENT AND EFFECTIVELY APPLIED

Engagement and Admission:

- There were at all 13 shelters relevant procedures; clients were assessed timeously and appropriately; there were standardised intake documentation; there was DV-cases procedures; and there were lists of contact- and emergency details available.



Safety and Security:

- There were safety and security procedures at all 13 shelters.



Complaints:

- There was a procedure for dealing with complaints at all 13 shelters; and clients were aware of the procedure.



Individual Development Plan (IDP):

- At all 13 shelters, each client had an IDP with: types of services/programmes, interventions and related co-ordination; individual development goals; strengths, interests and wishes; family strengths; length of participation in the programmes; follow-up services; and documentation of input from the victims' family and others (where relevant).



TWO STANDARDS THAT APPEARED PRESENT BUT LESS EFFECTIVELY APPLIED

Rights of victims of DV:

- Shelter staff were knowledgeable of rights and responsibilities of DV victims; however, victims were not generally provided with relevant written and verbal information on these rights and responsibilities.



Physical Environment:

- The physical environment across all 13 shelters appeared to be safe, healthy and well-maintained; and provided access to the community to some extent only, as some shelters and/or community services were found to be not in walking distance from the shelter, transport was not as a rule provided to such services; the environment appeared to meet clients' basic needs in terms of privacy, safety and well-being; clients all had their own beds and lockable cupboards, however in most of the shelters clients share rooms, which compromises their own private and safe space to some extent; they all had easy access to basic amenities.



THREE STANDARDS THAT APPEARED LACKING AND NOT IMPLEMENTED EFFECTIVELY

Health Care:

- Clients did not generally have access to and receive adequate health care, including prescription medicine, dental care, information and treatment for all types of diseases, as such medical services were not accessible on the shelter-site and access to day clinics and hospitals were found to be challenging, as clients would wait for hours or days for services there.



Care Plan:

- It was found that none of the 13 shelters distinguished between an IDP and a client Care Plan, thus also not making use of the Care Plan. The Care Plan however appears to be a critical planning document for each client, as it should contain separate and more specific information on the client's developmental assessment which aims to provide life-long relationships within their family or appropriate alternatives and re-integration in the community within the shortest possible time-frame.



Disengagement

- It appeared that clients at all 13 shelters were given the maximum appropriate choice and involvement in decision-making regarding their immediate and longer term future circumstances and the involvement of their family and/or significant others; they are given a contact number of a case manager should they need assistance after disengagement; and the shelters all have a policy for discharge and re-admission of clients. However, it did not seem that any of the shelters were able to given sufficient information regarding most of their clients' immediate future, their next placement, or the next step (which seemed to be largely because of the lack of feasible and constructive exit opportunities and steps).



7.6 EFFECTIVENESS OF SERVICES PROVIDED AT THE SHELTERS

7.6.1 Addressing GBV effectively at shelters through a community-based responsibility approach

In more than half of the shelters, it was reported that community cohesion, community perceptions and cultural adaptations with regard to GBV, inter-partner violence and domestic violence have improved significantly. As a result, addressing these social ills that women and children face has become more achievable for the shelters. Shelter staff attributed these positive changes in local communities to a greater focus and investment in education and awareness around the topic in question specifically at schools, families and at relevant social institutions.

Internationally, the UNODC (2011) reported that once considered a private matter and therefore hidden from the public eye, violence against women and children has made its way onto the public agenda. Over the last decade, SADC Member States have increasingly engaged themselves in efforts to improve women's access to effective law-enforcement responses, including enhancing police responses and gender justice approaches. If women feel that their complaints are heeded, they will be more likely to report violence and ultimately access justice.

There is thus a continued need for WC DSD VEP, as well as relevant role-players to provide comprehensive education on the experience, context and consequences of family and domestic violence. The increased awareness of GBV by local community members and the measures to address GBV, appears to be a critical enabling factor in the healing of clients (as they can reach out to community resources without being shamed), as well as the prevention of GBV (through educating communities, families, youth and critical stakeholders).

7.6.2 Effective shelter services through spirituality in the healing process

It was noted earlier in this report that all 13 shelters reported weekly involvement of churches or religious institutions at their shelters. Clients subsequently reported the value they have been getting from the spiritual element of their healing process.

Gillum, Sullivan and Bybee (2006) similarly highlighted the value of spirituality in healing from abuse and violence. These authors note that women with abusive partners utilise a variety of coping strategies to deal with and heal from the violence and sense of betrayal they have

experienced. For many women, their trust in a higher power and the support they receive from their faith community is integral to their healing. Of 151 women interviewed in a study conducted by Gillum et al. (2006), the majority (97%) of participants noted that spirituality or God was a source of strength or comfort for them. This study noted that the extent of religious involvement contributed to an increased psychological well-being and decreased depression.

As such, it can be seen from the findings in this report that the involvement of religious institutions and the spiritual element in healing is an enabling factor for effective shelter services across all 13 shelters. It is important to note that spiritual healing does not have to be based on a specific faith or religion, but can be applied in a non-denomination fashion.

7.6.3 Effective shelter services through formal partnerships and referral processes

It was found that, even though all 13 shelters in general struggled with meaningful partnerships which can provide off-site services to clients, most of the shelters had at least one such partnership with an external organisation. These meaningful partnerships contributed to the range of services that the shelters can offer.

Shelters that could form a formal relationship and referral system with another local service provider and NGO were particularly effective and successful in providing their clients with at least one critical, additional service (a service which the shelter could not offer for some reason, such as limited resources).

One of the most common formal partnerships reported between shelters and community-based services, was that of MOUs with day clinics and local hospitals. Through these partnerships, shelters could refer clients to day clinics and clients could subsequently be helped immediately when they reported at the clinic. As such, clients did not have to wait in the (lengthy) clinic queue, which could have exposed them to re-victimisation by community members or the alleged perpetrators, as well as prolonged their access to medical care in emergency cases.

In addition, formal partnerships reported between some of the shelters and skills development institutions, were found to be a key enabling factor of empowerment and success achieved by shelter clients. These skills development opportunities included:

- Further tertiary qualifications, such as the Empilweni Nursing School, Western Cape Nurses Training College; Varsity College bursaries and study support;

- Accredited vocational training, such as nursing and child care work;
- Short-term work opportunities, such as the Extended Public Work Programme placements, stipend-based volunteer placements at U-Turn; and
- Meaningful personal development skills training at no cost, such as parenting skills training (FAMSA, Family in Focus & Badisa); job readiness, entrepreneurship and introduction to computers training (RLabs and Learn to Earn); substance abuse education and prevention (SANCA, Living Grace, Cape Town Drug Centre).

Shelters who have signed MOUs with other organisations/individuals in terms of placing volunteers at the shelters, have subsequently reported great success. In addition, in all these cases there were clear symbiotic value for both the shelter and volunteers. Examples of these relationships included:

- MOU with the University of the Western Cape to place Psychology and Nursing final year and/or post graduate students at the shelter for their compulsory practical modules; the student volunteers provided the shelter with therapeutic programmes, medical services and psychosocial support for clients and their children;
- Stipend-based community safety volunteers that provide aftercare and tracking services to children who exit the shelter with their mothers.

Finally, numerous shelters reported established relationships and agreements with professionals, organisations and/or corporate sector that donate time and goods in kind to the shelter. Examples of these skills and services included:

- Practicing lawyers and/or advocates who assist on pro bono with court applications and proceedings;
- Food donations, such as Woolworths, Pick n Pay, Food Bank and Feeding in Action donating weekly food;
- Employment opportunities, such as agreements between employers to employ clients once they leave the shelter (such as a catering company called 'Western Cape Caterers' in one of the shelter areas, that employed 15 shelter clients once they left the shelter, as full-time cleaners); and
- HIV/Aids testing, counselling and education, such as the Desmond Tutu HIV foundation.

As such, in an attempt to offer effective shelter services to women and children who have been victims of crime and violence, where resources are limited, the forming and maintaining of formal partnerships with external role-players is crucial. At shelters where services were limited to

those that were available only on-site and isolated or no external formal partnerships existed, clients were particularly deprived of effective shelter services.

7.6.4 Effective shelter services through community-based centres

It was found that it is practically and financially not feasible to set up a large-scale one-stop centre at each of the 13 existing WC DSD funded shelters.

Five of the 13 shelters appeared to have successfully increased the effectiveness of the services delivered by formal partnerships formed with other relevant government departments. These five shelters aim to offer multi-sectoral services through bringing responsible role-players together and drawing up formal Memorandum of Understandings (MOUs). These MOUs in general stipulate the roles and responsibilities of each partner, as well as the scheduled involvement these role-players have at the shelters. For example, a MOU between one of these five shelters and local clinic enables shelter clients to receive medical services one day a week on the shelter premises, as the clinic makes available a dedicated nurse and mobile clinic unit, to provide such services weekly.

At shelters where services were limited to those that were available only on-site and no formal partnerships existed with other relevant government departments, clients were not able to access such multi-sectoral services as and when required.

7.6.5 Effective shelter services through a 'whole women' structured programme

The 'whole women' approach refers to empowerment and development of women at the shelters, through a systemic and holistic approach. Even though the development of clients at the shelters should be approached from an individualised, person-centred method, it was found in this evaluation that there were key similarities across most of the clients' personal developmental needs, which could be used as a basis for all shelters' personal development programmes. This structured programme should be offered as a combination of group work sessions and individual counselling. As noted in section 7.2 earlier, only three of the 13 shelters offer a structured and holistic personal development programme to clients.

The effect of such a structured development programme at these three shelters was noticeable in the feedback offered by the clients in respect of their experiences of change during their stay

at the shelter. Of the 15 clients at these specific three shelters, 14 experienced positive change, citing being more positive, having more self-esteem, feeling more confident and grown, as well as the ability to rebuild life, in support of their answers.

The developmental topics across the structured programmes at these three shelters include:

- Group work:
 - Didactic information on GBV (such as signs, types, effects, the circle of violence and policies, procedures and legislation to assist victims)
 - Healing through group work (including creative- and therapeutic art, HIV/Aids awareness and prevention, substance abuse awareness and prevention, Hygiene and professional appearance and communication)
 - The Healing and Restoration Programme
- Individual counselling:
 - Personal strengths and weaknesses
 - Goals and risk factors
 - Relationships
 - Self-esteem and self-determination
- Personal skills development:
 - Self-management skills
 - Homemaking and domestic skills
 - Financial management
 - Employment and employability skills
 - Social skills
 - Parenting skills
 - Problem solving
 - Life planning
- Vocational skills
 - Meaningful accredited skills training to empower women to access income-generating work opportunities

We focus on the 'whole woman' in our compulsory skills training programme. The key training themes included and skills learnt, include:

Self-management; Hygiene and professional appearance, Problem solving; Solve grievances; Relationships and friendship skills; Intimacy skills; Parenting skills; Life planning skills; Financial management skills; Social skills; Domestic skills; Home making skills; Environmental skills; Civic skills; Employability skills; and Job skills.

We can SEE the difference in our women once they have completed the training programme!

7.6.6 Victims are not successfully integrated back into their communities and/or families

It appeared that community participation at all 13 shelters was good and occurred on a weekly basis (at 11 of the 13 shelters). It must however also be highlighted that staff and clients at all 13 shelters explained that such weekly community involvement at the shelters was only that of local churches. Local churches either visit the shelters on a weekly basis for church services, prayer and support groups, or Sunday church services at the churches. Examples of community involvement included:

- A pamper day for clients at the shelter sponsored and facilitated by Ikeys students and ABSA representatives;
- Sponsored Christmas parties and gifts for children;
- A women's day barbeque sponsored and facilitated by the Department of Correctional Services;
- Free of charge babysitting by community members;
- School learners visiting the shelter to provide clients with company; and
- Free of charge arts and decoupage sessions.

In addition, at seven of the 13 shelters, it was found that the involvement of the shelters clients' family members was either poor or fair. However, the involvement of family members was found to be satisfactorily at the remaining six shelters.

The majority of clients (50 of the 65 clients) were not accompanied to the shelter, assisted or visited at the shelter, or accompanied to a shelter programme by a family or community member or friend. Five of these clients explained that the main reason for this was because there was no programme at the shelter that catered for such family participation. If there was an appropriate programme, they would prefer to involve their family in their healing process.

In seven cases the visitor or assistant was someone else other than a husband (which only one client reported), a sibling (two clients), another family member (one client), or a friend (three clients). Some of the 'other' family or community members that the clients indicated they received assistance from included church members or church friends, drivers that dropped them off at the shelter and returned to check-up on them, SAPS or local DSD representatives that dropped clients at the shelter and in-laws of clients.

In referring to Bronfenbrenner's Ecological Systems Theory model (Bronfenbrenner, 1990) the importance of family and community involvement in the prevention of DV was highlighted. As such, increased family and community involvement in shelters should be focused on. Examples of increasing the involvement of families and communities in shelter services may be a) to capacitate shelters (through increased financial and human resources) to implement DV education and awareness initiatives, as well as shelter services offered in community social structures, such as schools, religious institutions and local organisations. In addition, where applicable, shelters can be capacitated to offer family-specific services to their clients, which include Restorative Justice processes, such as family conference groups, victim-offender mediation and community dialogues.

7.6.7 Shelter services has a positive effect on victims

"From living in a bush...to being an independent mother of three."

One of our clients, about a year ago, was referred to us by the local court. She was picked up by law enforcers, for the fourth time, for living with her three children in a bush. She was not clean, not healthy, and could barely talk. After a few days at the shelter, she started opening up to the social worker. Her life story was one of abuse, neglect, and substance abuse. But she had three beautiful children. How she managed to take care of them in her circumstances is unexplainable. After walking a road with the social worker and the shelter, she developed into a confident woman, a caring and responsible mother and, an independent-living, contributing citizen in her local community.

Shelter 6 staff shared this story of a client that they considered as one of their most successful stories of change.

The 'effect' on a client (for the purpose of this report) refers to the *influence and outcome* the shelters have on their clients, as well as the *change* the shelter services bring about on the intended target populations.

The 23 shelter staff members were first asked *what changes* they expect to observe in the lives of their clients after they have completed their stay at the shelter. The staff subsequently described the 'desired change' they would like to see in their clients in as: 1) independence (both financial and psychological), 2) education and employment, and 3) physical and emotional health, healing and improvement.

"The client has regained her own power. She has a job and an income. She is in control of her life and choices she makes."

"The physical appearance of an empowered women changes from 'run down' to 'spick-and-span'. She stands up for herself. She initially doesn't care about her children, but leaves as a caring and supportive mother."

Shelter managers and social workers additionally explained openly and honestly, the true impact they would ideally like to have on their clients, but also critically evaluating the real changes experienced by their clients. Six of the 13 shelters indicated that approximately (annually) 45% of their clients achieve the desired change by the time they exit the shelter. In addition, three of the shelters reported that approximately 25% of their clients achieve the desired change by the time of exiting the shelter. It is important to note here that these answers are based on the opinions and experiences of the 23 shelter staff interviewed and are thus subjective and not generalisable to all shelter clients and all shelters.

It was found that the reasons for those clients not achieving the desired change expected by the shelter staff (at the time of exiting the shelter) were largely because of the unmet needs these clients have when they exit the shelter. These unmet needs in turn hinder their clients from achieving the desired long-term changes, such as independent living, including independent income and residence, as well as not returning to the/an abusive relationship. It must however be reiterated here, as earlier in this report, that zero to three months (the estimate prescribed period for a client to stay at a shelter as per WC DSD TPAs) is not necessarily an appropriate time period for a client at the shelter to experience these changes. In addition, the lack of effective reintegration services and a reintegration plan for clients contribute to this challenge.

7.6.8 Clients experience positive changes at the shelters

Clients, upon entering the shelter, were feeling physically and emotionally 'very good' or 'good' (38 of the 65 clients). In contrast, just less than a third (27) felt in-between or not good at all. For the purpose of this evaluation, *physical* was explained to the participants as feelings resulting from stimulation of a sense organ or from internal bodily change, such as pain or illness. In addition *emotional* was explained as a mental state that arises spontaneously rather than through conscious effort, such as sadness and fear.

It was found that the 27 clients who did not feel well physically and emotionally, it was due to 1) mid to severe mental illness (such as depression and anxiety) and 2) Serious physical health challenges (such as HIV/Aids and cancer).

"I am very depressed, anxious and emotional, but I try to be strong for my boys. Both my boys are receiving counselling on Wednesday and Friday, from a child psychologist, as I don't feel ready to help them."

"I was raped and I am still on ARVs as a preventative measure which makes me feel sick."

The above indication of how clients were feeling physically and emotionally corresponds with research conducted by the WC DSD (2013). In highlighting the impact that domestic violence can have on a victim, the WC DSD noted the emotional impact of domestic violence on women can include anxiety, anger, PTSD and depression. The WC DSD also notes the research indicated that some mothers affected by domestic violence, may have difficulty in providing proper nurturing to their children in terms of warmth, child-centeredness and control.

As noted in section 6.2 earlier in this report, the majority of the shelter clients (44 of the 65 clients) were at the shelter for three or less months at the time of the data collection phase for the evaluation. Subsequently, the shelter clients were asked whether they feel they have changed during their time at the shelter, with reference also to their physical and emotional feelings upon entering the shelter. From the answers provided by the clients three key changes were noted: including a) clients who felt/appeared quite confident that they changed positively, b) clients who felt/appeared they have changed for the better, yet showed some level of hesitation as to having changed completely the way they want to, and c) clients who felt/appeared they have not yet changed at all the way they want to.

“Yes I have changed. I saw that you can stand up against abuse. I can talk about problems, now I do not have to keep it bottled up. I am not so heart-sore anymore.”

“I do not feel that my situation has improved much. I have a place to sleep but it won't be forever and I am still dealing with the death of my son and the fact that I lost custody of my children. I still fear abuse and violence.”

7.6.9 Clients experience empowerment at the shelters

The word empowerment has been defined in section 1.1.4 of this report. However, Evans (2007) asked women who have been victims of violence to explain what empowerment means to them. These women stated that empowerment means to identify as a 'survivor', which meant the process of a forward moving trajectory, discovering their survivor identity and eventually integrating their overall identity with their survivor identity as they progress. Evans (2007, p 6) writes that these women “consider identification as a 'survivor' and affirm their progress away from the abuse without being defined by it, and without fragmentation, and felt strongly that the 'survivor' identification recognised the long-term psychosocial and economic impacts on them and on their children.”

In order to get an understanding of the level of *empowerment* clients (in this study) have experienced during their stay at the shelter (at the time of the evaluation), five key components of empowerment were probed. These included: 1) whether the client feels she can rebuild her life again, 2) whether the client is scared to go back home, 3) whether the client knows of resources and support she can access to help her rebuild her life again, 4) whether the client will look for and make use of resources and support once she has left the shelter and 5) whether the client does not feel judged or stereotyped as a result of her situation.

The feedback provided by the clients, showed that the majority of the clients believed they can rebuild their life again, as well as they do not feel judged or stereotyped as a result of their time living in the shelter.

However, approximately one in two clients indicated they were scared to go back home, they did not know of any resources and support they could access to build their lives again and subsequently, they were not ready or yet able to look for and use resources and support once they left the shelter.

The above discussion depicts contradictory findings with regard to the feelings of empowerment experienced by the clients. It is noted that no matter what the shelters do or achieve, they cannot provide adequate resources for clients when they leave.

As such, some levels of empowerment were noted amongst the clients, however referring back to section 2.2.3 of this report, one of the strategic indicators of the WC VEP shelters programme is to empower and provide a continuum of services to women and children who have been victims of crime and violence. Amongst these services is counselling and safety and security, but also effective reintegration services to return back to family or the community. The latter appears to be lacking at the shelters, which was also visible in the above findings in respect of client's feelings of empowerment (for example, the fear of returning home or not being able to access resources to rebuild their lives).

"My own home...my own life."

I have been a victim of violence and abuse since I can remember. As a child, I could not escape the violence of my father and as an adult I could not escape the violence of my boyfriend.

After a fight with my boyfriend that made me end up in hospital, I knew this was it. I had to make the change. I went to the shelter. I stayed longer than most women. It took some time. But here I am today, with the keys of my own and brand new home, bought with the money I work for every day...with a smile on my face.

Client Z was in a shelter for abused women for nine months. During this process she ended the abusive relationship, participated in the healing and personal development process at the shelter, and applied for a government funded house. Her application was successful and during her eight month at the shelter, her house was ready.

7.6.10 Effectiveness of shelter services can be increased

The evaluation found that overall shelters are effective in meeting the most immediate needs of their clients, namely, protection, counselling and basic human development. As reported by

interview participants, shelter staff and their community partners (21 respondents) believe that the shelters are effective in providing victims in need with sheltered accommodation (17 of the 21 participants), as well as counselling and development programmes (18 of the 21 participants). In addition, just over half (12 of the 21 participants) indicated that shelters often provide their clients with effective empowerment and support services.

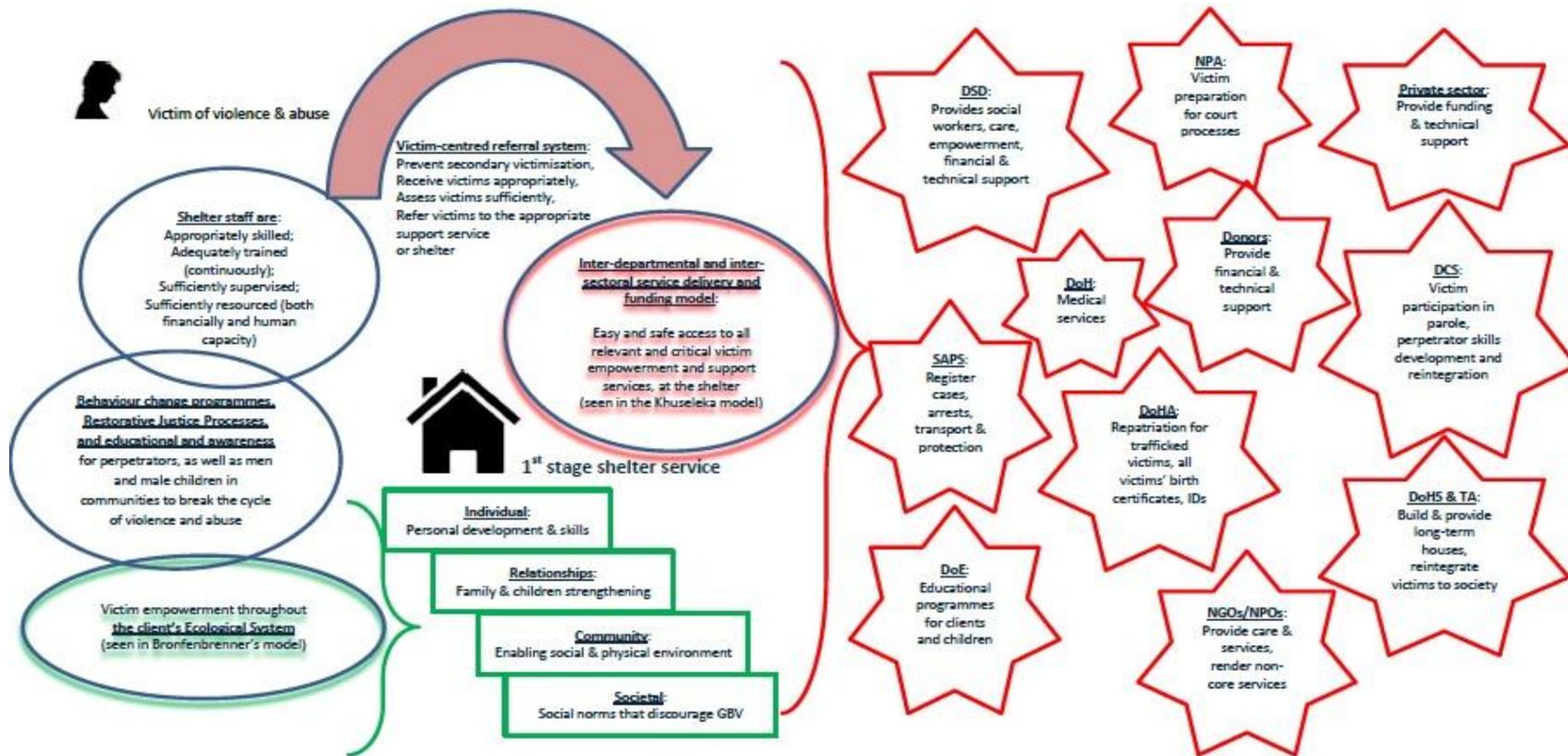
The key challenge appears to lie in ensuring women empowerment and successful reintegration of victims back into their families and communities. All shelter managers acknowledged that shelters seldom achieve this ultimate objective. It was reported that the main reasons for this gap include a lack of financial and human resources to effectively link clients with community structures that continue with the client's development and road to independency. In addition, these limited resources are a barrier for shelter staff to sufficiently and track and follow-up with clients that have left the shelter, to ensure effective reintegration into the family and community. Van der Hoven (2001) concur by noting despite shelters' development and focus inside the shelter on victim empowerment and services for women and children who are victims of crime some approaches and organisations have not been as successful as envisaged to ensure longer-term impact and reintegration. A factor (amongst numerous others) include specialised skills development staff and programmes to equip women with skills and resources to reintegrate back into the community once they leave the shelter.

The National VEP strategically shares the NCPS' shift away from responding to crime as a security issue to focusing on crime prevention by dealing with the social issues associated with crime. In this context, it is necessary that shelters and their stakeholders increase their efforts on effective reintegration back to families and communities, as well as services and support to break the cycle of violence in these households.

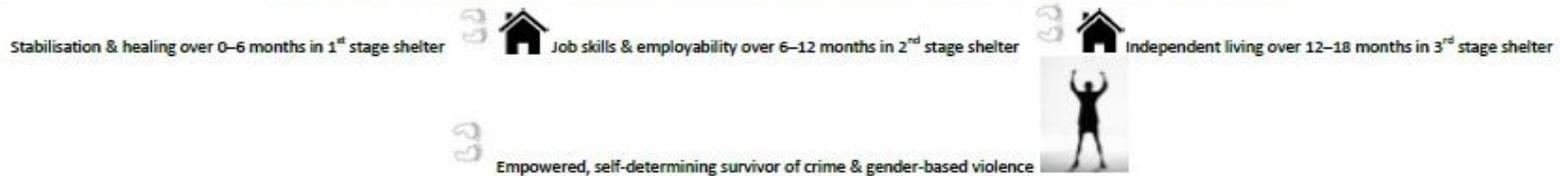
7.7 BEST-PRACTICE MODEL FOR SHELTER SERVICE DELIVERY IN THE WESTERN CAPE

This section provides the reader with information in respect of a proposed evidence-based and best-practice model for shelter services in the Western Cape. The best-practice model depicted below is based on 'what works' observations at the 13 evaluated shelters, feedback from shelter clients, shelter staff and key role-players, as well as best-practice models and approaches to victim empowerment through shelter services, as discussed in section 2.4 (Table 1) of this report.

7.7.1 A best-practice model for shelter services in the Western Cape



PATHWAY TO EMPOWERMENT THROUGH INTER-SECTORAL FUNDED- AND IMPLEMENTED SHELTER SERVICES:



8. CHALLENGES IN SERVICES DELIVERY

Six key challenges and subsequent gaps in service delivery which negatively affects effective shelter services were noted during the evaluation and are discussed below.

8.1 FUNDING CONSTRAINTS

According to the TPAs between each of the 13 shelters and WC DSD, each shelter receive ZAR 1 500.00 per client (thus per bed) per month, during the 12 month periods of service delivery. This translates to roughly ZAR 50.00 per client per day if all the beds are permanently occupied. The question arises whether this daily client allocation is sufficient to enable shelters to implement the obligatory and envisaged shelter services as stipulated and required in the Minimum Standards for Service Delivery in Victim Empowerment.

When compared to the average cost for incarceration of an offender in a South African Correctional Centre, the daily allocation for shelter clients seems low. According to the Department of Correctional Services website (Jules-Macquet, 2014) the average cost for incarceration is estimated at ZAR 123.37 per day. In addition the Judicial Inspectorate of Prisons places the cost per offender at R243.61 and more recently, the Minister of Correctional Services, S'bu Ndebele, reported the cost per inmate at ZAR 9 876.00 per inmate per month (ZAR 329.20 per person per day) (Jules-Macquet, 2014).

In an evaluation of shelters for abused women and children in the Gauteng province in 2012, it was found that shelters received ZAR 30.00 per client per day (Bhana, Vetten, Makhunga, & Massawe, 2012). Feedback from the shelters included in the evaluation indicated that the allocated ZAR 30.00 was used to cover expenses at the shelters that were limited to what was urgently required for the basic day-to-day running of the shelter. The shelters reported that the need to keep costs low meant doing without necessary items for arts and crafts, group sessions and so forth. The funding from DSD also did not cover the costs of rent, amenities, utilities or transport costs, the medical expenses of clients, stationery or furniture. The evaluation found glaring funding shortfalls for salaries which created difficulties in respect of staff retention, in particular in respect of skilled staff such as social workers and skills development facilitators.

Most women who come to the shelters are poor with no source of income, with no place to go and often bringing very young children with them. The shelters need to cater for the practical needs of these women and children. This includes, amongst others, clothes, toiletries, food, health care, counselling and transport.

Similarly in the current evaluation, shelter managers and shelter social workers highlighted the challenges faced by the perceived insufficient funds received per client from the Department. These participants indicated that the funds received barely cover the basic needs of the clients and more professional, specialised, developmental and innovative services are not feasible in the budget of ZAR 50.00 per client per day. Only three of the shelters reported having a dedicated skills development facilitator. In the remaining 10 shelters, this service is provided by another shelter staff member (such as the social worker or social auxiliary worker), if and when they have time in their schedules (which focuses on counselling).

The long-term costs of not providing shelter services as per the envisaged objectives have been reported as far greater than the (then) estimated ZAR 144.00 per woman per day for adequate service provision. Watson (2013) writes that women admitted to shelters suffer from serious ailments such as depression, psychiatric conditions, HIV/AIDS and substance abuse. Violence has far-reaching ramifications, including an economic cost. The victims of violence suffer a myriad of health-related consequences and this, in turn, impacts on their lives in many ways, one of which is their ability to be at work on a regular basis and in a frame of mind where they are able to be financially productive and independent and not a cost to the tax payer.

The findings with regard to secure funding, financial sustainability and ability to expand and improve services across the 13 shelters highlighted the many challenges these shelters face to achieve these objectives. Even though the majority of the 13 shelters receive additional funding and donations in kind, most of these shelters are largely dependent on their annual DSD grants. It was found that some shelters received a mix of government and donor funding and a few which are wholly government-funded. The shelters that were entirely funded by the DSD were more likely to be the shelters in small towns and subsequently ran on "shoe-string" budgets during the past financial year and offered very basic services. Many of these shelters relied on volunteers who were paid (if even) stipends by the shelters. Because they are in remote, impoverished areas, they were unable to raise their own funds and were generally poorly resourced. Shelters in bigger cities were found to be able to raise more substantial amounts and consequently offer wider ranges of services and programmes, as well as better resourced facilities.

Shelters are expected to deliver effective services (as per the Minimum Standards VE services guideline); however the lack of adequate funding has negative effects on such shelter services (specifically resulting in their inability to provide these required services). Inadequate operational and capital funding result in shelters' inability to afford municipal service charges for electricity, water and rates (if the property is owned), extras such as basic amenities for

children, blankets, toiletries and bus fare to get to the clinic and court, administrative costs such as paper, telephone lines and fax machines, buildings and/or property procurement, on-going capital maintenance costs for buildings and furniture. In addition, insufficient funding hinders shelters to employ and/or develop current staff to deliver specialised victim empowerment and support services, such as professional personal skills development, psychosocial therapy and specialised medical services.

8.2 LIMITED TIME ALLOWED AT SHELTERS

Currently the average maximum preferred period a client should stay at the 13 DSD-funded shelters, in order to reach their annual targets set out in their respective TPAs, is three months. Managers and social workers at all 13 shelters indicated that a three month period is too short to achieve the ultimate goal of shelter services, namely empowering women to be independent and self-functional, resulting in prevention of repeat victimisation, whether in the same relationship or in a new relationship.

The latter is important to note. The perception is often that a woman who leaves a domestic relationship 'has broken free from the cycle of abuse'. However, Development Research Africa and CSIR Defence, Peace, Safety and Security Unit (2008) found that slightly more than a third of victims of domestic violence have been in more than one abusive relationship and 18% of victims were abused as children.

Based on feedback provided by the shelter managers and shelter social workers, the general prescribed maximum time period for clients to stay in the shelter (1st stage shelters) is no more than three months. This is supported by the annual targets set by WC DSD for the shelters in their TPAs. In order to reach their annual and quarterly targets, shelters have to have a turn-over of clients every three months. Shelter managers and social workers did however explain that this is seldom the case, as three months is barely sufficient to achieve the desired basic effect on clients (which includes stabilisation and recovery from trauma), nevertheless, any mid- or longer-term effects such as personal development, regaining of self-confidence and independence, true empowerment and acquiring the skills and resources to leave the shelter and live an autonomous life, free of abuse. The shelter staff interviewed explained that (on average) three to six months is needed to assist the victim in the healing process, emotionally, physically and psychologically. Releasing a woman at that stage (between three to six months) from the shelter has short-term impact and change. At most shelters it was indicated that their clients experience the above healing within the three to six months period. However, there is no empowerment, skills and place to start building an independent life for the client and her children. Shelter staff were of the opinion that a minimum additional

six months in a stage two house, as well as a final six months in a stage three house is vital in the effectiveness of services provided during the first stage intervention.

The above is specifically applicable to victims of domestic violence who have decided to leave the abusive relationship permanently.

Lord and Hutchison (1993) highlighted the importance of time consideration in the process of healing and empowerment. It was noted that the beginning of empowerment is experienced when victims come to terms with their changing life situation, namely the beginning of awareness. Some people can resolve this personal dilemma in a month, while others can take months or years to begin to come to terms with the issue. Lord and Hutchison (1993) further wrote that as victims gained awareness they began to realise they could still be human and still have control, despite their victimisation. In addition, the process then follows additional phases, including: a) acting on anger or frustration, b) having and responding to new information, c) building on inherent strength and capabilities, d) participating in healing processes, e) identifying and utilising resources for healing and f) developing personal skills and ability for independent living (Lord & Hutchison, 1993). It can thus be seen that a very basic understanding and description of healing for victims of violence, such as that by Lord and Hutchison, appear to be a lengthy process (where the reintegration and the life of the client after shelter living have not yet been included in the process and estimate timeframe required for empowerment). More recently, McMahon (2012) noted that the benefits of shelter services are actually so significant, that the longer victims are able to spend in shelter, the better their outcomes. The longer women are able to stay in a shelter, the greater their chance of independence upon leaving that shelter. The longer the shelter stay that women are allowed, the lower their chances of returning to their abuser and greater their chances of reaching independence.

It can as such be concluded that the current average (and prescribed) period of zero to three months that a client can stay at a shelter, is too short and insufficient time for the shelter staff and the victim to benefit from and experience long-term empowerment as a result of the shelter services.

8.3 THE LACK OF INTER-DEPARTMENTAL AND INTER-SECTORAL COLLABORATION

As with all service delivery development initiatives and functioning of society, it is critical for government departments to collaborate in planning, service delivery and monitoring and evaluation. In the Department of Provincial and Local Government's guideline document on provincial-local intergovernmental relations, it states:

"The experience of governing over the past few years has confirmed government's view that the only way to facilitate and expedite integration in service delivery is by engendering a sound co-operative ethic in the practice of government. Whilst the Constitution provides for the distinctiveness of the respective spheres, it by no means connotes exclusivity in the delivery of services. Co-operative government binds all spheres to put the collective national interest above parochial geographic/spherical interest and places an obligation for an efficient intergovernmental collaboration on all three spheres."

The value and process of establishing spaces for inter-sectoral and inter-departmental collaboration is highlighted by the *Promoting the Right to Education for Children with Disabilities* programme (R2CEWD) (n.d.). The R2CEWD programme notes that despite the fact that inter-departmental collaboration has been openly encouraged in policy; in practice there is insufficient evidence of significant achievement of this goal. Inter-departmental collaboration is not a new concept in the South African government. Structures to ensure inter-departmental collaboration are in place regarding the implementation of child justice and sexual offences legislation. The legislation requires that inter-sectoral committees be established, these consist of senior officials from the range of government departments that are relevant to the implementation of that legislation. A VEP forum currently exists in the Western Cape. This forum can be strengthened and utilised for the purpose of ensuring the empowerment of women and children who have been victims of crime and violence in the Western Cape. This forum could ensure the relevant role-players are included, such as the WC DSD VEP, senior officials responsible for women and children in the departments of Health; Justice and Constitutional Development; Higher Education; Women, Children and Persons with Disabilities; Labour; and Department of Human Settlements.

In addition, the WC DSD 2012/2013 Annual Report emphasised the justification for the sub-programme of victim empowerment services, by noting:

"The Victim Empowerment programme is one of the key pillars of the National Crime Prevention Strategy that was developed in 1996. Services that counteract victimisation are currently offered by a variety of role players, both governmental and non-governmental. Currently services are inequitable especially in poor communities and rural areas. The disintegrated and uncoordinated approach to service delivery contributes to secondary victimisation. DSD is the lead department and is responsible for the coordination of the successful implementation of the Victim Empowerment Programme across various departments."

Also noted in the WC DSD 2012/2013 Annual Report, the WC DSD acknowledges and describes the following strategic partnerships in their victim empowerment programme, as depicted in Table 9 below.

TABLE 8: CURRENT STRATEGIC PARTNERSHIPS IDENTIFIED BY WC DSD VEP

Strategic Partnerships	Area of collaboration
Department of Community Safety:	Oversight role regarding the roll-out VEP services by SAPS
Department of Education:	School Safety
Local Government:	Gender programmes and co- funding
United Nations Office on Crime and Drugs (UNODC):	Programme funding and capacity building
Department of Health:	Programme support through Health services
Department of Correctional Services:	Parole board and restorative justice approach Victim charter and witness support services
Department of Justice:	Thuthuzela services for victims of sexual offences
National Prosecuting Authority (NPA):	Infrastructure for shelter development
Department of Human Settlement:	Oversight role SAPS Victim support services at police service centres
Department of the Premier:	Awareness and prevention services
Faith-based Organisations:	Partners in implementation of victim support services
Civil Services Organisations (CSO's) and NPOs :	Protection Services to families and family preservation services, Crime Prevention Strategy, restorative justice and preventions services, Partnering around reduction of substance related violence issues, Mass participation; Opportunity and access; Development and growth (MOD)Centres
DSD Programmes: Children and Families, Social Crime Prevention, Substance Abuse and Youth	

Table 9 above thus indicates that the provincial VEP does value and implement inter-departmental and inter-sectoral collaboration. This is however not observable in the 13 shelters evaluated. It may be necessary to revisit and strengthen the inter-governmental service delivery at the shelters for victims of crime and violence in the province.

8.4 SUBSTANCE DEPENDENCY AMONGST CLIENTS AT SHELTERS

It was found across all 13 shelters evaluated that clients who have substance abuse problems could not be accommodated at the shelters, as the shelters are not equipped or skilled to provide substance abuse services. However, all the shelter staff (23 participants) indicated that the majority of their clients have a substance abuse problem when they are referred to the shelter. The shelters explain to the clients that they are given the opportunity to be accommodated at the shelter but are not allowed to use any substances or drink alcohol while in the shelter and if they do, they will be dismissed from the shelters. Most of the shelters (nine of the 13 shelters) do random substance abuse testing at the shelter. Subsequently, shelter staff reported numerous incidents at all 13 shelters where clients were asked to leave as a result of substance abuse. This topic was not evaluated or assessed further amongst the evaluation participants, as this was not an objective of the evaluation. However, some literature was consulted to provide a brief overview of the link between domestic violence and substance abuse. Genderlinks (2015) notes that substance abuse is a factor which exacerbates violence against women and children within communities. The high rate of unemployment and other socio-economic problems fuel this problem as people tend to resort to substance abuse to get temporary relief from life stresses.

The relationship between alcohol use and domestic violence is well established in past research (such as Collins & Spencer, 2002) and there is growing evidence that drug use is associated with domestic violence. The clearest evidence is that alcohol is a risk factor for domestic violence *offending*. Although the aetiology is complex, males who assault their intimate partners have frequently been drinking prior to the violence and these men often have problems with alcohol. There is also some evidence that alcohol and drug use are implicated in domestic violence *victimisation*, although the nature of this relationship is multidimensional and may be more complex than the substance use-domestic violence offending relationship. Substance use/abuse by women can increase the risk of being victimised by one's domestic partner, be an aftereffect of domestic violence victimisation and inhibit the capacity of domestic violence victims to protect themselves (Collins & Spencer, 2002).

In more recent literature, Thesnaar (2011) concurs that substance abuse among young people is an ever-increasing reality and one of the most significant contributing factors to

domestic violence within families. Fisher and Harrison (2009) agree that research has indicated that the relationship between alcohol and other drugs, crime and violence has also been clearly established and that there is a clear link between domestic violence and substance abuse-related offences, including abuse by both the perpetrator and the victim.

As such, the lack of the evaluated shelters' ability to address GBV and substance abuse as an integrated phenomenon (and accordingly should be treated through integrated services or programmes), appears to be a programmatic and contextual barrier to effective service delivery at these shelters.

8.5 THE GAP IN EMPHASIS ON THE FAMILY IN SHELTER SERVICES

This evaluation study did not give particular focus to the families who are affected by domestic violence, or the perpetrators of domestic violence. However, there is research that highlights how critical these types of interventions are for the long-term well-being of victims, families and communities as a whole.

8.5.1 Insufficient emphasis is placed on breaking the cycle of violence through education and prevention

Research conducted by Genderlinks (2015) highlights that a majority of GBV programmes focus either on women, children or men. Very few seemed to focus on families; either the nuclear or extended family. Ironically, this research shows that 60% of women turned to family members for assistance after the most serious incident of abuse. Only 20% sought help from a religious person after the most serious incident of abuse. This suggests that initiatives that target the family as the "first port of call" both in response and prevention strategies need to be revised and stepped up. These initiatives should particularly target close female relatives, like mothers and mother-in-laws who are often part of the conspiracy of silence that leads to domestic violence that might be nipped in the bud from escalating. The short-term objective is to get families to become part of the prevention campaign. In the longer term, initiatives targeted at families need to focus on new approaches to parenting and socialisation (Genderlinks, 2015).

However, section 7.6 of this report revealed that family participation and family involvement at the 13 shelters was poor or did not occur at all. In some cases, shelters lacked resources to accommodate and safely facilitate family involvement. There is a need to strengthen the capacity of shelters to provide this type of multi-focal intervention and support.

8.5.2 Families are unnecessarily broken: male children over 10 years old are neglected by shelter services

A key finding in the profiling of the DSD funded shelters was that boys older than 10 to 15 years of age, who accompany their mothers to the shelter following a violent or abusive incident, are not allowed to stay at the vast majority of shelters (12 out of 13). The main reason for this exclusion is to avoid potential conflict through interaction with under-aged female children, who reside at the shelters. Older boys that are not allowed to stay at shelters with their mothers are thus separated from their families and are either left unattended, with care takers, or in some instances, with the abusive perpetrator.

This is however of concern given existing evidence and research on the importance of family preservation through a family-focused approach to shelter service delivery. Paquette and Ryan (2011) highlight the importance of family in the development of children, by stating that the family is the closest, most intense, most durable and influential part of a child's mesosystem. The influences of the family extend to all aspects of the child's development; language, nutrition, security, health and beliefs are all developed through the input and behaviour related feedback within the family. A broken family can have a profound effect on the development of the child. In turn, the broken family affects the school environment and performance, which is detrimental for the successful development of children (Paquette & Ryan, 2011).

It is therefore recommended that WC DSD together with all partner shelters explore strategies that prioritise family preservation.

9. EXPANSION, IMPROVEMENTS AND RECOMMENDATIONS

This section highlights areas for improvement as identified and required by the gaps and limitations of service delivery at Western Cape shelters, as well as subsequent recommendations, based on the evaluation findings.

9.1 SUSTAINABILITY AND FUNDING

According to the 2013/2014 annual report of the WC DSD, the VEP sub programme received the smallest budget in the overall Provincial Social Welfare Programme (WC DSD, 2014).

TABLE 9: WC DSD SOCIAL WELFARE PROGRAMME 2013/2014 BUDGET AND TARGETS

Sub-programme name:	'13/'14 budget		'13/'14 beneficiary target	
Professional and admin support	R 338 005 000.00	25%	N/A	N/A
Substance Abuse	R 84 903 000.00	6%	13 515	6%
Care & Services to Older Persons	R 166 353 000.00	12%	35 822	16%
Crime Prevention & Support	R 144 430 000.00	11%	22 550	10%
Services to Persons with Disabilities	R 86 118 000.00	6%	27 777	12%
Child Care & Protection Services	R 475 566 000.00	35%	89 942	39%
Victim Empowerment	R 15 569 000.00	1%	16 700	8%
Care & Support Services to Families	R 41 193 000.00	4%	12 619	5%
Total	R 1 352 137 000.00		229 016 clients	

Table 9 above depicts that victim empowerment services are allocated a mere 1% of the overall budget of the social welfare sub-programme, despite having an 8% target to reach in the overall annual target for the WC DSD social welfare programme.

In a research paper commissioned by the FirstRand Foundation (Hwenha, 2014) lessons learnt with regard to the implementation of GBV interventions were highlighted. These lessons were particularly addressed to funders and government who make funding decisions in terms of such interventions. The key lessons learnt included:

- Design GBV programmes informed by research-based evidence;
- Support programmes that target the victims of GBV and their families;
- Promote programmes that focus on parenting and building family relationships;
- Align NGOs with relevant government institutions involved in GBV;
- Support inter-sectoral action-oriented professional learning communities on GBV;
- Support programmes that focus on boys and men;

- Target perpetrators of GBV to be part of the solution through rehabilitation and reintegration in the communities;
- Support workplace GBV programmes;
- Donors should commit to multi-year support if they intend to bring about systemic change; and
- Insist on monitoring and evaluation of programmes to ensure accountability and high impact service delivery and/or CSI.

Funding in development initiatives may never be enough to fix social ills and prevent them from ever occurring. However, the integrated and inter-sectoral importance of service delivery at shelters is highlighted in section 8.3 below. As such, an accompanying integrated and inter-sectoral funding model should be developed and implemented alongside the integrated service delivery.

9.2 EXTENDED SHELTER SERVICE PERIODS

It was found that four of the 13 shelters have some form of a multi-stage service delivery model which makes provision for extended periods of shelter services at the shelter. It is however important to note that in only two of these cases the second stage shelter accommodation was formal and separated from the rest of the shelter, which subsequently encourages independent living. At the remaining nine shelters, clients access services for an average of zero to four months and have to leave thereafter.

Extended shelter service periods should be offered to clients through a multi-stage service delivery model in three consecutive stages. These stages are described as:

- First stage: this is short-term accommodation which usually ranges from three to six months. During this stage clients are stabilised, receive trauma counselling and develop self-confidence to rebuild their lives;
- Second stage: this accommodates abused women for a period ranging from six to 18 months, usually after the first stage shelter. During this stage, clients receive intensive job employability and vocational skills, as well as encouragement to actively look for employment and their own accommodation; and
- Third stage: this is more secure and permanent housing that women move into after leaving the first and second stages. During this stage women should have employment, their own income and are living an independent life (for example, they are able to pay their rent for the third stage housing), in preparation for living outside the shelter and can sustain themselves.

The full model (including multi-staged accommodation and multi-staged empowerment) is considered crucial to complete the client's pathway to successful, independent living.

9.3 INTEGRATED SERVICE DELIVERY: THE NEED FOR PARTNERSHIPS

Based on the WC DSD allocated budget for victim empowerment services in the Province, it appears that an increased staff compliment, more diverse staff structure, increased resources and improved staff capacity are not feasible actions for the near future. As such, the need for immediate integrated and inter-sectoral partnerships to increase shelter capacity and ability, as well as shelter services, is evident.

All stakeholders in this study were of the opinion that partnerships are a prerequisite for the sustainability of women's shelters. Emdon (2007) states Government and NGOs have to work together and that special needs projects such as shelter services for victims of violence and abuse, need to consist of an integrated partnership approach. Wicht (2006, p. 14) adds that "partnerships for women's shelters are essential with the lead state department being Department of Social Development." An integrated approach is critical as each component plays a very specific role that cannot be undertaken by anyone else. The empirical research shows that it is primarily NPOs providing shelter for women, with the aid of some operational funding from the DSD. Rarely does one find all the various role-players working together. The need for such partnerships to become a fundamental component of the approach to abused women's empowerment must be highlighted. There is a role for all spheres of government and a number of different departments alongside NGOs in delivering effective shelter services for women and children who have been victims of crime and violence.

The concept of inter-sectoral and intergovernmental service delivery in VE service delivery is not new and was introduced in the Integrated Victim Empowerment Policy (IVEP) as compiled by the National DSD in 2007 (DSD, 2007). The development of IVEP is directly related to this concept. It acknowledges the importance of victims and all stakeholders, both public and private in the delivery of services to victims. The policy document serves as a point of reference for all stakeholders regarding the establishment, development, delivery and nature of victim empowerment benefits and services. It serves as a framework to facilitate the establishment of partnerships for integrated, effective and efficient service delivery to victims (DSD, 2007). The IVEP is based on the philosophical grounding that individuals, families and communities have the right to privacy, safety and human dignity. Victimization is a violation of human rights. The disempowered victim has a diversity of needs and in order to enable him/her to recover from the exposure to crime, such needs must be met through a multidisciplinary approach. Victim Empowerment intervenes in the cycle of

violence and/or crime and therefore has the potential to prevent crime and to enhance the effectiveness of the Criminal Justice System (CJS) (DSD, 2007).

The IVEP highlights the importance and value of rendering victim empowerment services in a coordinated and integrated manner by the various relevant role players from different sectors. It is subsequently strongly recommended that this approach is filtered down to the ground level of shelter services provided to women and children who are victims of crime and violence. Further it is recommended that the WC DSD VEP consults and 'brings alive' the IVEP in the Province.

- Specialised psychosocial support:
 - The aspect and importance of psychosocial support is often overlooked and victims subsequently do not have access to such services. However this service is crucial in facilitating the recovery of victims from the trauma of abuse;
- Formal partnerships:
 - Effective responses and service delivery require key role-players and stakeholders to work collaboratively;
- Inter-sectoral service delivery:
 - Various services are often needed by victims of GBV, e.g. access to health, psychosocial services and legal services. Access to these services is often needed concurrently. These services, whether provided through NGOs or directly, must be well coordinated;
- Trained Criminal Justice role-players:
 - Numerous laws, guiding documents and policies exist that informs the services to be provided to victims of violence and abuse. However, untrained and uninformed officials, as well as the poor implementation of such guidelines can lead to secondary victimisation. Responsible officials and representatives must be equipped and prepared to provide the necessary support services to victims.

There is also a role for the private sector in an integrated approach to shelter services delivery. While shelter provision for abused women should be driven by NGOs, the private sector could provide invaluable technical and financial assistance and could be drawn upon where appropriate. In addition, the private sector can assist with skills development (both life skills, employability and vocational skills), as well as making available internships and/or work opportunities for women who have completed their shelter programme. It is highly recommended that shelters access and make use of volunteer services from final-year or post-graduate students relevant to the field. For example, students in fields such as social work, psychology, medicine, health, education and nursing are requested to complete a certain number of practical hours and/or community work. This is an ideal resource for shelters to assist with the lack of staffing and capacity.

9.3.1 A formal partnership with the national and provincial Departments of Human Settlements

In addition the Western Cape Department of Human Settlements can play a significant role in the reduction and prevention of the cycle of violence in the homes of South Africans (discussed on page 127 of this report). Housing (whether second stage, third stage, or permanent) has been highlighted in this report as a severe barrier to the success of shelter services. One of the most prominent challenges faced by the women in Western Cape shelters is the lack of accommodation alternatives once their three months programme is completed at the shelter.

Emdon (2007) concurs by noting abused women are often in extremely precarious situations and subsequently need alternative accommodation to escape their abusive partners while they rebuild their lives. In a study conducted by Emdon (2007), participants emphasised how desperate shelter clients were for longer term accommodation once they leave first stage shelters. Participants indicated that these women need a period of stay of between one year to eighteen months, in alternative accommodation that would enable them to set themselves and their children up in a new life, free from the former abusive relationship. This form of shelter, referred to as second stage housing, was found to be virtually non-existent in most of the shelters included in the current study, despite the fact that that the need for it is so acute.

Similarly as described in section 7.2 of this report, there is a need for more permanent accommodation, which is still supportive, once a woman and her children leave stage two housing, such as third stage housing. In third stage housing the accommodation could be some kind of communal living arrangement where a woman and her children have some support but also live relatively independently. The assumption is that by this stage, a woman would have found a job and enjoy some measure of economic independence. In this evaluation it was found that there was no accommodation of this nature being provided by the 13 shelters.

As such, in order to expand and improve services critical to the needs of shelter clients, yet with consideration to the limited budget of the WC DSD VEP, a formal agreement and partnership is encouraged between the WC DSD VEP and the national and provincial Departments of Human Settlements.

9.3.1.1 National Department of Human Settlements

On a national level, four particular housing programmes are available, which can be explored in discussions and negotiations between National DSD and National DoH. These

programmes can effectively be utilised by shelters for alternative accommodation once a client is required to leave first or second stage shelter services.

The four national programmes available (Department of Human Settlements, 2015) include:

- The Social Housing Programme: the social housing programme rentals cater for people earning between R1 500 – R 7 500;
- The Institutional Housing Programme: targets people earning below R3, 500 per month;
- Finance Linked Individual Subsidy Projects: better known as FLISP, enables first time home-ownership opportunities to South Africans and legal permanent residents earning between R3 501 and R15 000 per month. These are people falling in what is called gap market because they either earn too little to qualify for homes loans or too high to qualify for an RDP house; and
- Priority Projects: these can be decided by the President, Cabinet or Ministers and Members of Executive Councils Meeting, Minister of Human Settlements, or the Director-General of the Department of Human Settlements with a view to speed up developments in selected areas.

9.3.1.2 Western Cape Department of Human Settlements

On a provincial level, there are similarly four housing programmes which can be explored in discussions and negotiations between WC DSD and WC DoH. These programmes can effectively be utilised by the provincial shelters for alternative accommodation once a client is required to leave first or second stage shelter services.

The four provincial programmes available (Western Cape Department of Human Settlements, 2015) include:

- The Integrated Residential Development Programme (IRDP): This provides for the acquisition of land, servicing of stands for a variety of land uses including commercial, recreational, schools and clinics. It also provides for residential stands for low, middle and high income groups. The land use and income group mix will be based on local planning and needs assessment;
- The Upgrading of Informal Settlements Programme (UISP): This seeks to upgrade the living conditions of millions of poor people by providing secure tenure and access to basic services and housing;
- The Institutional Programme: This provides capital grants to social housing institutions which construct and manage affordable rental units. The Programme also provides for the sale of units by the social housing institution after at least four years has lapsed; and

- The Community Residential Units Programme (CRU): This aims at facilitating the provision of secure, stable, rental, tenure for low income housing households. The Programme provides a coherent framework for dealing with many different forms of existing public sector residential accommodation.

The need for longer-term housing and independence was clear during this evaluation. The Department of Human Settlements should be approached as a lead role-player in addressing this programmatic barriers shelter services and their clients face.

9.4 SUBSTANCE ABUSE SERVICES ON THE CONTINUUM OF SHELTER SERVICES

During a joint meeting between the Portfolio Committees on Social Development and on Women, Children, Youth and People with Disabilities, briefed by DSD, specific services offered by DSD to women and children were unpacked and discussed (Parliamentary Monitoring Group, 2010). These services included child care and protection, services to older persons, services to people with disabilities, economic empowerment, and home community-based care, prevention and treatment of substance abuse, social grants and victim empowerment. However, the specific need and relevance of substance abuse services at the evaluated shelters appeared to be lacking and it was discussed in section 7.4 that victims of domestic violence are increasingly likely to use substances to either deal with the abuse, or as a result of societal acceptance and practices.

Improvements and capacity building at the DSD funded shelters are necessary in order for substance abuse services to be included in the continuum of services offered to women at these shelters. If this expansion of services offered at the shelters is not considered critical, it can not only negatively affect the success of the shelter services, but also exclude a large number of victims who desperately need shelter services, but cannot access such, due to their addictions.

9.5 STRENGTHENING THE FAMILY TO BREAK THE CYCLE OF VIOLENCE AND ABUSE

9.5.1 Specific focus on children

A key gap in effective shelter programmes was found to be the reality that there were clients who were able to access shelters or places of safety, but were forced to separate from their children. The reasons for this included that the shelter did not have enough space for the client's children and/or the client's children could not be moved to a school closer to the

shelter and/or the child was male and too old to live in the shelter (in most cases only boys under 10 years of age are allowed). The DRA & CSIR (2008) subsequently noted that this raises concern about the safety of children, as well as, the additional trauma of separation suffered by these children. Children are directly affected by the violence in the home even if both parents are present. If the mother leaves an abusive relationship, whether or not the children stay with her, they are still affected; only this time not by violence but by the instability introduced by the absence of one parent. As such, increased professional services are required for these children.

In *Rebuilding The Nest*, Urie Bronfenbrenner (1990) lays out five propositions that describe the processes that foster the development of human competence and character. At the core of these principles is a child's emotional, physical, intellectual and social need for ongoing, mutual interaction with a caring adult--and preferably with many adults. As seen in section 7.2 earlier services specifically empowering children who are affected by DV are lacking and not sufficient at the DSD funded shelters. Increased focus on these services is urgently needed.

The increased focus on children at shelters should include early childhood development (ECD) services at shelters. ECD services are particularly important at the shelters as the first five years of a child's life are fundamentally important, they are the foundation that shapes children's future health, happiness, growth, development and learning achievement at school, in the family and community and in life in general; The first five years are particularly important for the development of the child's brain and the first three years are the most critical in shaping the child's brain architecture. Early experiences provide the base for the brain's organisational development and functioning throughout life. They have a direct impact on how children develop learning skills as well as social and emotional abilities.

9.5.2 Potential inclusion of the perpetrator

The National DSD's Integrated Victim Empowerment Policy (IVEP) (DSD, 2007) highlights the importance of working with the alleged perpetrators in breaking the cycle of crime, violence and abuse against women and children, by stating:

"The approach to services within victim empowerment should focus on restorative justice. The perpetrator should be held accountable for his/her actions and where possible should make amends to the victim. This approach is based on the understanding of crime as an act against the victim, family and the community. It advocates for more active involvement in the justice process by victims and community. It is also aimed at holding offenders directly accountable to the people whose rights are violated and at restoring the loss and harm suffered by the victim. It provides an opportunity for mediation, dialogue, negotiation and

problem solving which could lead to healing, a greater sense of safety and enhanced offender reintegration into the community."

Lerman (as cited by Uebellher, 2012) agrees by writing that such an approach will help the victim, offender and community to focus on moving forward; using the event as motivation to re-engage and empower victims and community members towards building stronger connections.

In addition to theoretical arguments, the real life stories of many victims of domestic and gender-based violence introduce a practical argument in favour of restorative justice interventions that work directly with perpetrators. Globally, 85% of women who leave an abusive relationship return to the relationship (The National Coalition Against Domestic Violence as cited by Salamone, 2010). As a result of a variety of complex and combined factors, women who have been victims of domestic violence and who courageously leave the abusive relationship in numerous instances return to such relationships, largely for financial and familial reasons.

This research is supported by the anecdotal evidence collected through this evaluation: according to shelter staff interviewed, at least one in two of the women clients that they worked with over the past 12 months, have returned to their partners. Evaluation of the participating mothers acknowledged the importance of reintegrating their children back into the family and subsequently preserving the family. Such clients reported that they would need an intervention at home that includes the perpetrator to stop the violence and support them to live as a family unit again.

However, this evaluation found that out of the 13 shelters evaluated; only one has a programme in place to provide therapeutic services to perpetrators of domestic violence.

The roll-out of interventions dealing directly with perpetrators at shelters for victims does pose serious and complex challenges that need to be carefully considered and addressed, most notably that of the security of the victims. Specific strategies to mitigate risks would have to be put in place, such as the screening of perpetrators by shelter staff at individual meetings to assess their appropriateness for such services. Shelters should also consider engaging specialised partner organisations to directly implement such interventions.

Statistics show that (according to Salamone, 2010, & DRA & CSIR, 2009) women often return to abusive relationships, sometimes even up to seven or eight times in their lifetime; in this context, there is an opportunity to design and implement an effective intervention that aims to empower both parties in the relationship in order to break the cycle of violence.

It is however important to note here that it is not in all cases and at all shelters necessarily practical or desirable to implement initiatives focused on the perpetrator, due to the safety concerns for the victim. In addition, role-players who collaborate with shelters to offer services to perpetrators of DV should be adequately trained and educated, as perpetrators have committed criminal offences and could be at some stage of a legal process, which hinders this approach to victim empowerment at shelters. In addition, many perpetrators deny the offence and abuse and may be reluctant to participate. Ultimately each case should be carefully assessed and where applicable and possible an intervention can be considered, based on the needs and consent of the victim.

Dissel and Ngubeni (2003) write that Restorative Justice has been applied to cases of domestic violence and family violence in South Africa, but on a small scale. Numerous challenges exist in this approach, such as the lack of resources and skilled personnel that can deal with these complicated and volatile situations and the risk of secondary victimisation or further harm experienced by the victim. As such, Dissel and Ngubeni emphasise and recommend two key principles that should not be underestimated before involving the perpetrator in the healing process. These are: 1) the request and agreement of such approach by the victim, and 2) such approach can only be implemented once the safety concerns have been properly dealt with (Dissel & Ngubeni, 2013).

9.6 UNDERTAKE ADDITIONAL RESEARCH TO DETERMINE THE NEED FOR SHELTERS

As discussed in section 7.1 further research regarding current shelter service provisioning in the Western Cape should be undertaken in order to adequately assess the need for additional shelters in the province. Specific attention should be given to **improving information and reporting systems in respect of victims of crime and violence admitted to shelters in the Western Cape in order to evaluate the need for additional shelters.**

Attention should also be given to identifying and mapping shelters not funded by the DSD in order to establish a comprehensive database of shelters (both DSD funded and DSD unfunded) in the province.

10. CONCLUDING REMARKS

Violence against women and children is considered as one of the most serious human right's violations. Human rights listed in the South African Bill of Rights, such as the right to home life and the right to dignity supports this statement. It is noted in the Bill of Rights that the privacy of the home shall be respected, save that reasonable steps shall be permitted to prevent domestic violence or abuse and that everyone shall have the right to appropriate protection by law against violence, harassment or abuse, or the impairment of his or her dignity.

As such, the establishment of the national VEP under the national DSD was a critical step in addressing the violation of these rights of children and women who are victims of crime and violence. In addition, the WC DSD subsequently adapted and built on the national VEP, to ensure services to victims are delivered in the province, that are relevant and effective. Since its inception, the WC DSD VEP focused mainly on the subsidising of shelters for women and adults, but expanded its services later to give effect to the NCPS and the International Victim Charter.

WC DSD currently funds 1 348 stage 1 beds in shelters per annum (translating in 337 funded beds per quarter) across the 13 shelters for women and children who have been victims of crime and violence. These shelters have been established between 111 and two years ago and appear to have progressively grown and strengthened to deliver increasingly effective shelter services to the intended target population. The shelter services are specifically available to priority target groups, including: victims (survivors) of domestic violence, victims (survivors) of sexual assault and rape, abused/at risk children (accompanied by an abused mother), and victims (survivors) of human trafficking.

This evaluation aimed to assess the services available at 13 shelters for victims of crime and violence within the Western Cape, funded by the provincial DSD's VEP. Specifically the evaluation explored:

- The relevance of these services in relation to the needs of victims;
- The demand for the services offered; and
- The measures taken to provide a safe, secure and developmental environment for victims.

Finally, the evaluation aimed at identifying gaps in the current service offering and through research on best practice, suggested improvements to ensure the best service delivery.

The above key objectives were met, and the findings to support these objectives reported on. The main findings of the evaluation in respect of the above key objectives included:

1. The relevance of shelter services in relation to the needs of victims:

The nature of domestic violence and violence against women and children was depicted as unfolding to be increasingly complex, and more severe and violent. It was subsequently found that the needs of shelter clients were evolving similarly. As such, the relevance and appropriateness of shelter services were suggested to be reconsidered and redeveloped to meet the changing needs of clients. It was concluded that the basic required support and needs of clients are met, but the higher level support and needs of clients are not met as more relevant and appropriate services are required.

2. The measures taken to provide a safe, secure and developmental environment for victims:

The safety and security measures at the evaluated shelters were found to be sufficient and in line with the Minimum Standards for service delivery. Safety and security measures at most shelters included a combination of burglar bars on all opening windows, electric fencing, 24-hour security and alarm systems. At all 13 shelters, procedures for complaints and disciplinary action were present and clients were aware of these processes and how to access them, for their comfort and safety. At all 13 shelters contact and emergency services' contact details were displayed and available.

Developmental environments for clients were notable and included sufficient engagement and admission procedures (which were client-centred and reduced possibilities for secondary victimisation), knowledgeable staff in respect of the rights and responsibilities of DV victims, and IDPs developed for each client, which include types of services/programmes, interventions and related co-ordination; individual development goals; strengths, interests and wishes; family strengths; length of participation in the programmes; follow-up services; and documentation of input from the victims' family and others (where relevant).

It is however also important to note that the measures for safety, security and a developmental environment can be improved upon. It was found that victims were not generally provided with relevant written and verbal information on their rights and responsibilities, and the physical environment where some of the shelters are located provide access to the community to some extent only, as some shelters and/or community services were found to be not within walking distance from the shelter, transport was not as a rule provided to such services.

With regard to adequate health care services it was found that clients did not generally have access to and received adequate health care, including prescription medicine, dental care, information and treatment for all types of diseases, as such medical services were not accessible on most of the shelter-sites and access to day clinics and hospitals were found to be limited and challenging, as clients would wait for hours or days for services there (except in the case of two shelters that had MOUs with local clinics to provide easier access to health services).

Finally, the developmental environment for clients appear to not be followed through at the most critical point of the empowerment of victims, namely during disengagement at the shelter. It was found that none of the 13 shelters distinguished between an IDP and a client Care Plan, thus also not making use of the Care Plan. The Care Plan however appears to be a critical planning document for each client and their exit strategy, as it should contain separate and more specific information on the client's life-long relationships within their family or appropriate alternative and re-integration in the community within the shortest possible time-frame. It appeared that clients at all 13 shelters were given the maximum appropriate choice and involvement in decision-making regarding their immediate and longer term future circumstances and the involvement of their family and/or significant others. However, it did not seem that any of the shelters were able to give sufficient information regarding most of their clients' immediate future, their next placement, or the next step (which seemed to be largely because of the lack of feasible and constructive exit opportunities and steps, as well as crucial resources).

3. The gaps in the current service offering and through research on best practices suggest improvements to ensure the best service delivery:

The main gaps in shelter service delivery were found to be:

- Limited time allowed at the shelters;
- The lack of inter-departmental and inter-sectoral collaboration;
- The lack of including substance abuse services at shelters;
- The gap in emphasis on the family in shelter services and the subsequent importance of a family-approach to shelter services;
- Male children over 10 years old are neglected in shelter services;
- The possible place for the perpetrator in breaking the cycle of abuse and violence.

In response to the identified gaps and limitations to effective shelter service delivery, a proposed evidence-based and best-practice model for shelter services in the Western Cape was provided. The best-practice model proposed is based on 'what works' observations at the 13 evaluated shelters, feedback from shelter clients, shelter staff and key role-players, as well as best-practice models and approaches to victim empowerment through shelter

services in existing literature and shelter practices. The main element in this model is the importance of an integrated, inter-sectoral, and 'whole world of the women' approach to shelter service delivery, ideally at a one-stop centre.

Key recommendations that should inform the best-practice model for shelter services included:

- Expand shelter services to incorporate all three stages of shelter services;
- Develop and maintain a formal partnership with the national and provincial Departments of Human Settlements;
- Revisit the funding model for shelter services and Victim Empowerment programmes, to leverage on funding opportunities and resources of other key government departments who are mandated to play an active role in services for victims of crime and violence;
- Extend shelter service periods to accommodate clients who require a longer period (than zero to three months) of shelter services and assistance – which should include an effective exit strategy; Integrate service delivery to enable inter-sectoral and inter-governmental collaboration;
- Continue capacity development of staff and quality assurance of services at the shelters;
- Include substance abuse services on the continuum of shelter services;
- Strengthen the family to break the cycle of violence and abuse;
- Expand shelter services to include holistic and systemic violence prevention initiatives;
- Increase specific focus on children who are affected by domestic violence and/or other traumatic events that lead them to the shelter with their mother; and
- Increase the effective implementation of the Integrated Victim Empowerment Policy (National Department of Social Development) in order to render victim empowerment services that are coordinated, integrated, sustainable, and effective.

In conclusion, it was noted that all 13 shelters strive to deliver the services described as key performance indicators in their Transfer Payment Agreements with WC DSD. This indicator, namely 'number of victims of crime and violence benefitting from victim support services, through providing social work services, which includes individual counselling, casework, group work and referral and support services to victims and their family (i.e. child and alleged perpetrator)' was reported by the shelters as the focus of their work. As such, the bulk of their time, effort and funding are spent on victim support services; leaving little or no resources for more comprehensive and specialised services, as listed above. Despite this, it is clear that in most cases the victim empowerment programme and shelter services are invaluable. The evaluation found that beneficiaries were extremely positive and grateful and that the programmes have made an impact on their lives. Management and programme staff also reported that they believed that the programmes were making a difference.

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