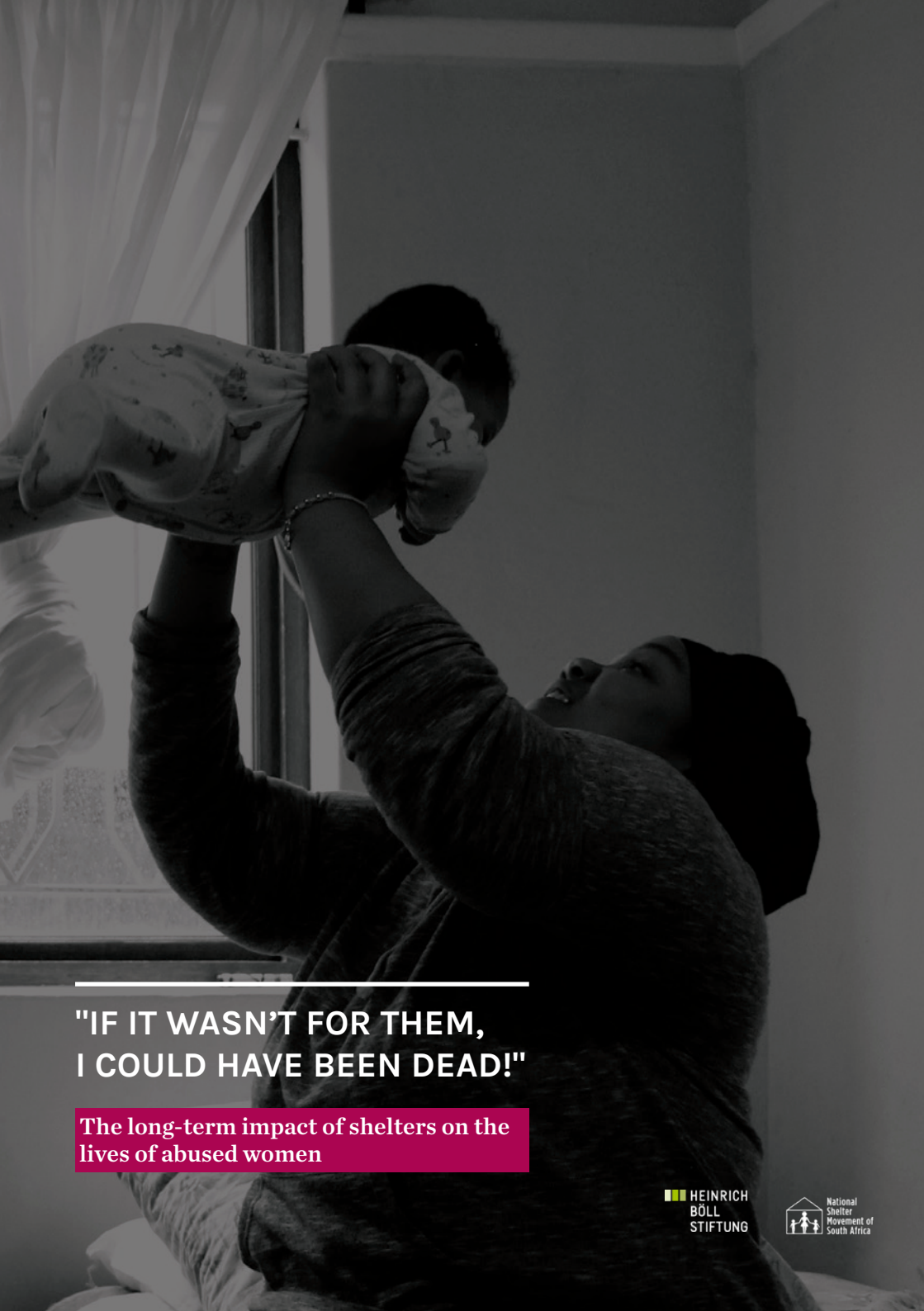


"IF IT WASN'T FOR THEM, I COULD HAVE BEEN DEAD!"

The long-term impact of shelters on the lives of abused women

HEINRICH BÖLL STIFTUNG

National Shelter Movement of South Africa

"IF IT WASN'T FOR THEM, I COULD HAVE BEEN DEAD!"

THE LONG-TERM IMPACT OF SHELTERS ON THE LIVES OF ABUSED WOMEN

This publication is the last of a series of reports that the Heinrich Böll Foundation and the National Shelter Movement of South Africa have produced in relation to their 'Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs' project.'

This publication was made possible with the assistance from the European Union. The contents of this publication are the sole responsibility of the authors and project partners and do not necessarily reflect the views of the European Union.

Written by:
Claudia Lopes, Zethu Matebeni, Sixolile Ngcobo and Mpiwa Mangwiro

Editing by:
Kailash Bhana

Fieldwork by:
Chiedza Chagutah, Nokukhanya Mncwabe and Claudia Lopes.

Women's Interviewer:
Thato Mnguni

To be cited as:
Lopes, C, Matebeni, Z, Ngcobo, S and Mangwiro, M. (2018). "If it wasn't for them, I could have been dead!" The long-term impact of shelters on the lives of abused women. (Editor, Kailash Bhana) Cape Town: Heinrich Böll Foundation.

Photography by:
Claudia Lopes & Yazeed Kamaldien

Publication design by:
Tamzyn La Gorcé

NATIONAL SHELTER MOVEMENT OF SOUTH AFRICA

19 Link Street, Extension 1, Lenasia
Johannesburg, 2000
South Africa
Tel: +27(0)11 854 5804 / 5
www.nsmsa.org.za

HEINRICH BÖLL STIFTUNG SOUTHERN AFRICA

8th Floor Vunani Chambers,
33 Church Street
Cape Town 8000,
South Africa
Tel: +27 (0) 21 461 6266
Fax: +27 (0) 21 462 7187
www.za.boell.org

ACKNOWLEDGMENTS

This report is one of several studies conducted by the National Shelter Movement of South Africa and the Heinrich Böll Foundation on the provision of sheltering for women who experience intimate partner violence in South Africa, associated with their "Enhancing State Responsiveness to GBV: Paying the True Costs" project, supported by the EU. We thank the women and shelter staff for sharing their experiences. Without your generous trust, developing an indigenous body of knowledge on the dynamics of shelter provision in South Africa would have been impossible. We are strengthened and humbled by your resilience, courage and survival in the face of great odds!

CONTENTS

ACRONYMS

DHA	Department of Home Affairs
DoE	Department of Education
DoH	Department of Health
DoJ	Department of Justice
DSD	Department of Social Development
DVA	Domestic Violence Act
GBV	Gender-Based Violence
HCP	Health Care Practitioner/Professional
IPV	Intimate Partner Violence
NAWONGO	National Association of Welfare Organisations and Non-Governmental Organisations
NGO	Non-Governmental Organisation
NPA	National Prosecuting Agency
NPO	Non-Profit Organisation
PFVA	Prevention of Family Violence Act, 113 of 1993
RDP	Reconstruction and Development Programme
SAPS	South African Police Services
SW	Social Worker
SAW	Social Auxiliary Worker
TCC	Thuthuzela Care Centre
VEP	Victim Empowerment Programme
VAW	Violence against Women
VAWC	Violence against Women and Children

EXECUTIVE SUMMARY

Women in South Africa face lethal abuse at the hands of their intimate partners, with as many as three women being killed every day, making South Africa's femicide rate five times higher than the global average. Research studies estimate one in three South African women experience physical violence in their relationships, with one out every five women experiencing sexual violence too. The individual, social and economic impact of intimate partner violence is extensive.

Women suffer from a range of physical and psychological trauma as a result of IPV. Children too are negatively impacted by witnessing their mother's abuse or themselves get embroiled in it. Where women seek shelter with relatives or friends, these individuals too may be caught up in the abusive partner's violence.

For every contact a woman affected by IPV (and her children) make with State services, costs are incurred to government. At each stage the private, welfare and health sectors and communities also incur extensive pecuniary losses as a result of the consequences of IPV.

Women and their children who do not have safe housing or shelter services face the risk of homelessness with increased risks and vulnerability to further violence. Returning to abusive homes may result in intensified abuse, additional physical and psychological trauma or even death.

Shelters for women and their children can literally make the difference between life and death, providing women and children with invaluable services. Yet, shelters are often undervalued, with those rendering such services often facing precarious challenges. Understanding women's experience of the variety of services offered by shelters and the factors that aid or hinder their long-term recovery from abuse is crucial to improving government and non-profit sector policy and practice.

This study attempts to understand the experiences of women who lived in shelters. We heard directly from those who make use of such services and those who render it. Seventeen shelters from three provinces (Gauteng, Western Cape and Mpumalanga), including one government-run shelter, participated in this study. Forty women who had exited 11 of these shelters one to three years prior to the study were interviewed either telephonically or in person and the staff of 17 shelters were also inter-

viewed. The study sought to answer three primary questions: to what extent are shelters able to effectively meet survivors' immediate needs; do shelter services hold long-lasting impact for survivors; and are other interventions/strategies/resources needed to meet survivors' needs in the long-term?

This study found that shelters work! Besides providing women with emergency accommodation, shelters met women's basic needs; provided physical and psychological safety, care and support for them and their children, and helped the majority of women and their children break free of the cycle of abuse. On leaving the shelter, only a quarter of women (10 or 25%) had returned to their abusive partners. At the time of the study 75% of the women interviewed were living free of their abusers.

However, services offered by rural and urban shelters were found to be differential and based on whether or not shelters were able to secure sufficient funding to render a comprehensive bouquet of services. All shelters in our sample received funding from the Department of Social Development (DSD). Rural shelters were particularly heavily reliant on these subsidies with the Department in some cases being their only funder. This study, and others preceding it, found that DSD funding across and within provinces lacks uniformity and is insufficient. Limited subsidies, protracted delays in receipt of funding tranches and funding short-falls in general, meant that shelters had to juggle priorities. Times of financial stress resulted in shelters' staff going without salaries and programmes being cut or halted so that shelters were at the very least able to provide food for women and children.

The efficiency and efficacy of shelter services also depend on the networks shelters are able to forge with service providers in the social welfare, health, criminal justice and business sectors. These networks provide women with access to other services, and at times, even assisted in securing employment. Urban shelters have a wider network at their disposal than rural shelters that generally only have access to police, courts and clinics in their immediate areas.

All shelters strive to meet the complexity of women's needs with basic necessities, safe accommodation and counselling being a minimum level of service for all shelters. Women reported that the counselling and the relationships they developed with social workers was one of the major factors that aided their recovery, and wished that follow-up support from the social workers as well as the support they received with childcare was possible in the longer-term. This would assist them in feeling more emotionally contained and better able to cope with life's pressing challenges.

Children's programmes and therapeutic services was found wanting in several shelters and some children were said to still be struggling to deal with the trauma of abuse and adjusting to the upheavals in their lives. Some shelters specifically mentioned that this was a consequence of DSD grants for shelters not factoring in the needs of women's children that accompany them to the shelter. Children's domestic violence services are inextricable from services for their mothers and an essential component for disrupting the intergenerational cycle of violence.

Women in this study had largely low levels of education with 82% (33) of the sample having only attended high school. Nearly half (19) of the women were unemployed and largely reliant on social grants, or on their partners particularly

those that returned to the abusive home. Skills development programmes in shelters are therefore critical for women to develop marketable skills that promote women's financial independence in the long term. At the time of the study, DSD funding did not cater for skills-development programmes despite shelters being expected to render these programmes. Skills-training was therefore unevenly offered in the 11 shelters with some women having received no training, while others, residing in shelters with greater financial resources, being able to participate in programmes that up-skilled or enabled them to secure jobs. Women specifically asked for improved and a greater variety of these programmes. An audit and an assessment of skills programmes offered by shelters, is necessary as is linking with specialist and skilled service providers and relevant government departments like Labour, Economic Development and Trade and Industry, Small Business and SETAs.

A major factor hindering women when leaving shelters, other than unemployment, is the overall unavailability of second and third stage sheltering, as well as safe and affordable housing options from government. There is an urgent need for the sheltering sector and government to have a policy and resourcing conversation about safe, affordable State subsidised housing options for women survivors of intimate partner violence and their children.

In the long term, follow up therapeutic services for women and their children, child care services; skills development and job placement; safe, affordable State subsidised housing; improved shelter funding and policy; and an integrated, multi – sectoral approach and a network of services to address domestic violence holistically are necessary to better support women exiting from shelters.

The recommendations of this study are:

1. Review DSD shelter policy, strategy, funding mechanisms and practices in line with evidence-based research on women (and their children's) needs in shelter. This includes: standardization of shelter services and regulations, an increase and improvement in funding and capacity for shelters, and in line with that a consideration of a more equitable costing framework.

2. An urgent policy conversation between government, NGOs and appropriate stakeholders is needed on government provision of safe, affordable housing options to survivors of IPV and their children including finalization of the Special Needs Housing Policy.

3. IPV as a public health concern needs to be prioritised by the Department of Health.

4. An audit of shelter skills training programmes including linkages to employment is required in collaboration with a range of stakeholders including government and the private sector.

5. Development of a strengthened coordinated, integrated service between relevant government departments and shelters for comprehensive service provision is a must.

PATRICIA'S STORY

"It's better to cause an accident and be killed by another car than to be shot by him"

Patricia is in her early 50's. She has four children – two of which are her biological children, while the other two are her late sister's children whom she adopted. The children are aged 10 years -27 years. Patricia works full-time and currently lives in her own home with all of her children. At the time of the interview, it had been two years since Patricia and three of her children had left the shelter.

Patricia was initially in a long-distance relationship with her partner. Soon, however, his jealousy and controlling nature had led him to leave the town he was living in to move in with Patricia. Patricia explains, "My partner was abusive. He was very abusive [and] very jealous… He thought things would improve when he moved in…He thought there was something wrong I was doing and that he would catch me by coming to live with me and checking my phone and such things. If I didn't answer my phone then he would become suspicious."

Patricia sought advice from her family and from her place of work. This proved futile. "I spoke to my brothers and my sister in particular…I mean I'm close to my one sister and we talk; but she also has complications with her in-laws so she wasn't in a position to provide me with advice. [And my work] never bothered - they said it's a personal matter so it's not their place to intervene… [my colleagues also felt] I must deal with it. "

The abuse escalated. One day he arrived at her place of work armed with a gun. "He kidnapped me from my workplace", she says, "where he came carrying a gun and threatening to shoot me." Patricia was dragged into his car. She describes what unfolded as her partner sped off.

"When he was driving, I grabbed the steering wheel…the way he was telling me that he'd shoot me and kill me, I thought to myself it's better to cause an accident and be killed by another car [than to be killed by him] – so I kept swerving the car into oncoming traffic. We continued fighting for control of the steering wheel…but he managed to gain control of the car and to bring it to a halt."

With the car now stopped, Patricia tries to escape but her partner grabs hold of her while frantically searching for the gun which has since fallen onto the floor of the car. He finds the gun and shoots. "He fired…but I was still ducking [so] the bullet went into the roof of the car." The ordeal does not end there. "He tried to shoot again and the gun jammed…and it was at that point that I opened the car door and got out and ran. I ran into the road and started shouting, 'this person is trying to kill me!' When people started responding to my distress, he got a fright and ran away. And that is how I survived. I then stopped a van and got into that van. Those people took me to the police."

Concerned that Patricia's partner may return to their house that evening, the police recommend that Patricia and her children be taken to a shelter. Patricia had never heard of a shelter prior to this.


STAY FRESH STRETCH
STRETCH

CHAPTER 1

INTRODUCTION AND BACKGROUND

Intimate Partner Violence (IPV) is a pervasive human rights violation that significantly harms millions of women globally transcending race, class, ethnicity, age, and education. Recent estimates indicate that 1 in 3 women experience IPV ranging from emotional to sexual violence.[1] In South Africa, IPV is widespread and a major contributor to many women losing their lives at the hands of their partners. Those who survive, live with significant physical and psychological trauma, often also suffering financial hardship that makes leaving abusive relationships highly complex. Ensuring women's physical and psychological well-being is a primary concern when addressing the needs of survivors. Providing means for women to exit an abusive relationship, when she chooses to do so, is equally important. Integrated services provided by a range of both government and non-governmental institutions, is essential to ensuring that survivors and their families are effectively supported to deal with the impact of IPV and domestic violence (DV) more broadly. Shelters are a key service in that regard, and can literally make the difference between life and death.

Over the last few years, the Heinrich Böll Foundation (HBF) in partnership with other organisations has conducted several research studies on the State's response to gender-based violence (GBV). The first three studies were undertaken between 2011 and 2013 in partnership with the Tshwaranang Legal Advocacy Centre (TLAC) through a European Union (EU)-funded project. The first study profiled the needs of women who sought DV shelter in Gauteng and the Western Cape and assessed the extent to which shelters could meet those needs in the context of State funding. The second study, also undertaken in Gauteng and the Western Cape, explored the extent to which the police were able to refer abused women to shelters as per their obligations set out in the Domestic Violence Act 116 (1998) and the corresponding National Instruc-

1 World Health Organisation, 2017

tion (1999). The third study assessed the extent to which the criminal justice system facilitated or hindered survivors' seeking assistance from DV through courts and police services.

In 2016, HBF embarked on a new phase of this work together with the National Shelter Movement of South Africa (NSM) through another EU-supported project. The *Enhancing State Responsiveness to GBV: Paying the True Costs* project aims to support State accountability for adequate and effective provision of DV survivor support programmes, specifically the provision of shelter for abused women. The project expanded the research undertaken during the first phase to an additional four provinces viz. Mpumalanga, KwaZulu-Natal, Eastern Cape and Northern Cape[2] (see Lopes and Mangwiro, 2017a; Lopes and Mangwiro, 2017b; Vetten and Lopes, 2018). An additional study costed the operations of DV shelters (see Vetten, 2018).

These studies have all proved vitally important to understanding the complexity of rendering shelter services to a largely vulnerable population. They provide information on the women who accessed shelter services, what their needs were and those of their children, and the extent to which shelters were able to meet those needs within the context of government funding allowances, as well as what those funding allowances should effectively be. What these prior studies have not done, is to talk to the women who actually made use of these services. This study does.

This Long-Term Impact Study (or LTIS) focuses on former shelter residents' experiences of having accessed shelters and their perspectives on the extent to which the services they accessed had helped them in the long-term. Understanding women's experiences of the variety of services offered by shelters and the factors that aid or hinder their long-term recovery from abuse is crucial to improving government and NGO policy and practice.

This report is structured in five chapters. This chapter details the background to the LTIS study and its methodology.

Chapter 2 provides a contextual background to IPV in South Africa under three main themes: the nature, extent and dimensions of IPV in South Africa, the South African government's response to violence against women (the legislative, policy, and institutional context) and then hones in to the history of sheltering in South Africa, its character and funding.

Chapter 3 discusses the findings of this study, providing a profile of shelters and the services offered as well as a profile of clients.

Chapter 4 provides an account of women's experiences during their shelter stay and how they fared upon leaving the shelter environment. It details considerations in meeting the long-term needs of survivors of IPV inferred from the LTIS with respect to psycho-social support; children's services; skills development and job placement; safe, affordable subsidised housing options; and the need for a multi-sectoral approach and a network of services to address IPV comprehensively.

Chapter five concludes with a set of recommendations, which draw on and give expression to the former shelter residents' views (and those of shelter staff) for the improvement of shelter services for survivors of IPV.

2 Thus reaching a total of six provinces with the inclusion of Western Cape and Gauteng.

METHODOLOGY

THEORETICAL AND PHILOSOPHICAL FRAMEWORK

Statistics are considered key when talking about violence against women (VAW) and perhaps this is why quantitative research is the most commonly used research methodology in the larger field of VAW.[3] Qualitative research, which considers analysis of the subjective experiences of women, is, however, of considerable value, particularly in shaping services. Jewkes et al. point to the desirability of qualitative studies, particularly in light of the limitations surrounding statistics.[4]

The theoretical framework used in this study is located within the feminist perspectives of VAW in the domestic sphere. Feminist Standpoint Theory has been chosen as the guiding framework for this study as it places emphasis on 'giving voice' to women's experiences.[5]

Feminist standpoint theory is premised on the assumption that women, as the subjects of study, are not a homogeneous group. Accounts of their lived experiences contain rich specificities, which in the context of this study primarily relates to the South African sheltering system but also factors in elements related to the criminal justice system. For this reason, the research does not attempt to explain participants' subjective experiences with any goal of generalisation in mind neither does it seek to file these experiences under any category of 'womanhood'. Rather, it attempts to reflect multiple voices and perspectives. This is a key aspect of feminist standpoint theory which posits that knowledge is socially constructed and context-sensitive.

A central conception of this research is that women's experiences are inherently valuable and women themselves are the greatest 'knowers' of their lived realities. In other words, respondents in the study are considered experts in their own subjective experience and able to provide rich insight to the lived realities of surviving IPV, so enhancing our understanding of this phenomenon.

LITERATURE REVIEW

A literature review on GBV, the South African State response to GBV and a brief history of shelter provision for survivors of IPV in SA was conducted to frame the study and validate its findings.

RESEARCH TOOLS

The study methodology was developed in consultation with all NSM provincial representatives and refined further by the researchers.

A total of five research tools were developed:

- a screening data capturing tool to reflect information on the client6 and particulars related to her stay at the shelter extracted from case files;

3 Skinner, T et al, 2005
4 Jewkes, R. et al., 2002
5 Ibid
6 This report refers to former residents of shelters as clients, as is standard practice at shelters.

- a script to guide social workers' conversation with previous residents on initial screening;
- a telephone log to register calls made, confirm consent to participate in the study as well as to document preferred time and dates to contact former shelter residents; and
- two structured interview schedules – one for former residents and the other for interviews with relevant shelter personnel.

SAMPLING

This study was conducted between 2016 and 2017 and took place concurrently with this project's first research study. Sampling of shelters was therefore relatively easy as all but two of the 19 shelters from the provinces of Western Cape, Gauteng, KwaZulu-Natal and Mpumalanga that participated in the first study also consented to taking part in the LTIS.

Once shelters had agreed to participate in the study, researchers from HBF and NSM undertook a review of client case files at shelters that met the research criteria, namely victims of IPV who had resided at the shelter from April 2014 to March 2015 (1 year prior to the study) and April 2011 to March 2012 (3 years prior to the study).

This initial screening served to document information on the clients and particulars related to their stay at the shelter e.g. nature of the abuse, whether they had brought children with them to the shelter, the services that the shelter provided, the client's length of stay at the shelter and where they went to upon exiting the shelter.

Once this sample was determined, shelter social workers contacted the former clients to determine their interest and consent in participating in the research. Clients were guaranteed anonymity and confidentiality for the study's purpose. Next of kin were contacted in instances when the social worker was not able to reach the resident. Contact with former residents was largely telephonic but one shelter had also undertaken to do home-visits when they were not able to reach the women by phone.

SAMPLE SIZE

A total of 125 women who had previously resided at the 17 participating shelters were short-listed for the study. However, only 11 shelters from three provinces[7] were able to establish contact with their former clients during the research time-frame. A significant number of these 125 women were not contactable because their or their next of kin/alternative contact persons contact details had changed since they had exited the shelter or the contact person no longer had contact with them. In one instance a client had died due to medical reasons. Her case file had already noted ill-health on her exit from the shelter.

Of those who were reached, 64 consented to participating in the study. In the end, however, only 43 completed the interview. Three interviews were excluded from the sample as, unlike their case files, these women reported to have experienced some form of abuse not related to IPV. This included one woman who reported to have been at the shelter as a result of rape by her stepfather, another who was physically assaulted by her daughter's boyfriend and a third women who was a victim of human trafficking.

7 Only shelters in Western Cape, Gauteng and Mpumalanga were able to contact residents during the research time-frame.

Women's experiences and accounts of abuse, however, were not always clear-cut thus reflecting the very complex nature of IPV and women's perception of it. For example, while the case file of one woman noted her as having entered the shelter after an altercation that had led to her stabbing her partner in self-defence, her account of what had happened was somewhat different during the interview – while she stated that they used to "fight a lot" she took on the responsibility of having instigated the physical altercation. Her description of the type of violence that had ensued was also less severe than what was documented in her case file, i.e. no mention was made of having stabbed her partner. Another woman stated to having sought psychosocial support related to the traumatic loss of a baby and not as a result of an abusive partner. However, while she admitted that her husband abused alcohol and was negligent towards her, her case file notes that she had requested to leave the shelter as she feared that her partner would leave her for another woman or worse, would sexually abuse her daughter. This implies a far more insidious nature of abuse within this domestic relationship that was not fully recorded in her case file and/or not verbalised during the interview. Both women had returned to their partners after leaving the shelter.

This report does not intend to discount women's versions of events or misinterpret their description of the nature of their relationships with their partners. Neither does this study wish to generalise women's experiences of trauma and abuse. However, since these two women's stay at the shelters were spurred by some form of abuse within the intimate relationship, these women form part of the sample.

Interviews with the managers and/or social workers from the 11 Mpumalanga, Western Cape and Gauteng-based shelters that women resided in were used to corroborate information related to shelter services and operations. This report does, however, at times include information extracted from interviews with personnel from the remaining six shelters that had also participated in interviews.

To maintain anonymity of the shelters, their staff and of former clients, actual names have not been used. Shelters have been allocated numbers while women's names have been changed or only described by the first letter of their name. Demographic information such as their ages and the province from where they are located, have not been changed.

DATA COLLECTION AND ANALYSIS

Three interview processes were undertaken during the data collection.

Telephonic, semi-structured in-depth interviews were the main data gathering method although at one shelter face-to-face interviews were conducted. All interviews with former shelter residents were conducted by a clinical psychologist. Interviewees were asked about their experiences of IPV and how this had led to them accessing shelter services. Interviewees were asked what the experience of having accessed shelter services had meant for them at the time and the impact that it had made on their lives in the long-term. Interviewees were also asked to what extent they made use of other interventions prior to accessing shelters. Interviews were conducted in multiple languages inclusive of Zulu, Ndebele, and Tswana/Sotho. The length of interviews varied from 25 to 45 minutes. All interviews were recorded and transcribed in English. This proved to be a lengthy

process particularly in instances where translation was also required.

Interviews with shelter managers and/or social workers took place in person using a structured interview schedule and were conducted by the HBF and NSM project team while undertaking data collection at the shelters.

Interviews with both targets groups also sought to understand the challenges of shelter services and what was required, from shelters themselves and from government, to enhance shelter services.

Interview data was analysed utilising a narrative approach.

LIMITATIONS

The nature of the study and its methodology results in obvious limitations. Telephonic interviews presented various challenges. First, some contact numbers were out-dated and thus potential interviewees could not be reached, or the listed number belonged to a family member or the perpetrator. In other instances, even though consent had been received, finding interview times suitable to both the interviewer and interviewee proved very difficult. These two challenges played a role in limiting the sample size.

Second, one interviewee had a hearing aid and so required an interpreter to assist her in completing the interview. This compromised the quality of the interview as well as the confidentiality of the interviewee's experience.

Third, as this is a longitudinal study, all interviewees had exited the shelter for some time, with some having exited the shelter in 2011. The interview relied on the memory of their experiences and for some interviewees the details of their time at the shelter were sketchy. Thus, there were gaps and discrepancies in details (for example, the dates when they were at the shelter or their length of stay) which did not match information contained in their case files. The subject matter of the interviews was also very personal and intense, which may have resulted in a low level of trust between interviewees and the interviewer in some cases, and telephonic interviews also limits building rapport with the interviewee. It is thus likely that some interviewees withheld information or thoughts because they did not have time to establish trust with the interviewer. Conversely, however, it is quite possible that some women felt more comfortable being candid about such personal topics because of the limited, anonymous nature of the relationship over the phone.

CHAPTER 2

CONTEXTUAL BACKGROUND

VIOLENCE AGAINST WOMEN

Violence against women (VAW)[8] in South Africa is enduring, and has been described as 'widespread', 'normalised' and occurring at endemic proportions.[9] Domestic violence (DV), which describes abuse taking place between people in domestic relationships such as between a woman and her partner, and a father and his child (amongst other types of domestic relationships), is also significantly endemic made more concerning by its cyclical nature, often (but not always) becoming progressively more dangerous over time with some instances leading to fatalities. In 2015/16 alone, some 275 536 applications for protection from DV were lodged with South African courts, with women being the majority seeking this form of legal relief.[10]

Prevalence rates of intimate partner violence (IPV) across population-based studies in South Africa estimate the rate at between one-in-five and one-in-three women reporting experiences of physical IPV in their lifetime, with 40 to 50% of men disclosing having perpetrated physical partner violence. Additionally, nearly one in five women reported having experienced sexual IPV.[11] A 2009 Medical Research Council study reported that three women die at the hands of their intimate partner every day. This femicide rate is five times more than the global average.[12]

According to official crime statistics for the 2017/2018 financial year, 177 620 social contact crimes were committed against women. Of particular concern is that most types of violence appear to be on the rise, with a total of 2

8 The terms 'violence against women', 'gender-based violence', 'domestic violence', and 'intimate partner violence' are used interchangeably in South Africa when referring to women's experiences of male violence. This report at times does the same but with a particular focus on violence experienced by a woman perpetrated by an intimate partner. However, when referring to abuse experienced by a child, only the term domestic violence will apply.

9 Human Rights Council, 2016

10 Vetten, L., 2018

11 Gender Links & The Medical Research Council, 2010

12 Abrahams et al., 2013

930 of murders (11% increase from the previous year), 3 554 attempted murders (6.7% increase), 81 142 common assaults (3.9% increase), and 53 263 assaults with the intention to commit grievous bodily harm (2.5% increase) having been reported.[13]

VAW and children has significant short and long-term costs to those directly affected by the abuse and to society at large. It also results in significant costs to the State. A recent report by KPMG, titled "Too costly to ignore – the economic impact of gender-based violence (GBV) in South Africa", estimates that between 0.9%-1.3% of the country's Gross Domestic Product (GDP) (i.e. R 24-42 billion) is required to meet the costs associated with GBV. In other words, for every contact a woman affected by IPV (and her children) makes with State services, costs are incurred to government which impacts on South Africa's economic growth and stability.

A policy brief by the Commission for Gender Equality in 2013[14] showed that the cumulative economic impact of DV on government, the private sector and society as a whole is enormous and that the social cost of not addressing DV can have far-reaching consequences for all concerned. For the business sector, costs are incurred by decreased work functionality, absenteeism and staff turnover. For the victims/survivors who work, high absenteeism may result in a loss of income and even job loss. This economic setback is further compounded by additional expenses incurred when seeking support services, such as traveling to police stations or courts, seeking medical care, psychological support and so on. Long-term costs include but are not limited to legal fees, medical and psychological treatment, ongoing court dates and follow-up.[15]

Not being able to access support services leave women vulnerable to a life of continued torment and trauma. The impact on their children is also similarly damaging.

Children growing up in abusive households experience secondary trauma, are fearful and anxious and susceptible to ill-health. The impact of this can lead them to react in different ways: depending on their age, reactions may include regression such as thumb-sucking, bed-wetting, guilt and self-blame for the violence, acting out and violent and/or risky behaviour, and substance abuse amongst other impacts.[16] Children who experience abuse themselves are also at risk for long-term physical and mental health problems amongst a number of other complications. Children growing up in abusive households may also view violence as a conflict resolution mechanism thereby accepting it as the norm within relationships. This perpetuates a cycle of violence and trauma, negatively impacting on the well-being of society as a whole.[17]

Seeking to leave abusive relationships is incredibly complex, arduous and risky. Reporting DV to State authorities may lead to increased levels of abuse, even death, should a women's abusive partner discover this. Where women seek shelter with relatives or friends, this may lead to these individuals also being embroiled in the abusive partner's violence. Those that may

13 Stone, K and Lopes, C, 2018
14 Stone K, Watson J and Thorpe J, 2013
15 Ibid
16 ibid
17 Watson, J and Lopes, C, 2017

escape but who have no alternate options for housing may be forced into desperate survival strategies like sex work and criminal activities, and as a result exposed to further risk of physical, sexual and emotional harm.[18] The same applies to their children.

Shelters play a fundamental, mitigating role in responding to, and addressing, VAW and their children. Shelters offer safe accommodation. They provide women with opportunities for healing and for re-building their self-worth. Most importantly, shelters also play a significant role in interrupting and breaking the cycle of violence.

Women leaving abusive relationships require extensive psychosocial care and practical support as well as assistance to access health care and legal services. Children who enter shelters with their mothers have differential needs depending on their ages. For example, those of school-going age may need assistance with continuing their education especially when instability has led to disrupted schooling. Above all else, children need care and support to not only deal with the trauma that they have suffered but also to deal with the immediate crisis of being removed from a familiar environment and having to adjust to shelter living. Effectively doing so, however, requires significant expertise, care, and resources.

THE STATE'S RESPONSE TO DOMESTIC VIOLENCE

SOUTH AFRICAN POLICE SERVICES & THE DEPARTMENT OF JUSTICE

The South African State's legal response to DV began in 1993 with the promulgation of the Prevention of Family Violence Act (PFVA) (Act 113 of 1993)[19], the country's first ever legal remedy to specifically address DV. Prior to this, abused women's only form of potential legal recourse was to apply for a peace order through the then Criminal Procedure Act (Act No. 56 of 1955).

In 1996, government expanded its commitment to respond to violence against women and children (VAWC) through the development of a National Crime Prevention Strategy (NCPS). This strategy served to prioritise crimes of VAWC as a national focus area. The NCPS was far-reaching and led to various legislative and policy reforms. One such effort resulted in the promulgation of the Domestic Violence Act (no 116 of 1998) (DVA).

The DVA is a far more robust legal framework than that of the PFVA which was fraught with limitations. The DVA broadened the definition of DV to include acts of physical, sexual, emotional, economic and psychological abuse as well as intimidation, stalking, harassment and destruction of property. The definition of a 'domestic relationship' was expanded to incorporate a wide range of intimate and family relationships including same-sex relationships,

18 Stone, et al, 2013

19 Prevention of Family Violence Act, Act 113 of 1993

relationships which have ended and dating relationships amongst others. The DVA enables a victim of DV to apply for a protection order in an effort to stop harassment and abuse by a perpetrator. A magistrate granting such a protection order may list a number of conditions that must not be breached by the perpetrator. Any breach of these conditions is subject to arrest. A magistrate may also instruct the removal of a fire-arm or a weapon which is often used to threaten and/or injure.

Two research studies on femicide by the Medical Research Council (MRC) first in 1999 and then later in 2009 found that women were extremely vulnerable to being killed by a variety of weapons or objects. In 1999, death by shooting resulted in the deaths of 1,147 women killed in South Africa, 692 of these homicides occurred at home. The research found a decrease in this type of homicide a decade later. Of the 462 of women killed by gun-shot, 405 of those shootings were as a result of IPV. Table 1 provides a snapshot of "mechanisms" used in female homicide.

TABLE 1: COMPARING MECHANISM OF DEATH IN INTIMATE AND NON-INTIMATE FEMICIDE IN 1999 AND 2009[20]

	Gun-related	Stab-related	Blunt-related
Intimate 1999	30.6%	33.2%	33.2%
Intimate 2009	17.4% (halved)	31.4% (the same)	29.5% (slight decrease)
Non-intimate 1999	33.6%	34.3%	21.2%
Non-intimate 2009	17.1 (halved)	35.5% (the same)	22.4% (the same)

A potential reason for the evidential drop in intimate femicide over these 10 years could be attributed to the implementation of the DVA, and in relation to gun-violence, the implementation of the Firearms Control Act (2000).

This does not, however, mean that a protection order always guarantees that domestic abuse will stop. Cases of femicide, which actually appears to have increased significantly over the last few years, have occurred despite women having been in possession of protection orders as indicated in Vetten (2017). Vetten notes that in 2009, approximately one in 20 of the women (4.9%) killed by their intimate partners was in possession of a protection order. Police negligence may have contributed to these deaths.

While the DVA is in many ways considered a progressive piece of legislation, a number of challenges beset its implementation, such as with the police's failure to adequately comply with their obligations as set out in the Act.[21] The DVA places a number of duties on the police to render specific services to victims. In our context, one such duty includes assisting victims to access suitable shelter.

However, research by HBF and TLAC in 2012 and then later in 2016 and 2017[22] with the NSM, found that police were often lacking in this regard. The research, which entailed cold-call-

20 Article in Safer Cities website.

21 Matthews, 2012; Taranto et al., 2013; Vetten, 2014; Watson, J and Lopes, C, 2017; Stone, K and Lopes, C, 2018.

22 Stone, K and Lopes, C, 2018.

ing all police stations in the provinces of Gauteng, Western Cape, Mpumalanga and KwaZulu-Natal to gauge their capacity to refer victims of DV to either a shelter or social welfare organisation, found that while pockets of excellent service do exist, a number of problems do present themselves. The police were often found to be insensitive and did not fully understand the DVA or their responsibilities. The research also found that information on/about shelters is not readily available to police officers, and/or the police are not adequately prepared to assist.

At times police were genuinely not aware of shelters in the vicinity or shelters simply did not exist in their areas. Expecting the police to render such services, as instructed by the DVA, thus presupposes that these shelters and their services for women experiencing abuse must exist, and that they be known.

THE DEPARTMENT OF SOCIAL DEVELOPMENT

The Department of Social Development (DSD) has a significant role to play in the State's response to DV, IPV and GBV more broadly. The NCPS referred to earlier, also led to the development of the Victim Empowerment Programme (VEP) which is under the auspices of the DSD. The VEP is a victim-centered, inter-departmental and multi-sectoral approach to rendering services to victims of crime and violence. The VEP is guided by the *Service Charter for Victims of Crime in South Africa* and the *Minimum Standards on Services for Victims of Crime* (2004).

The provision and regulation of shelters constitutes part of the VEP. DSD has over the years set out a number of policies, standards and strategies in relation to shelters and shelter services. This ranges from the DSD's 2001 *Minimum Standards on Shelters for Abused Women to* the more recent *National Strategy for Sheltering Services for Victims of Crime and Violence (2013 – 2018)*[23].

The National Strategy, as in other strategies and policies by DSD and the State, e.g. *Integrated Programme of Action Addressing Violence against Women and Children (2013-2018), Policy on Financial Awards (2011)* and others, recognises the Department's role in not only establishing shelters but also in funding them. In so doing, it also sets out a number of key criteria in the rendering of these services. Below follows the Department's latest definition of what a shelter is as well as what services it is meant to provide:

"A shelter is a residential facility that accommodates 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 one day up to approximately six months (6 months) as the need dictate. This intervention includes meeting basic needs (Protection, food, accommodation, and clothing) as well as support, counselling and skills development including victim's rights and capacity building. The shelter for victims of crime and violence does not provide statutory services to children hence shelters cannot accommodate children without their parents."[24]

23 DSD, 2013
24 Ibid, p. 19

In addition to shelters, the Department also defines a range of other service modalities such as Khusuleka One-Stop Centres[25] which are multi-disciplinary centres where victims receive psychosocial support, medical as well as legal and police investigative services, Safe houses[26] (also known as White or Green Doors depending on the province) serving as points of referral to other service providers including shelter, Crisis Centres[27], serving as spaces for emotional containment and short-term sheltering (of up to three days), and Thuthuzela Care Centres[28], one-stop centres for victims of sexual violence.

In their policy brief on approaches to strengthening State responses to shelters, Watson and Lopes (2017), note that as of August 2017, DSD had reported to have capacitated 180 officials and stakeholders to render effective support to women in shelters, and to have set up 84 shelters nationally, 6 Khuseleka One Stop Centres, 13 shelters for victims of human trafficking and 205 White Door Safe Spaces. As impressive as this appears, the reality is that the majority of shelters that DSD refers to have been established and are run by non-profit organisations (NPOs). DSD provides capacity and financial support to these organisations but it does so in ways that are often "inadequate" and "posing a threat to effective provision of services to victims of domestic violence".[29]

Central to this problem, is the fact that while the Department recognises its responsibility in funding shelters, it does not specify how shelters should be funded and to what extent. This is further hindered by the Policy on Financial Awards which states that NPOs funded by government must meet the deficit in their finances through their own fundraising initiatives; this, despite the State being ultimately responsible for the social welfare of its citizens.

SHELTER PROVISION IN SA – THE UNDER-FUNDED FORTE OF THE NON-PROFIT SECTOR

By far the greatest response in the rendering of services to victims of violence and abuse rests at the helm of NPOs/NGOs (non-governmental organisations), with some being documented as providing services to women as far back as a century ago such as the Cape Town-based NGO St. Anne's Home for Women and Children. St. Anne's Home was established in 1904 by the Anglican Church to provide a safe haven for women and young girls who found themselves in difficult circumstances. The organisation is the first recorded shelter of its kind in South Africa. About 80 years later, the first shelter for women specifically seeking refuge from abusive relationships was opened by People Opposing Women Abuse.[30]

25 Multi-disciplinary centres (operating on 24 hours basis), usually located at the local hospital, clinic or house in the community, where victims of sexual offences and domestic violence and child sexual abuse receive psychosocial, victim support and trauma counselling, medico-legal, medical-, as well as legal and police investigative services. The centre is inclusive of a shelter component.

26 It is a safe space in which the victims are accommodated overnight or for 24 hours and refers to related support services such as shelters for the period of long stay following victimization.

27 Crisis centres are sites that provide short term crisis intervention mostly specialising in ensuring that the victim is contained and calmed down and their needs assessed before being referred on to other relevant stakeholders.

28 These are one stop facilities for survivors of rape aiming to reduce secondary victimization, improve conviction rates and reduce the cycle time for finalisation.

29 Watson and Lopes, 2017

30 Park, Y. J., Peters, R., & De Sa, C, 2000

NGO services focused on DV were formally brought within the ambit of the DSD when South Africa's first democratically elected government formally recognised its responsibility to address VAW as a priority crime. A convenient first step for government, that lacked the required expertise in sheltering survivors of IPV, was outsourcing and subsidising the provision of shelter services to NGOs. Unwittingly, this positive step saw NGOs providing crucial shelter services for survivors of IPV (essentially relegated to becoming a service arm of the State) but being woefully underfunded to do so as has been mentioned.

All the HBF and NSM provincial studies[31] on shelters have clearly established that DSD grants are insufficient to meet the complexity of needs of IPV survivors and their children. The studies have also noted differences in how subsidies are provided to shelters across the country with funding frameworks employed varying from province to province, and, at times, even from shelter to shelter within the same province. Further problematic areas are delays in receipt of DSD funding tranches, which holds significant negative consequences not only for those rendering shelter services but also for those who make use of them. Further, burdensome bureaucratic processes tend to accompany the receipt of such funding.

The lack of the State's appreciation of the full range of needs of women experiencing IPV is not unique to South Africa. A multi-state study of DV shelters and experiences of residents conducted in the US (Lyon et al, 2008) also revealed the complexity of needs that women in shelters presented with. State actors failed to fully comprehend the variety of services required to respond to those needs, such as transportation, medical, mental, and emotional health services, financial help, services for children, and accommodation for survivors with physical and other disabilities.[32]

In South Africa, this failure to fully understand the complexity of rendering quality service provision was realised when in 2010, three Free State-based NPOs took the DSD at both national and provincial level to court (known as the NAWONGO[33] case). The chief complaints leveled at the Departments related to funding irregularities and insufficient subsidy allocations to render the services expected of them. The court ruled in favour of the NPOs. It found that by not sufficiently funding NPOs, the Department had violated the constitutional rights of vulnerable groups. The court instructed DSD to pay out all outstanding funds due to the organisations and further ordered a revision of the Provincial Government's funding policy.

In 2011, the Free State DSD submitted the first revision of its Policy on Financial Awards. This revision was rejected by the court for failing to adequately respond to the first judgment. It took three years and another two policy revisions before the High Court was satisfied that the DSD had complied with all the judgments. It is not clear whether the new National Policy on Financial Awards has been finalised yet.

DSD recognises some of these shortcomings in its National Strategy[34] policy document particularly in relation to a lack of standardised fund-

31 Bhana et al. 2012; Bhana et al. 2013; Lopes, et al 2013, Lopes et al 2017; Lopes et al 2017 (b); Vetten 2018

32 Lyon et al., 2008

33 Stands for National Association of Welfare Organisations and Non-Governmental Organisations.

34 DSD, 2013

ing. Additional short-comings include lack of accredited skills development programmes for both women who seek shelter and shelter staff, lack of standardised programmes for children that accompany women to shelters and the lack of norms and procedure manuals.

It goes without saying, policy development and implementation is highly complex. It requires understanding of what is needed and the collaboration of a wide range of actors, expertise, political will and necessary resources to ensure that what is written on paper is effectively realised in practice.

Political will has been demonstrated in the past. In 2012, then Deputy President Kgalema Motlanthe chaired a newly established National Council for Gender-based Violence (NCGBV) along with then Minister of Women, Children and People with Disabilities, Lulu Xingwana as its political Champion. Some of the responsibilities of the NCGBV were to drive the implementation of government's 365 Days National Plan to End GBV.[35] The NCGBV, failed to deliver a national plan to address GBV, after then Minister Shanbangu in the Presidency responsible for Women, Children and People with Disabilities shifted the responsibility to the DSD in 2014. Amongst the reasons for the failures, besides sustained political will, was a budget to address the priorities.[36]

BUDGET ALLOCATIONS

NATIONAL DSD BUDGET

In the 2015/2016 financial year (the year prior to the commencement of this study), the budget of DSD at national level for social security and developmental social welfare was R206.4 billion - equivalent to 15.3% of government expenditure, and 4.9% of GDP.[37] Eighty-eight percent (88%) of this budget was allocated to social assistance and security (i.e. SASSA grants), 10% to welfare and related services, and 2% for administration. From the welfare and related services budget, 62% was allocated to services related to children and families, 11% to older persons, 8% for HIV and AIDS services, 6% each for people with disabilities and substance abuse, 4% for social crime prevention and victim empowerment, and 3% for youth development. (Budget allocations to victim empowerment, is equally low at the provincial level).

SASSA grants are a safety net for many people. This social protection is imperative to ensure basic survival in times of economic hardship. Social grants remain the cornerstone of government's key programmes to fight poverty afflicting children, people with disabilities and older persons. Since 1994, the social grants system has

35 South African Government News Agency, August 2012.

36 A call for political action was again made in August 2018 when thousands of women marched across the country with a key set of 24 demands for addressing GBV under the banner of the #TheTotalShutdown Movement. In response, President Cyril Ramaphosa held a Presidential Summit on GBV & Femicide. This summit has resulted in the formulation of a declaration which amongst many other commitments, promises to increase funding to shelters and other social welfare services. The budget to do so must now follow.

37 DSD, Summary Report on the Review of the White Paper for Social Welfare, 2016:34

expanded from 2.7 million beneficiaries to over 15 million and the provision of social protection in the form of social grants has sustained many vulnerable households, particularly against the global financial crisis that threatens to reverse development gains in many developing countries across the globe. Social grants are therefore very important to women in or seeking to leave abusive relationships, especially when factoring low levels of education and skills, and childcare, which prevent ease of entry into the job market. The grant is not, however, able to sufficiently sustain women in these circumstances. NPOs rendering social welfare services are thus a critical service enabling better survival and/or a step-up out of poverty.

In the 2016 *Summary Report on the Review of the White Paper on Social Welfare,* DSD notes that transfers to NPOs for service delivery accounts for 37.1% of the combined DSD budgets of all nine provinces; an amount that is equivalent to less than 0.1% of the DSD budget at national level.[38] While transfers to NPOs are described as "substantial", the Department admits that this amount is less than what it allocates to DSD personnel. Since 2005/06, allocations to NPOs from DSD at provincial level have decreased from 40% to 37%.[39]

It goes without saying, policy development and implementation is highly complex. It requires understanding of what is needed and the collaboration of a wide range of actors, expertise, political will and necessary resources to ensure that what is written on paper is effectively realised in practice.

38 Ibid, p. 35
39 Ibid.

PROVINCIAL BUDGET ALLOCATIONS – MPUMALANGA, WESTERN CAPE, GAUTENG

Shelters are funded under DSD's Victim Empowerment Programme; one sub-programme of a larger programme called Restorative Services.

The VEP is but one of four sub-programmes of the Restorative Services Programmes – the other three budget components being that of Management & Support (referring to allocation of personnel to sub-programmes); Substance Abuse, Prevention & Rehabilitation; and Crime Prevention & Support.

Budlender and Francois's (2014) analysis of social welfare budgeting found that the VEP tends to account for 15% of the Restorative Services Programme nationally, with varying differential allocations across provinces (see Table 2) but none receiving even a quarter of the Restorative Services budget in any of the provinces. Of our three provinces: Mpumalanga would appear to have the highest share with percentages allocated to this sub-programme over the Medium Term standing at 24%. Western Cape, on the other hand, appears to have the lowest percentage allocations with 9% earmarked for 2015/2016 followed by a dip in the following year. An analysis of provincial DSD annual reports shows actual spending to be somewhat different.

TABLE 2: VICTIM EMPOWERMENT AS SHARE OF RESTORATIVE SERVICES

	2013/14	2014/15	2015/16	2016/17
Eastern Cape	18%	19%	20%	19%
Free State	20%	16%	21%	17%
Gauteng	17%	19%	20%	20%
KwaZulu-Natal	7%	9%	9%	9%
Limpopo	21%	8%	10%	12%
Mpumalanga	21%	24%	24%	24%
Northern Cape	16%	6%	5%	5%
North West Province	23%	24%	24%	25%
Western Cape	7%	9%	9%	8%
South Africa	**15%**	**15%**	**15%**	**15%**

TABLE 3: 2015/2016 ACTUAL EXPENDITURE OF PROVINCIAL DSD'S RESTORATIVE SERVICES PROGRAMME & PERCENTAGE ALLOCATIONS

SUB-PROGRAMME	WESTERN CAPE	%	GAUTENG	%	MPUMALANGA	%
Management & Support	3 165	1	1 129	0[40]	27 918	21
Crime Prevention & Support	194 506	61	165 856	41	51 019	38
Victim Empowerment	28 740	9	66 764	16	20 368	15
Substance Abuse, Prevention & Rehabilitation	92 574	29	173 326	43	35 696	26
Total	**318 985**	**100**	**407 075**	**100**	**135 001**	**100**

(source: extracted from 2015/2016 annual reports of each provincial department)

Table 3 illustrates actual expenditure of all three provincial DSD's Restorative Services Programme and the percentage allocation of each sub-programme to the total budget. In the 2015/2016 financial year, Mpumalanga DSD's budget for its Restorative Services Programme stood at R145 million (11% of the Department's overall budget), with VEP actually only receiving 15% of the Restorative Programmes budget, not the envisioned 24%. In its annual Report, DSD reports to have under-spent all four sub-programmes of the Restorative Services programme culminating in an overall under-expenditure of just over R10 million - R2.5 million of this was attributable to non-transfers to NPOs.[41] The VEP, with an under-expenditure of R1.2 million[42], was the second least spent-on sub-programme of the Restorative Services budget. Of the VEP's actual expenditure of R20.3 million that year, about R9.9 million was transferred to 15 NPOs rendering social services and shelters for victims of crime and violence. This ranged from R308,000 to a victim support centre to R1.1m for services and the running of a victim empowerment centre of which one component is a shelter. The Department reported to have reached a total of 3,274 victims of crime and violence; exceeding an initial target of 640 victims. The Department attributes this overachievement to an increased demand for shelter services.

Spending in the Western Cape in that same financial year saw the VEP budget receiving the planned 9% of its VEP budget from the Restorative Services Programme. Almost 90% of its R28.740m spend on VEP, was transferred to NPOs rendering services to victims of crime and violence. This totaled R25.860m of which slightly less than half (R11,852m) was transferred to 14 shelters[43]. Funding to individual shelters ranged from R157,380 to R3.2m, the latter of which refers to a Khusuleka One-Stop Centre, the Province's first such model launched that year.

40 Rounded down from 0.2

41 MP DSD Annual Report 2015/2016 presentation to MP legislature, October 2016.

42 This under-spend may, in part, be attributable to DSD in MP having only funded 15 of the 16 NPO's delivering victim empowerment services. One of these sites was not funded due to non-compliance (MP DSD 2015/2016 Annual Report:, p. 67 as supplied by National DSD via email).

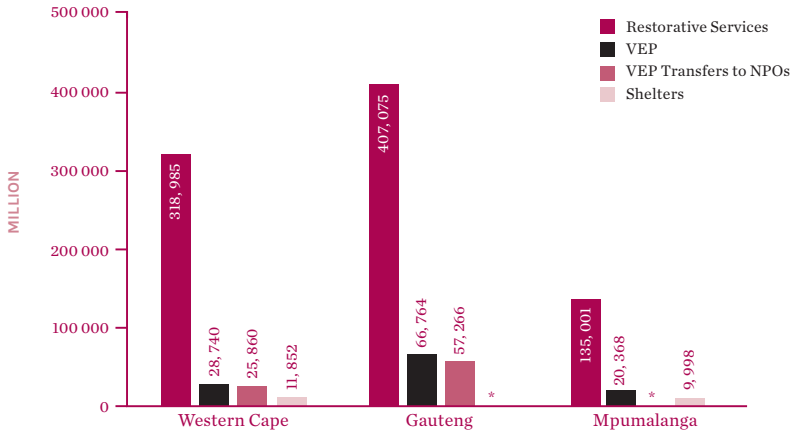
43 Annexure A of 2015/2016 Annual Report.

The shelter in question can accommodate a total of 100 victims of crime and violence. In addition to partnering with the shelter to have it run as a Khusuleka one-stop centre, the department also reports to have piloted a shelter space for male victims of violence and crime. Through these and other efforts the Department has noted having reached a total of 25,330 victims of crime as a result of an increase in victims requiring services at sexual offences courts, in gang affected and rural areas, and as a result of high turnover of victims at shelters.

Meanwhile, in Gauteng, VEP spending amounted to R66,764m – 16.4% of the R407,075m Restorative Services Budget; less than the 19% estimated. The annual report of the Department does not specify how much of the VEP budget was transferred to shelters, but does note funding a total of 23 shelters and reaching 2,317 victims of crime and violence as a result.

Figure 1 provides a graphic representation of DSD provincial budgets and transfers to NPO's, filtering down from the Restorative Services budget transfers to shelters. Information on how these budget allocations translated to their applications at a shelter level will be more clearly presented in Chapter 3.

FIGURE 1: DSD PROVINCIAL BUDGETS & TRANSFERS TO NPO/SHELTERS IN THE 2015/2016 FINANCIAL YEAR[44]



* Information not supplied in annual reports

44 Information extracted from DSD Annual Reports.

LOOKING FORWARD: VICTIM EMPOWERMENT IN THE SOCIAL WELFARE SECTOR

Victim empowerment services are one type of a range of services rendered in the social welfare sector. In this regard, Victim Empowerment tends to be on the lower (at times lowest) priority rung. This has been highlighted in the previous shelter studies as well as the more recent one (see Vetten and Lopes, 2018). Table 4[45], reflects combined provincial and national budget spending in the social welfare sector as extracted from a presentation to Parliament's Portfolio Committee on Social Development in August of the same year. Victim empowerment is seen to receive a mere 3% of the budget, remarkably low considering its supposed "national priority" status (see DSD's Strategic Plan 2015-2020, five key sector priorities over the Medium Term Strategic Period).[46] The Department specifically notes that "low spending on crime prevention and support and victim empowerment is worrying".[47]

TABLE 4: NATIONAL AND PROVINCIAL BUDGET ALLOCATIONS TO SOCIAL WELFARE SERVICES (2017/18 - 2019/20)

SUB-PROGRAMME	2017/18 BUDGET	%	2018/19 MTEF	%	2019/20 MTEF	%	% INCREASE
Care and services to families	499 782	4%	530 644	4%	560 343	4%	7.3%
Child and Youth care centres	1 176 559	9%	1 813 897	13%	1 951 290	14%	5.5%
Child care and protection	1 813 897	14%	1 951 290	14%	1 300 736	14%	5.3%
Community-based Care services for children	770 738	6%	815 444	6%	865 466	6%	5.3%
ECD and partial care	2 711 571	22%	2 908 973	21%	3 030 922	22%	8.3%
Crime prevention and support	1 066 885	8%	1 126 772	8%	1 194 379	9%	4.2%
Substance abuse, prevention and rehabilitation	874 251	7%	1 020 279	7%	1095473	8%	11.8%
Victim empowerment	387 775	3%	410 837	3%	443 142	3%	2.7%
Services to older persons	1 312 934	10%	1 382 981	10%	1458857	10%	5.7%
HIV and AIDS	1 109 195	9%	1 102 226	8%	1 165 961	8%	10.1%
Services to persons with disabilities	777 103	6%	810 664	6%	851 859	6%	4.5%
Social relief of distress	98 107	1%	99 834	1%	105 229	1%	2.3%
	12 598 797		**13 973 841**		**14 023 657**		

45 Vetten and Lopes, 2018.

46 As provided in https://pmg.org.za/committee-meeting/20809/

47 Notes on power-point presentation as provided in https://pmg.org.za/committee-meeting/26889/

Table 5 further reflects the percentage share allocations of provincial budgets to these same social welfare sectors. Victim Empowerment allocations range from 1% in the Free State and KwaZulu-Natal to 4% in the Eastern Cape; all three provinces pertaining to this study allocate a mere 2%. Blocks highlighted appear to note prioty focus areas.

TABLE 5: PERCENTAGE SHARE ALLOCATIONS OF PROVINCIAL SPENDING ON SERVICES[48]

RELEVANT SUB-PROGRAMMES	EC	FS	GT	KZN	LM	MP	NC	NW	WC
Services to older persons	7%	9%	6%	6%	4%	4%	4%	11%	11%
Services to persons with disabilities	3%	4%	3%	5%	4%	4%	2%	5%	8%
HIV and AIDS	5%	3%	8%	8%	11%	4%	3%	5%	0%
Social relief	2%	0%	0%	0%	0%	1%	1%	1%	0%
Care and services to families	3%	2%	3%	1%	4%	3%	4%	3%	2%
Child care and Protection	8%	8%	12%	13%	8%	10%	7%	5%	9%
ECD and partial care	12%	21%	11%	16%	17%	18%	12%	11%	15%
Child and youth centers	4%	6%	11%	6%	3%	4%	5%	5%	5%
Community-based care services for children	1%	1%	10%	4%	7%	2%	2%	0%	0%
Management and support	14%	1%	0%	16%	4%	12%	15%	18%	22%
Crime prevention and support	8%	5%	3%	4%	3%	4%	10%	7%	10%
Victim empowerment	4%	1%	2%	1%	2%	2%	2%	3%	2%
Others	27%	33%	25%	18%	28%	25%	29%	20%	12%
	100%	100%	100%	100%	100%	100%	100%	100%	100%

(Source: DSD presentation to Parliament, August 2018)

It should be noted, however, that in October 2017, Treasury put out its Medium Term Provincial Budget Statement which highlighted an increase of R1.2b to aid provinces to meet their responsibilities in addressing VAWC. The increase was in part attributed to the Free State NAWONGO court case. It also announced a research initiative to 'quantify the gap between current funding and the actual cost of service provision'. In the following year, R788.2m was allocated to fund VAWC initiatives and Isibindi programmes, the latter referring to community-based child and youth care prevention and early intervention services.

Provincial Departments can, however, allocate this funding as they see fit within the scope of VAWC initiatives. This therefore does not necessarily mean increased funding to NGO's rendering imperative services to those affected by VAWC, such as shelters, if this is not considered a priority focus area for that particular Department.

48 The financial year(s) to which this data pertains to is not included in the presentation.


KINGSLEY HEATH
ESTABLISHED 1994

CHAPTER 3

SHELTERS & THE WOMEN WHO MADE USE OF THEM

"Shelters not only improve the lives of their residents, but also minimise the social and economic consequences of domestic violence on the State. For instance, by providing safe and secure housing, shelters prevent women and children from returning to abusive home environments or becoming destitute and homeless. By providing food, clothing and a warm shower, shelters prevent women and children from having to engage in exploitive or criminal behavior to meet their basic needs. By providing social and psychological support, shelters prevent women and children from engaging in self-destructive behaviors and perpetuating cycles of violence. By providing job skills training, shelters prevent women from remaining financially dependent on their partners and help them to become self-sufficient. By providing childcare, shelters prevent women from having to leave their children unattended, or in the care of someone who they may not trust, or in areas that are not safe. By providing playgroups, play therapy and other activities, shelters allow children to socialise in peaceful environments and connect with children who have been through similar experiences, which afford them the opportunity to recover from abuse. By providing transportation and money to cover school fees, shelters increase children's access to education and instill values of structure, discipline and accountability. By providing assistance with identity documents and birth certificates, shelters assist women and children with obtaining social welfare benefits. By providing transportation and money for hospital fees, shelters increase access to medical care. By providing access to legal services, shelters help educate women and children about their rights, including how to obtain protection orders, maintenance and child support payments. The cumulative effect of these services, (when shelters are able to afford them), has an invaluable impact on the State, its citizens and South African society as a whole."
(Stone, Watson & Thorpe, 2013)

THE SHELTERS

Eleven shelters participated in the study (10 non-profit and one government-run). Five shelters were based in Mpumalanga, four in Gauteng and two in the Western Cape. The shelters ranged from smaller-sized facilities able to accommodate 10 women and their children in refurbished containers to larger houses that are able to accommodate 26 women and children. The largest shelter in the sample accommodates 100 women and children at any given time. Two shelters in the sample accepted men as residents, but men were accommodated separately from women.

All shelters in our sample provide short-term accommodation which can range from a week to six months as per DSD's *National Strategy for Shelters* definition. Extension of stays can, however, be negotiated under specific circumstances. In addition to short-term residency, some shelters are also able to offer second stage housing, allowing residents to live more independently from the shelter while still benefiting from its services. The duration of residency at second-stage housing facilities ranges from nine to 12 months. Only one shelter in our sample was able to render third stage housing[49] to residents.

All shelters in our sample admit women, along with their children, who have experienced some form of abuse. This includes women victims of sexual assault, DV and IPV, human trafficking and a variety of other circumstances which may render women in need of safety, care, support and accommodation. There are, however, particular criteria that may not apply. For example, most shelters cannot accommodate women with psychiatric conditions, such as bipolar mood disorder and schizophrenia (or any other condition that may place her at risk of harming others or herself) particularly if untreated. A shortage of psychiatric hospitals, psychologists or psychiatrists in public health care settings is a contributing factor in this regard and a significant gap that must be addressed by government in general.

Most shelters also do not have the facilities to cater for women with disabilities. Two of the four shelters in Gauteng (Shelters 4 and 6) do not accept undocumented migrants as this poses a particular set of bureaucratic problems that they find difficult to navigate without necessary expertise to assist. Shelters will, however, always try their best to find the means to assist those who do not meet the criteria.

Admission criteria also extend to the age limit of children accompanying their mothers such as at Shelters 1, 4, 5 and 6. This will be explained in more detail later on in the report. Aside from these restrictions, most shelters are able to offer a range of services to women's children although this is largely dependent on the adequacy of staff capacity and funding as will be elaborated later.

Three shelters were part of the network of the Thuthuzela Care Centre (TCC) model in their areas. This model is noted for working well to support survivors of sexual violence by giving them access to better services.[50] One shelter launched the Khuseleka model in 2015. The model works well but is not without its challenges as will be elaborated on later in this report.

49 Third stage housing is a longer-term housing option for women who have completed a second stage programme but still require subsidised housing and some support from the shelter.

50 Although it should be noted that funding of TCC is also of concern but beyond the scope of this particular study.

TABLE 6: SHELTER DESCRIPTIONS[51]

	SHELTER NUMBER	TYPE OF LOCATION	CAPACITY	STAFF	EXCLUSIONS	
WC	Shelter 1	Urban	26 women & children	Shelter: Manager, 2 HMs (FT), 1 HM (PT), 1 SW, 1 SAW. Crèche: 2 teachers; crèche coordinator & cook/assistant teacher. Other: Receptionist; PA; Operations/ Finance Manager	Men; unaccompanied minors; children over ages of 5, women with psychiatric conditions unless on treatment.	
	Shelter 2	Urban	100 women & children	Shelter: manager, assistant, 1 SW, 1 SAW, 1 night supervisor, 3 relief workers (diff units), 2 paralegals (serving both shelter and centre), ECD practitioner Centre: Director, finance manager, PA to director, researcher (PT), fundraiser (PT), administrator, receptionist, child counsellor (PT), psychiatric counsellor (advocacy programme). Catering programme: chef, assistant chef, 2– 3 clients p/d stipend	Men; unaccompanied minors; destitute women; women with untreated psychiatric conditions	
GP	Shelter 3	Peri-Urban, a distance of at least 35km from main urban centre	20 women & children	Shelter: Shelter manager, 1 SW, 2 SAW, 1 SW supervisor, 2 HM (full-time), 1 relief HM. Centre: info not provided	Men; unaccompanied minors; elderly women; women with psychiatric conditions	
	Shelter 4	Peri-urban	16 women and children	Shelter staff: Shelter Manager, 1 SW, 2 SAW, 2 security guards, 2 HMs	Men; boy children over the age of 12; women with psychiatric conditions; undocumented migrants	

51 Legend: SW = social worker, SAW = social auxiliary worker, HM = housemother, FT = full-time, PT = part-time , DOH = Department of Health, DOJ = Department of Justice, DHA = Department of Home Affairs, DOE = Department of Education, DHS = Department of Human Settlements, CPF = Community Police Forum, PO = Protection Orders, M = Month

	SERVICES OFFERED	SHORT-TERM STAY	2ND STAGE HOUSING	NETWORK OF SERVICES	MAIN FUNDERS
	Accommodation & food, basic essential items, counselling (one-on-one & group); legal support, skills training programmes, assistance with job seeking, crèche services, play therapy for children incl. Music therapy. Referrals/ assistance to access other service providers. The shelter will cover the costs of private medical doctors & medication when the need is urgent and warranted.	4-6m	2nd stage & 3rd stage housing available	NGOs, SAPS; DoH; Courts; Private network of doctors	DSD; Community Chest; International funders; CSI; Community members
	Accommodation & food; Basic essential items, Counselling (one-on-one & group), Children's counselling & play therapy, skills development, job skills training. Shelter has an ECD centre. Shelter able to assist with applications for IDs, birth certificates etc. through mobile unit (ID applications paid for by shelter). Onsite applications for POs	4m	2nd stage housing available from 6 - 9m. Clients at 2nd stage contribute to housing at R500 p/m (R100 covers maintenance & upkeep of housing unit, R400 is "banked" & returned to clients in full at the end of their shelter stay).	Khusuleka program & wide network of service providers including NGOs, refugee centre, adoption centre, police, health & justice.	DSD; National Lottery; Trusts; Foundations; Corporate funders
	Shelter & basic needs, counselling, skills training, children's psychosocial assessment, children's individual counselling only if need identified, school placement, group work during school holidays, homework assistance, transport to school by HMs.	3-6 m + 9m extension if children are at school	None	Schools; NGOs; DSD; DHA SAPS; clinics.	DSD, fundraising, Woolworths & individual donations.
	Accommodation, food & basic needs, counselling (group & one-to-one), assistance to access medical care, legal support, children's programme incl. counselling & play therapy and referrals to child psychologist in cases of extreme trauma, placement & transfer of children in school.	6m	None	DHA; Court; Clinic; Child Welfare	DSD

	Shelter 5	Developed Town 40km from a major urban centre	22 women & children	Shelter Manager/SW, 1 HM, 2 counsellors. Other NGO staff include Director, Finance Manager, Receptionist and other.	Men; unaccompanied minors; boy children over the age of 12; women with psychiatric conditions; women with substance dependency unless on treatment	
	Shelter 6	Developed Town, 40km away from a major urban centre	12 women & children	Shelter: Director, Centre Manager, Administrator, 2 SWs (shelter & other), 2 HMs, 3 volunteer psychologists (PT), 1 Volunteer Coach	Men; unaccompanied minors; boy children over the age of 12; women with psychiatric conditions; undocumented migrants	
MPL	Shelter 7	Rural village	6 women & 4 children	1 shelter manager/SW, 3 caregivers, administrator, HM, general worker, 2 security (at night), 3 outreach officers (do not work at shelter)	Men; unaccompanied minors	
	Shelter 8	Developed town	10 women with their children	Shelter FT: Manager/social worker, 2 care workers, Centre (PT shelter): 2 SAWs, 1 SW, administrator, cleaner, 1 day worker	Men, unaccompanied minors, substance-dependant persons, persons with psychiatric conditions (referred as soon as discerned)	
	Shelter 9	Large town	10 women with their children. Males accommodated separately	2 SWs (one also works as shelter manager), child & youth care worker, 5 general care workers, administrator, paid intern, security guard outsourced	Substance dependant persons and those with psychiatric conditions or physical disabilities.	
	Shelter 10	Small town	8 women & children. Males accommodated separately	1 shelter manager/SW, 1 coordinator, 2 care-givers, 1 gardener/ gatekeeper, administrator, general worker	Unaccompanied minors	
	Shelter 11	Rural village	8 women, 4 children	Shelter manager, 1 SAW, 3 caregivers, administrator/admin support, gardener/caretaker	Substance dependant persons and those with psychiatric conditions; facilities not ideal for persons with disabilities.	

	Accommodation & basic needs; counselling, support groups (internal & external facilitators); skills development; legal advice & representation; CV writing workshop; assistance to access medical care, children's developmental programme and counselling, school placement, referral to specialist child services when needed.	3-6m	None	TCC,CPF, SASSA; DSD, child welfare; Pro Bono lawyers	DSD; local business donations
	Accommodation & basic needs; individual counselling; couples therapy; group sessions as well as life coaching, skills dev & job seeking support; spiritual care; ECD centre, school placement programme; child psychologists provide individual & group therapy; supervised visits w/ the father; home based care programme to support HIV+ clients esp. with adhering to meds (this programme is not funded), youth care programme, schools clubs & agriculture programme. Youth Diversion programme.	3-6m	None	SAPS, courts, other DSD services modalities including TCCs, crisis centres etc.	DSD; National Lottery
	Shelter, counselling for women, awareness-raising. Shelter does not provide skills-development but has an agreement with an external provider to offer clients computer skills training.	6m	None	Youth centre; DSD; DoJ; SAPS; another shelter in MPL	DSD
	Shelter & basic needs, counselling (one-on-one), spiritual counselling through external service provider, skills training no longer offered due to staff and funding shortages	6m	None	SAPS, DoE, DoH, DoJ, other NGOs; another shelter in MPL	DSD
	Sheltering and basic needs, counselling (one-on-one), Group sessions conducted by youth and childcare worker, skills development. Referral to other services.	6m	None	DSD, DoJ, DoH, SAPS, other NGOs, municipal networks	Govt. run shelter, also receives in-kind donations
	Accommodation & basic needs, counselling (one-on-one and group), assistance to obtain govt. services, referrals to other services, skills development on and off depending on availability.	3-6m	none	Clinic, SAPS, DSD, Courts, other NGOs.	DSD & donations
	Sheltering, counselling, life skills, childcare	6–12m + 3m aftercare	None	DoH, Courts, DHA, DOHS, TCC	DSD & donations

SHELTER FUNDING

"In basic operations, at one time last year we were sitting with a R40 000 water and electricity bill. There have been other instances where we have had to delay paying salaries and had to make do with an absolute minimum of provisions for clients" (Shelter 3, Gauteng)

There is currently no legislative provision for regulation of shelters for victims of DV and the services that they provide; there is no uniform funding policy; and as a result, there are varying differences in how funding is distributed across provinces and even within provinces. Table 7 reflects DSD subsidies provided to some shelters where women that were part of this study resided at. Shelters have been listed separately to reflect diversity in shelter modalities, service offerings and funding. Two Gauteng-based shelters did not provide information on their income – this included one NPO shelter and the other, the government run-shelter. These therefore cannot be used as a basis for comparison. Mpumalanga shelters are not factored in this table as DSD in this province utilises a different funding framework entirely.

DSD funding to shelters in the Western Cape and Gauteng is different to that of shelters in Mpumalanga. In the financial year pertaining to the study, DSD funding to shelters in Western Cape and Gauteng was set at a largely similar unit rate per beneficiary at R1,400 or R1,500 p/month (equivalent to about R48.92 in Gauteng and R49.31 in Western Cape depending on the number of women that shelters could accommodate). DSD funding also factored in some subsidies towards shelter personnel such as social workers and housemothers and some funding towards administrative expenses and project funding. Additional subsidies for costs related to community outreach or skills developments were only provided in the other two shelter modalities as evident in the table.

With regards to staff subsidies, all shelters in the Western Cape received social worker (SW) subsidies to the value of R13,943 per month and housemother subsidies at a rate of R2,116 per month. Shelters also received a minor subsidy towards the employing of a relief housemother when housemothers are on leave/part-time basis. The Khusuleka Model received an additional subsidy to employ a social auxiliary worker (SAW) – this amount was set at R6,020 a month. In Gauteng, housemother and SAW subsidies were slightly higher than that of the Western Cape, whereas the subsidy for SW's was lower. One Gauteng shelter only received a subsidy to employ a part-time social worker despite the shelter being able to accommodate 22 women, while another Gauteng shelter received a subsidy for a full-time social worker at a rate of R11,698 a month yet accommodated fewer beneficiaries (20). However, it must be noted that this latter organisation runs two shelters located in different areas requiring one SW to split her time between both shelters but with the assistance of two SAWs.

Gauteng DSD did, however, factor in subsidies for other categories of personnel that Western Cape DSD did not such as a youth care worker at a rate of R1,200 a month at one shelter and a centre manager at a subsidy of R5,000 at another. Shelter 3 received substantially more post funding towards the salaries of a cook, a financial manager and a project coordinator.

TABLE 7: PROVINCIAL DSD SUBSIDIES TO NPO SHELTERS IN 2015/2016 FINANCIAL YEAR (PER MONTH UNLESS OTHERWISE SPECIFIED)

	SHELTER 1 (WC)	SHELTER 2 (WC)	SHELTER 3[52] (GP)	SHELTER 4[53] (GP)	SHELTER 5 (GP)
Shelter beneficiaries	21	100	20	20	22
Subsidy p/beneficiary	R1,500	R1,500	R1,488	R1,448	R1,488
Second stage	0	R750	n/a	n/a	n/a
Social worker	R13,943	R13,943 x 2	R9,396 -R12,592	R11,698 f/time	R4,698 p/ time
Social Auxiliary Worker(s)	0	R6,020 x 2	R7,603	R9,905 x 2 incl. admin costs	0
Housemother(s) (HM)	R2,116	R2,116 x 2	R2,500 x 2	R2,500 x 2	R2,500
Relief Housemother	R2,116 p/ year	R1,800 x 5months	0	0	0
Centre Manager/ Director	0	R15,968	R15,355	R5,000	0
Financial Manager	0	0	R7,000	0	0
Project Coordinator	0	0	R7,000	0	0
Youth Worker	0	0	0	0	R1,200 p/m
Cook	0	0	R1,000 p/m	0	0
Social Worker admin/ admin expenses	R3,485	R9,981	R9,207	0	0
Security	R1,000	R29,754	0	R1,000 x 2 security guards	0
Community Outreach	0	0	R20,000 p/yr.	0	0
Skills Development	0	R12,500 p/m	0	0	0
Therapeutic Interven- tion	0	R530 for set number of people	0	0	0

52 This organisation provides a broader victim empowerment service offering in addition to the shelter.

53 This NPO operates two shelters accommodating a maximum of 20 women altogether.

DSD funding in Mpumalanga is substantially different. Here shelters receive lump sums of funding (thus not distributed across budget line items) except in some instances where funding is specifically earmarked for subsidising the salary of a social worker. At the time of our research, DSD was either the main or the sole funder of the NPO-run shelters in this province.

The shelter which is run by DSD in Mpumalanga has an annual operating budget of R1.152m to render shelter services to 10 women with their children. This budget excludes staff costs for employing 9 staff members who work at this shelter - comprising of two social workers (one of whom doubled up as the shelter manager at the time of the research), one child and youth care worker, five general care workers and an administrator. The shelter also makes use of the services of a paid intern while it outsources the services of security guards. The shelter manager interviewed reports that this funding is sufficient to meet all of their client needs i.e. the shelter does not need to source additional funding and it has never experienced funding shortfalls. This is unlike the NPO shelters in our sample - all reported having experienced funding short-falls at one time or another.

Short-falls in funding has a significant impact on shelter operations and the level and quality of services that shelters are able to render to their clients. Often this means reducing or entirely ceasing to run programmes, and reducing other expenditure. Several shelters reported that when short-falls are experienced they will delay paying staff salaries and make do with absolute minimum client provisions so that they can at least remain in operation. On occasion, shelter staff had had to use their own money to purchase food and other client essentials particularly when funding tranches from the DSD were delayed. In the 2015/2016 financial year, this shelter received funding from DSD to the value of R500,000. The shelter was not able to source additional funding to supplement the DSD subsidy. From this budget, the shelter spent just slightly more than a 1/3rd (35%) of its income on staff salaries (a total of seven staff), 24% on admin costs, 18% on shelter running costs, 14% on consumables i.e. groceries and toiletries for shelter clients, 6% on other programme costs and 3% on transport costs. The spending on employees at this shelter is not a significant amount. Owing to minimal income and other pressing priorities, the manager at this shelter earns R2,800 a month and its remaining six staff members, R1,800 a month! Suffice to say that while the manager would like to expand and improve the shelter infrastructure and its security features, she cannot afford to.

All but three shelters in the study mentioned funding as one of the greatest challenges that they contend with. Although all receive funding from the DSD, this funding only covers part of their operational expenditure. Shelter staff therefore spend significant time and energy in seeking other funding sources to cover funding short-falls. This includes other forms of funding through the State, such as CARA funding (funding generated by a court through bail or recovered stolen money). Shelter 4 noted that CARA funding was particularly helpful as it helped the shelter to "cover food costs so that clients are not negatively impacted". Other shelters are able to raise funding through international donors and/or funds through the private sector such as corporate social investment. Shelters also rely on donations from local businesses, such as supermarkets, and from the community and will on occasion host fundraising events such as cake sales and gala dinners to supplement their income.

Finding alternative sources of funding especially to cover operational and maintenance costs is by no means an easy task. Most funders have specific criteria for what their funding can be used for. Shelter 8 in Mpumalanga, for example, does not own the building that it occupies. DSD funding does not allow the shelter to cover maintenance costs but neither do their other donors as they do not want to invest in developing or maintaining a property that the shelter does not own. More information on this shelter's funding and those of other Mpumalanga shelters will be presented later on in the report.

In the Western Cape, DSD funding contributions to the two shelters varied from a third to about half of their operating costs in the 2015/2016 financial year. In addition to the unit rate per beneficiary, DSD also funds Shelter 2's crèche at a rate of R15 per child per day – a small contribution as compared to what it actually costs the shelter to meet the nutritional and educational needs of the children. The shelter is finding it increasingly difficult to access funding to cover their operational costs. The shelter has adopted various cost-cutting measures, such as by switching from electricity to gas, but these measures result in minimal savings while costs of living continue to increase. At the time of the interview, the shelter did not have sufficient funding to cover its full costs for that month (Funding in Western Cape has since improved).

Shelter 2 operates the only Khusuleka model in the province. The model has improved the centre's relationships with government and provided their clients with greater access to and prioritisation of services. The downside, however, says the shelter manager, is that there is no real monetary gain to running such a model. Shelter 2's annual budget is R8.6 million a year to operate and to cater for the needs of the 100 people that the shelter can accommodate. And the shelter is often full. In fact, two women in our sample reported to have been referred to Shelter 1 as Shelter 2 was filled to capacity.

In 2015/2016, Shelter 2 was not able to raise its full operating budget. DSD funding to this shelter covered a little more than half (56%) of the shelter's expenditure of near on R6 million that year. This shelter too has to dedicate significant time and energy to raising the short-fall. At the time of the research, the shelter had just been informed that it was losing one of its long-term funders as sheltering was no longer a priority focus for this donor. Both shelter managers made reference to funding being very trend oriented. The manager of Shelter 1 had this to say:

"The challenge primarily is finding donors who are willing to fund women's shelters; funding has dwindled, abused women and children linked to mothers are old news, education and orphaned or vulnerable children are the new "it" stuff. While funding is getting tougher to access at the same time, everything is becoming more expensive."

Although both Western Cape shelters are better able to raise funding and can also rely on donations from supermarkets like Pick n Pay and Woolworths to supplement their food sources, other shelters located in more rural or isolated areas struggle to source additional funding to that of DSD. NPO-shelters in Mpumalanga rarely received in-kind donations of groceries and other goods unlike most of the shelters in the other two provinces. But it is not only lack of large stores such as these that made finding donations in-kind difficult, but a particular perception on the importance of the work of shelters particularly for those most at risk of

abuse. Shelter 10, for example, says: "Our shelter is often challenged by businessmen for not providing services for males – they say targeting sheltering services at women is discriminatory". Funding from this sector is therefore scarce. The shelter manager of Shelter 5, has had similar experiences when seeking funding from the business sector. She says, "Most of the people owning small businesses in our community are men, and they do not see a reason to support causes like ours". Shelter 5 is one of three Gauteng-based shelters included in this study. Funding from DSD in the 2015/2016 financial year amounted to R507,424 whereas shelter expenses amounted to slightly more than R2 million. The DSD funding thus only met 24% of the shelter's operational expenses that year.

Shelter 3 is a much larger organisation than that of Shelter 5 as it provides services to a wide range of 'vulnerable' groups in addition to the provision of shelter services for women. In 2015/2016, the shelter received a grant of just over R1.2 million from DSD for beneficiary expenses and staff salaries. This funding only contributes to 65% of staff salaries. Running the shelter, including the other programmes on site, is costly. Bills for water and electricity, for example, are sometimes as high as R40,000 a month. When a shelter runs into financial difficulties, it often manages by delaying the payment of salaries, by reducing services and other provisions to clients, and, such as in the case of Shelter 5, it cuts down on its awareness-raising campaigns. The shelter manager says she spends much time constantly negotiating with service providers in order to keep costs down or "*make payment arrangements with creditors*".

As a consequence of inadequate funding, most shelters struggled to provide a full-range of services to their clients. This was further exacerbated by limited staff capacity. At the time of the research, some managers at Mpumalanga shelters, for example, also doubled up as the shelter's only social worker (it is important to note that this has since changed). Most shelters found retaining staff difficult, particularly as they are not able to pay market-related salaries nor can they provide benefits such as a pension-fund and medical aid contributions. High staff turn-over impacts on the shelters ability to render services.

Any difficulties experienced in funding holds severe consequences. Funding tranche delays from DSD for example, can range for one to three months, and often means that shelters need to dip into their savings or "borrow" from other funding received. For those who do not have this "luxury", delays result in staff not being paid on time or at all for stretches at a time and in shelter programmes being halted as resources are channelled to meeting the basic needs of clients.

"Of course it will always be a challenge to meet all the needs of the shelter from this money; and what makes it even more difficult is when DSD takes long to release tranches to us although we have submitted our reports. There have been times when staff members have had to wait to receive their salaries because money was low and we had to prioritise buying food for clients." (Shelter 11, Mpumalanga)

Shelters also expressed challenges with DSD funding processes which cause delays in shelters' ability to access funding tranches. Shelter 10, for example, had this to say: "*Feedback from DSD on funding applications is very poor: often it is only after six months that DSD reverts to complain about the absence of a critical form*".

DSD processes are also frustrating as the shelter manager of Shelter 6 describes. She says that DSD often feels to be mere rubber stamping as opposed to substantively engaging with issues. Sometimes the shelter proposes new projects or puts forward suggestions; but they continue to receive the exact same amount when DSD gives them a new Service Level Agreement (SLA). This suggests that DSD never adjusts the SLA according to the business plans they receive e.g. staff salaries have not been adjusted for years despite the organisation's growth which undermines the staff's ability and capacity to do more work. The low salaries of housemothers are especially worrying particularly in light of their workload and the essential nature of the support they provide to both the shelter and its clients.

The paltry subsidies, late payments and a range of other challenges and gaps have significant ramifications for shelters operational stability and services as well as for the staff and their families. It is not surprising then that shelters experience difficulty in retaining qualified staff. This further undermines the rights of GBV victims to appropriate care and support.

Shelters managers interviewed highlighted the need for more funding, expedient release of funds from DSD, standardisation of shelter services and better communication from the Department to enable them to provide holistic services to their clients as well as be able to pay their staff timeously.

There is a clear need for DSD to address the policy and practice dimensions in its funding approach to ensure standardisation, consistency and equitable distribution of resources for sheltering across and within provinces for women who experience IPV. There is a need to revisit the quantum allocated to shelters for women as the current rates are insufficient to meet a woman's needs (and that of her children). Most often women who utilise shelters are in their child bearing and rearing years (as this study will illustrate) and more often than not will bring particularly young children with them to the shelter. Policy related to the funding of shelters needs to be cognisant and responsive to this factor.

The paltry subsidies, late payments and a range of other challenges and gaps have significant ramifications for shelters operational stability and services as well as for the staff and their families. It is not surprising then that shelters experience difficulty in retaining qualified staff. This further undermines the rights of GBV victims to appropriate care and support.

MERCY'S STORY

"Had I not been in the shelter, I would have been dead... I was never going to tell a story about my life "

Mercy is 49 years old and mother to three children. She was married to a man that she describes as being "extremely, extremely, extremely abusive". In 2014, Mercy's husband shot her four times.

Mercy begins her story from the point at which she finds herself in hospital recovering from the injuries she sustained. The doctor refers her to a social worker who suggests that she needs to find a safe place, like a shelter. Mercy agrees but knows that she needs to get as far away from her husband as possible but to do so she needs money. She also needs some of her belongings and most importantly she needs to get her children. She is discharged from hospital and goes home. She continues her story: "When he came [home] he was in a foul mood. I regret staying there, I regret not leaving the very first time when I got there, take my things and leave". He came in and said, 'you know what, I am not finished with you. You are like a cat with nine lives.' I prayed that day, it was a Saturday."

Luckily, Mercy's husband is called away to work that evening and she uses that opportunity to leave even though her two older children were not home that day. With her 2-year old bundled in her arms, she flags down a taxi and asks the driver to drop her off at a station. She continues: "I got inside a taxi [but] you must know I did not have any money on me. Now the taxi driver wants his money and I said I don't have this money to pay you, it was R8. I said, 'Please Baba, you see I am trying to run away from my husband. I'm scared; if he gets me now he will kill me.' And at that time my face was swollen, swollen, swollen; I couldn't even see properly."

The taxi driver lets her got but another predicament awaits her; how is she going to pay the fare to get to Johannesburg? She says: "I just stand there. I don't know where to go, what to do, what's my second move?" Fortunately she sees a woman that she recognises. Before she has a chance to explain, this woman tells her that she has money that she owes Mercy. She hands her R650 as well as her cellphone when she realises that Mercy doesn't have one. Mercy boards the train and arrives in Johannesburg early the next morning. She contemplates going to family but she knows that if she does, her husband will find her. That evening now hungry and feeling desperate, she heads to the nearest police station. She is referred to one shelter and then another when she realises that the first shelter is located in an area that her husband knows well. She arrives at the second shelter on a Wednesday afternoon.

Mercy says she cried that day because she didn't want to be in a shelter, but the turning point for her was when the housemother said to her, 'just relax and think about why you are here'. Mercy says that she didn't sleep for about a week worried about her children. But now armed with her cellphone, she gives her children a call.

Mercy is reunited with her children not too long after arriving at the shelter. She stays at the shelter for just over 4 1/2 months. During this time she is provided with counselling and attends a variety of workshops and training programmes including a managerial one. Besides these opportunities, what stands out most for Mercy was the staff, she says: "They treated me with dignity. I was never treated with dignity, with respect. They treated me with love and care. That's all I needed."

Mercy now works as a shelter manager and when asked how she's doing, she says: "My life is so much better now! [The shelter] made a difference, a big, big difference. Had I not been in the shelter, I would have been dead... I was never going to tell a story about my life..."

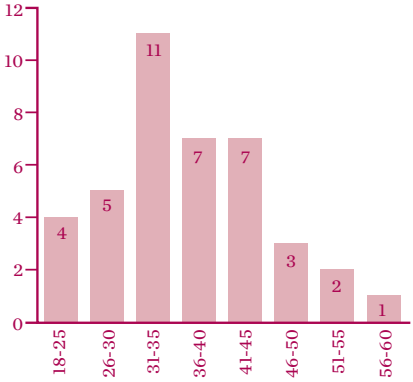
PROFILE OF WOMEN USING SHELTERS

Forty three interviews with women were conducted for this study. Three interviews were excluded from the sample as these women had not experienced IPV.

AGE AND RACE

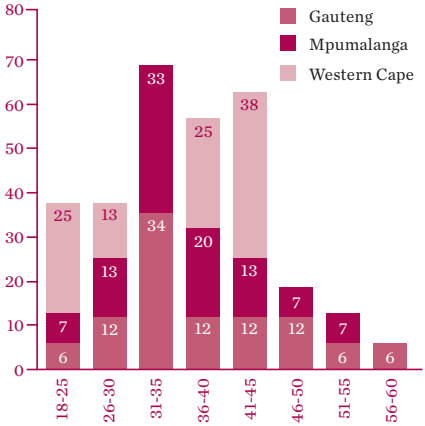
Slightly more than half of the women interviewed (55% or 22) were Black African women. Coloured women made up just over a third of our sample (13), while the remainder of women in our sample were White (3) and Indian (1). The ages of women ranged from 24 years to 60 years; the highest proportion being women in their child-bearing and rearing years of 31-45 years (25 or 58%); the single largest category of women being those in the 31-35 year age group.

FIGURE 2: AGE DISTRIBUTION OF WOMEN



Among profiled shelters, those from the Western Cape had a majority of residents in the 41-45 age group while shelters from Gauteng and Mpumalanga had more residents in the 31-35 age group and above 46 year age group. Due to small sample sizes in the Western Cape, there were no residents in the 31 – 35 and above 46 years age groups (fig. 3).

FIGURE 3: AGE DISTRIBUTION OF RESIDENTS BY PROVINCE



EMPLOYMENT STATUS

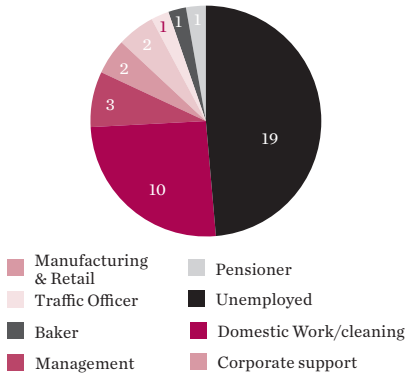
Women in this study (like other HBF and NSM studies have found) had largely low levels of education with 82% (33) of the sample having only attended high school and only five women specifically mentioning having completed matric. Only three women reported having some form of tertiary education. This included one woman who had a university degree and two who had attained diplomas. Three women had only attended primary school. At the time of the interviews, two women were, however, trying to complete their matric and one woman was studying hygiene and cleaning while working part-time as a domestic worker.

Nineteen women in our sample (47%) reported to be unemployed, but some said they would bring in bits of income now and then through odd-jobs. Six of the unemployed women said they survived *solely* on a State support grant – five on child support grants and one on a disability grant. Other sources of income for women in the unemployed category included maintenance from a partner (4 women), family support (2 women), and a learnership stipend (2). Women who reported to be unemployed were spread evenly across three age categories, namely 26 – 40 years.

The remainder of women (21) were working on a full-time (11) or regular[54] (8) basis or were self-employed (1). The majority of these women were between the ages of 31 – 35, followed by those between 41 – 45 years of age. One woman was a pensioner and thus lived off an old-age pension.

Figure 4 reflects women's employment status and the type of work that those employed do. Slightly more than half of employed women worked in low income occupations such as cleaners and domestic workers.

FIGURE 4: EMPLOYMENT STATUS/OCCUPATION



Of all women in our sample, a child-support grant was the most common form of income that 26 women had access to, while only six of the 38 women with children received maintenance from a current/former partner. Other sources of income included three women who earned a stipend (two from a learnership and one woman received a stipend from a non-profit organisation); two women received a State support grant (disability or old-age grant); and two women were financially supported by a family member.

NATURE AND IMPACT OF ABUSE LEADING TO SHELTERING

Eighty five percent (85% or 34) of women in the sample had experienced significant physical abuse by their intimate partner[55] in addition to other types of abuse such as emotional, verbal and sexual abuse. Women had been married to/or been in long-term relationships with their partners and frequently had children from these relationships. Women's partners were often incredibly violent and cruel, their actions inflicting serious trauma, pain and suffering upon the women. In addition to the psychological and emotional trauma sustained, women incurred injuries which had left them physically injured. Injuries described included torn lips, blood-shot eyes and broken limbs.

'Nina' was one such woman. In 2013, Nina was 37-years-old when she, and her child, were referred to a shelter by the police through the assistance of a social worker. Although Nina had four children she was living with only one of her children at that time – a child who too experienced physical abuse at the hands of Nina's husband. Nina had opened several cases against him, including the time that he stabbed her.

54 All women who reported to be working on a regular or part-time basis worked as domestic workers.

55 One woman had also experienced abuse by her drug-addicted son.

She describes some of the abuse she sustained during their relationship and what led up to her entry at Shelter 10:

"The reason why I went to the shelter is because the man I was married to was abusing me. He would beat me up and chase me out of the house. He was renting elsewhere but he would frequently come to my house and chase me out so that he can bring girls over. The day I came to the [Shelter] he had beaten me up and he said he would kill me. He said I should go check on his car at the mechanic. I told him I will not be able to because I am tired, this is because I was [then] permanently employed and we worked long hours while standing on our feet. Where he had asked me to go check the car it was far and I was tired. Then when he got home he said he would kill me because I had refused to go check on the car. I had opened numerous cases against him for beating me. There was a friend of his who once arrested him. Thereafter he told me he was leaving me and going back to his rented place, he has made up his mind and he is getting out of my life. He asked me, what do I have to say about his decision. I then said I don't have anything to say. Thereafter he took my ring finger and twisted my finger and broke it. [The day before coming to the shelter] I went to the police station to open a case against my partner. But first we went back to the house to fetch clothes for the child, when we got to the house we found that he had broken in. The police then said it's not safe for me to go back to the house and rather they take me to the shelter. They then introduced me to social workers and they brought me to the shelter. I went to the shelter with my 8 year old child. I got a call from people in the community while I was at the shelter; they told me they see my partner driving around in my car and going to taverns, drinking alcohol in the same taverns as the police but the police are not arresting him; and they [community] did not understand this because he was abusive and had stabbed me. [But] I am alright now because he is out of my life. I am emotionally well now."

Similar to Nina, at least seven other women had also been threatened with death and/or had experienced actual attempts on their lives. 'Rosa's' husband, who is HIV positive, threatened to bludgeon her to death with a hammer when she refused to sleep with him unless he used a condom; 'Nanda's' partner had, on one occasion, locked her in the house and threatened to kill her with his brother's gun, while 'Zabrina's' husband, who owned a gun, threatened to shoot her on a daily basis. Zabrina eventually sought help from police when the threats intensified. But while Zabrina was fortunate to have been able to leave her partner before his threats materialised, this was not the case for four women who were each shot at by their partners.

Both 'Zephony' and 'Patricia'[56] were able to escape unharmed (in Zephony's case, her partner's gun failed to fire while the bullet intended for Patricia hit another target the first time she was shot at. The gun misfired on his second attempt. While 'Marcia' too escaped uninjured, her child got caught in the cross-fire and spent weeks in ICU following the shooting incident.

56 Patricia's story is referred to at the beginning of this publication.

And then there was 'Mercy' whose husband shot her four times, including once in the head, and who told her that he "wasn't done" with her when she arrived home after being discharged from hospital. Although two of her older children were at a sleepover that weekend, Mercy said she had no choice but to grab her youngest child and run as soon as he had left for work that evening. She was reunited with her children once at the shelter.

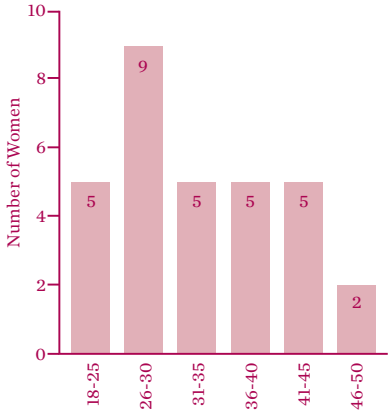
CHILDREN & THEIR EXPERIENCES OF DOMESTIC VIOLENCE

The majority of women (38 or 95%) in our sample had a total of 117 children between them. At the time of the interviews, more than half of these women were caring for children under the age of five. Only three of the women had children who were all adults. Four women have had babies since leaving the shelter while another two are caring for the children of siblings who were deceased, in addition to their own. Numbers of children per woman vary from one to seven with the average being three.

At the time of their shelter residency, 31 of these 38 women had taken all or some of their children with them – a total of 71 children thus resided with their mothers at the shelters. Two women were pregnant at the time. Figure 5 represents the ages of women who had brought children with them at the time of their residency.

Children who were not at the shelters with their mothers had been left in the care of their grandmothers (7 instances); had remained with their fathers (4 instances); were adult children living on their own (2 instances) or were living in a children's home (1 instance).

FIGURE 5: NUMBER & AGES OF WOMEN WITH CHILDREN WHILE AT SHELTERS



The location of where children were at the time of their mother's residency is not known in 9 cases. Two women had been reunited with their children once at the shelter, while a shelter had helped one woman to send her child to live with his grandmother as she was not coping with caring for him while trying to find employment and a place to live post her shelter stay – the child has remained with his grandmother ever since.

Like Nina and Marcia's children, the children of another four women had also been subjected to DV by their mothers' partners/their fathers. Again, like their mothers, the most common form of abuse reported was physical violence. For two children this included sexual abuse. Despite their own experience of IPV, three of the four women had only sought or been referred to shelter following their children's experience of abuse.[57]

57 This is consistent with theory on domestic violence which finds that women will often only seek help for abuse once their children get embroiled in the violence.

This included the two women (Thatenda and Nala) whose daughters had been raped by their partners.

'Nala' and her then 14-year-old daughter were referred to Shelter 10 by a Thuthuzela Care Centre shortly after she discovered that her daughter was being sexually abused by her partner. Nala explains:

"I went to the shelter because me and my child were abused by my partner. He molested my child for quite some time and raped her... he used to hit me as well. [The shelter] provided us with clothes because we had left with just the clothes we were wearing. They also provided us with food and toiletries. They did introduce us to a social worker to come talk to my child. It was difficult because the incident had just recently happened. My daughter even tried to kill herself, so the social worker talked to my daughter so that she does not commit suicide."

Nala and her child resided at the shelter for a month before they entered witness protection.

'Thatenda' was 26-years-old when the police took her and her three children to Shelter 10 in 2014. Thatenda was pregnant at the time.

"I was living with this man who was the step-father to my two eldest children but the biological father of my two youngest children. So this man sexually abused my eldest child...He used to beat me as well and harass me a lot while I was staying with him. I reported him to the police and the SAPS social workers arranged for my daughter to go to the hospital and from there we were taken to the shelter. My daughter said this was not the first time she was raped."

'Melissa', a 46-year-old woman and mother to four children, only sought shelter to protect her 20-year-old son from being killed by his father and to prevent her son from killing his father in an effort to protect his mother from the abuse she was experiencing. Melissa explains what had transpired shortly prior to her approaching Shelter 8 for help in 2014. (Shelter 8 does not accommodate men but under these circumstances made an exception).

"He drank a lot, so we would fight every weekend. And the children reached the point where they couldn't handle it anymore. The children went to SAPS to ask what they should do. The police came but they didn't do anything – they simply warned my husband. They didn't arrest him. So my son returned to the police station and asked what was going on exactly. He called his grandmother and reported that there's always fighting at home and that he's now grown so he can no longer remain quiet when he witnesses his father beating his mother. The grandmother told my son that he must do what he sees fit. He asked when the family would come to mediate between us because now life in the home was no longer nice; but they never did that. So on one occasion when there was fighting, my son grabbed his father and pushed him and a window broke during the scuffle. Then he took a knife and slashed the tyres of the car. The following day, his father went to lay a charge against him and he was arrested. After he was arrested (it wasn't the same day, it was the following morning) and he had to appear at court. At court they called his father and he spoke – but he didn't mention why my son had done these things. So when my son was released on bail, he threat-

ened to kill his father, but I pleaded with him not to do that and I said that it was better for us to leave the home rather...I was worried that they would seriously injure each other. So I realised that it's better to seek solace somewhere than to risk someone getting killed."

Studies show that one of the reasons women stay in abusive relationships is "for the benefit of their children" as well as to "fulfil social norms that dictate the conditions for being a good mother to a child".[58] The abuse that children witness or directly experience has far-reaching consequences, however. It can result in behavioural problems such as aggression and/or mental health challenges such as phobias, insomnia, low self-esteem and depression - the effects of which can carry well into adulthood.[59] At least two women in our sample spoke of their children feeling suicidal. Children's programmes at shelters are critical to address the impact of GBV and arrest the detrimental effects of abuse on children. More importantly, it is a crucial component in breaking the cycle of violence and prevention of violence in future.

ACCESSING SUPPORT SERVICES PRIOR TO SHELTER

Seeking reprieve from IPV is complex. Women may first venture out to seek support from informal sources to address their partner's abuse before reaching out to social welfare services or the criminal justice system. Informal help often includes asking family members to intervene, seeking spiritual guidance and support from a religious leader, and/or seeking advice from friends or temporary accommodation to escape the worst of the violence.

This was the case for a few women in our sample who had first sought refuge at family members' houses and/or had reached out to a variety of individuals and organisations for support and advice before entering the shelter system. While several women were supported, others, like Zephony, Monifa and Marcia (to mention but a few), had faced their ordeal with no or little help.

Although Zephony was referred to the shelter by her father, she says that not everyone had been sympathetic to the multiple forms of abuse that she had experienced by her husband – the physical abuse was so severe that by the time she eventually left him, she had had seven miscarriages and survived an attempted shooting. She explained:

"I walked out of my house and out of my marriage. I said to myself – I'm not going to be one of those women who stays in it and then I'm going to get killed, because you have a choice. When the abuse started, I ran away and I was staying with this one and that one. But you know, it's not the same; because people only paint this picture and they say – 'no don't worry, leave him we'll be there for you'. But when the situation comes, the time really arrives; then they are not really there for you... My husband used to put me out in the middle of the night, and I used to run out of the house just with a panty and a bra in the streets. And when I got to my mother or wherever; it used to be like it's your choice, that is what you wanted, we can't help you....you made your own bed lie in it'.

58 Rasool, 2016

59 Carter, et al.,1999.

'Monifa', was 33-years-old when she was referred to Shelter 7 by a social worker via the police. Prior to seeking assistance from State authorities, Monifa had tried to seek help from her husband's family on several occasions. She says:

"I would call his family and inform them about the abuse. They would say they will intervene but they never did. They would say they will come talk to him but they never did. He has been abusing me for years. Even when we meet the family during family gatherings they never say anything. [My husband] even said his family has never talked to him and that they will never discipline him."

But "disciplined" he eventually was. One day, after a particularly brutal beating, Monifa went to a local clinic for assistance. She continues her story:

"I was badly injured, my face was swollen and my eyes were blood-shot. My lips were torn, I looked very bad. My husband had beaten me. I then went to the clinic. My intention was not to get him arrested, but when I got to the clinic they said they will not assist me without a letter from the police station. I then went to the police station, when I got there and they looked at me they were unimpressed. The police said they will not give me a protection order because I am badly injured; they need to actually arrest my husband."

Monifa spent nine days at the shelter and returned home once her husband was arrested. Although Monifa has since returned to her husband, she says he has never hit her again.

'Marcia', a 33-year-old woman living in Johannesburg, had sought multiple avenues of support. Other than her family, she had also sought assistance from the courts. She had also reported the abuse at her local police station but was often not supported as the police had wanted "proof". She describes what this experience was like:

"At first I told my cousin, but they didn't believe me. Because he had his tracks so well covered. Like uhmm ...he looks so innocent in all of it. They were thinking, it's just a story. I went to the police a number of times... they would ask me to go show them where he is, and if we do not find him the first time they will not come back again to make an arrest...one time he hit me with an open tin of Lucky Star fish, and I didn't wash it off. I just walked like that to the police station. Because normally when I go; when he smacked me or hit me with a fist; then they will say I don't have like evidence, proof. Then this time I told myself I'm not even gonna wash this fish off, I'm gonna walk with it up until at the police station. And I walked to the police station. And when I entered the police station they started laughing. Even the policeman that I went to and I said I want to open a case; and he asked me do I want to open a case of Lucky Star fish? And I told him my boyfriend threw an open tin of fish; I left it here because you always want proof. And then they went to go pick him up and then he just said I opened the tin myself and threw it on my head. And they believed him over me, and they left him."

This experience left Marcia feeling humiliated and further victimised. Marcia was eventually assisted to get to a shelter through the support of a volunteer counselor based at a police station.

'Subira' accounts a similar story. Subira too has sought help from family, the police and the courts prior to being referred to a shelter. She says:

"They knew me very well at the police station. Whenever I walked in they knew already what I was going to say or what problem I had come to report. Even at the clinic they knew me. The police told me there is nothing they can do except arrest him, therefore they say they are doing their jobs. The police told me after the arrest the case is no longer in their hands but in the hands of the court; they said the Magistrate is the one who controls everything. I had many cases but the law was not on my side...The most hurtful thing is seeing that person being released out of prison but nothing has been done. You would go to court and the court would tell me that they are still investigating; after the investigations they will call me. My case has been going on since 2011, and they are still investigating. As far as I am concerned the court proceedings are over, this guy is walking around freely. They wasted my time for two years, only to find out that they actually don't care about my case. I guess that's how the law works."

Subira was eventually referred to the shelter by the police via a social worker who had witnessed her being beaten by her partner and had called the police to intervene. The police told Subira that it was better that she go to a shelter than risk being killed by her partner. Subira spent one month at Shelter 9 before being referred to Shelter 7 so that she could be closer to her family. Subira was also reunited with her two children. She spent a total of eight months at this shelter and hasn't seen her ex-partner for a number of years now.

Subira was one of 15 women who were referred to shelters by the police. As is evident from some of the stories, not all police officers were sympathetic or helpful, resulting in secondary victimisation and women feeling that they could not count on the criminal justice system. Problematic attitudes and an inability to adhere to obligations of the DVA are some of the chief complaints routinely raised against the police.

SHELTER REFERRALS

Despite several complaints of police inefficiency, some women (15) were assisted by the police to get to a shelter. In two of the 15 cases, the referral to a shelter via the police was as a result of a direct intervention by a teacher and a social worker. Although in one instance a woman had been directed to the police via a clinic who said they couldn't assist her unless she brought paperwork[60] with her from the police station. This response from the clinic was unacceptable, and far from a victim-centered approach. Doing so caused a visibly injured woman further trauma. Other than experiencing secondary victimisation, at a very practical level, it also cost her money, it took time and energy to travel first to the clinic and then to the police station. All of this potentially put her at further risk of harm. Social workers and trauma counsellors referred another three women to shelters.

60 This paperwork referred to here is likely a J88 form – a medico-legal document developed by the Department of Justice used to document injuries sustained by victims of physical assault and rape. This form is completed by a medical doctor or registered nurse where a legal investigation is likely to follow It is inappropriate to request victims to collect J88 forms from police stations. If the clinic did not have the form at hand, assuming that was the case in this particular instance, then the attending nurse should have requested the police to bring the paperwork to the clinic. This response also assumed that the victim wanted to lay a charge which was not entirely clear from the interview. Regardless, at no point should a victim be refused medical care.

Other sources of referral included: family members or friends (3); community members (2); employers (2); a hospital (1); a Thuthuzela Care Centre (1) and a church (1). Four (4) women were referred by other shelters. In two instances this was because the shelter was too full and unable to accommodate them; in another instance, a shelter manager vacancy had resulted in residents being moved to other shelters as the shelter did not feel adequately able to render services with this gap in staffing. In the last instance, a woman was referred to another shelter after the first shelter was not able to extend her stay. Eight (8) women self-referred to shelters by searching online for contact information on shelters or hearing about the shelter from other people. One of these women found out about the shelter when she was handed a pamphlet advertising the shelters' services.

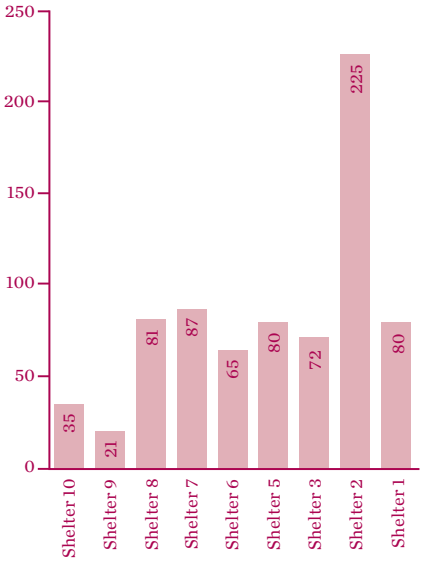
LENGTH OF STAY AT SHELTERS

Shelter stays varied from province to province, ranging from a few days to a year. This depended on the facilities at the shelter (such as Shelters 1 and 2 that are able to offer women access to 2nd stage housing beyond the general 3-4 month shelter residency in the Western Cape) or depending on women's particular circumstances. Extensions of stays can be granted in instances where women have not been able to secure alternative accommodation or when cases are still pending, or when shelter staff may deem a woman not to be ready to leave the shelter.

Information on women's length of stay at the shelters was known for 38 of the 40 women. More than half (55%) of these 38 women stayed at shelters for less than three months while a quarter (25%) between three to six months and slightly more than one-twelfth (12.5%) 6 – 10 months. One woman lived at a shelter for a total of 13 months during 2012.

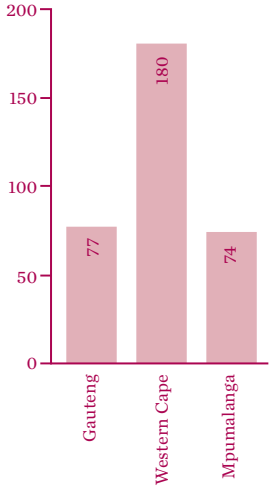
Figure 6 illustrates the average length of stay for women in each shelter. One shelter was not included as only one woman had been interviewed.

FIGURE 6: AVERAGE LENGTH OF STAY (IN DAYS) AT 9 SHELTERS



As indicated by the graph, Shelter 9 had the lowest period of stays recorded, averaging less than one month. The longest stays reported were at Shelter 2 with four of the five women interviewed having resided at the shelter between 8 to 10 months. All four women had accessed Shelter 2's second-stage housing. Other residents spent between one and three months at this shelter.

FIGURE 7: MEDIAN LENGTH OF STAY PER PROVINCE



Women in the Western Cape had in general far lengthier stays than in the other two provinces (both Western Cape shelters offer 2nd stage housing) at a median of 180 days (i.e. about 6 months), being more than double the 77 days in Gauteng and 74 in Mpumalanga (average of 2.5 months). The shortest and longest length of stay were both recorded in Mpumalanga with one woman having stayed less than a week and one woman slightly more than a year.

It is important to note that averages presented in both figures do not reflect multiple stays at various shelters or repeated stays at the same shelter. At least seven women had accessed shelters more than once. At least three of these residents had repeated stays at the same shelter. All three women had reunited with their abusive partners at some point after leaving the shelter (having done so for a variety of reasons) and all had returned to the shelter once the abuse persisted.

ON LEAVING THE SHELTER

Upon leaving the shelter, only a quarter of women (10 or 25%) had returned to their abusive partners.[61] Of the remaining women, more than a third (37.5%) had gone on to live on their own (i.e. moved into their former home once the abuser was evicted/left, was given a RDP house[62], or rented a flat, backyard or room in someone's house) while just under a third (27.5%) had moved in with family or friends. Two women had moved in with new partners. Of the remaining two women, one was sponsored a room by a religious organisation while the other had been placed in witness protection.

Rusbult and Martz (1995)[63] note that a women's level of commitment to the relationship is a key factor as to whether a woman returns to her partner after having left a shelter. This was often measured by the number of children that the couple shared; their marital status and the length of relationship. It is also impacted upon by the severity (self-perceived) of the abuse experienced and the perceived "role" that a woman might have played in it. Other factors also include the women's ability to be independent measured in relation to levels of education, income and employment status, and even access to transportation.

Our study had similar findings: financial stresses; family commitments, particularly in relation to children; perceived culpability in the abusive relationship or not acknowledging the nature of

61 At the time of our interviews another two women had left their partners.

62 This was facilitated by one of the shelters but is seldom the case considering South Africa's general housing shortage.

63 Cited in Le, n.d.

the relationship as abusive; and lack of familial/social support structures were factors that played a role in having prompted women to return to their abusive partners.

For example, 24-year-old 'Lebo' returned to her boyfriend 12 days after leaving the shelter as she felt she had played a part in the abuse she experienced. She did not, however, stay with him much longer. Four/five months later she left her boyfriend and moved in with her aunt. Rosa whose husband had tried killing her with a hammer (referred to earlier) says she returned because he apologised. She concedes, however, that she didn't feel that she had much choice in the matter - as a foreign national she, and her children, were financially dependent on her partner.

Fadilah finds herself in a similar situation. She is unemployed and relies on financial assistance from her daughter who helps out every now and again, and a stipend she receives from an NGO. She, like Rosa, had not wanted to return to the abusive home, and initially hadn't. She explains what led to her return home a month after living on her own:

"I had to come home because my husband brought someone else in the house it was such a big problem. Another woman, I had to come sort it out. Then eventually I stayed because of the kids. I am making do, because of the finances... The thing is I don't want to lose my house to my husband. That's the reason why I came back here. Things haven't changed much...I am trying to live, trying day by day to make it."

Fadilah adds, however, that the shelter played a big role in how she is able to cope now.

Unemployed, mother of six, 'Lucia' also says she didn't have much of a say in returning to her husband. Lucia resided in Shelter 6 for a few months. She explains why she ended up at the shelter in 2012 and why she ended up returning home after initially having moved in with her mother after her shelter stay:

"My husband was cheating with all types of women and I was pregnant with my last child, I almost lost my child so I needed a quiet place away from the stress because it was hectic...It was not my intention to go back to him because when I was in the shelter I told my parents I don't want my husband anymore; but then my parents told me to go back... they said I was married and I must go stay with my husband because I was not working at the time."

Lucia says that the counselling during her stay at the shelter helped her immensely, as she "was really broken". She finds herself better able to cope and takes solace in the fact that despite there still being problems in the relationship, at least "the beating has stopped".

'Nicolette', too has found herself going back to her partner time and time again despite a persistent pattern of abuse. Nicolette has stayed in Shelter 6, three times since she was first referred in 2012. Nicolette finds herself trapped in this cycle for a variety of reasons. On the one hand she still loves her partner, irrespective of what he has done to her or put her through including being destitute on one occasion after he threw her out of the house. Another factor is that she has children with him and he wants them in his life. On the other hand however, she has limited means to care for herself and her three children and admitted to being very stressed and anxious about having to leave the shelter and not having

anywhere viable to go. Although she had moved in with her aunt after leaving the shelter this last time, her boyfriend came over to the aunt's house demanding to see the children and a fight broke out. Her aunt told him that he was not welcome there, and that Nicolette would need to leave if he were to stay.

What these women's stories, and those of so many others, reveals is that ideally, any initiatives to assist abused women in a more comprehensive manner must factor in and address their economic circumstances. Failure to do so leaves many women with limited choice but to go back to the abusive relationship for the sake of their, and their children's, economic survival.

CHAPTER 4

SHELTER SERVICES: MEETING THE NEEDS OF WOMEN & THEIR LONG-TERM IMPACT

"Physically and mentally they have helped me a lot. If it was not for them I would not be here today, I could've been dead." (Leanna, Shelter 2, Western Cape)

To understand and meet the needs of survivors it is imperative to appreciate what prompts women to seek shelter services. Women enter shelters with different life experiences, they have differing needs and they utilise shelters differently. In the research on all women accessing shelters in Eastern Cape and the Northern Cape (not just those at shelters for IPV), Vetten and Lopes (2018) found that shelters played a variety of roles in women's lives. These ranged from places of refuge and sanctuary to shelters operating as a form of community-based mental health facility. In some instances, shelters also served as places of safety and support to children when they presented as the primary beneficiary (similar to the case of Melissa).

These uses of shelters apply to our context too. It is important to understand and acknowledge that while some victims of IPV may enter shelters in order to help them leave an abusive relationship permanently, others may be seeking temporary respite with the hope of returning to the partner if he changes.[64] The nature of IPV/DV is such that even after ending an abusive relationship and exiting a shelter, women may continue being harassed and abused by an ex-partner, thus ending a relationship does not always mean that the abuse will end.[65]

Though women's needs and expectations from shelters differ, findings in this study resonate with studies in other parts of the world. In a longitudinal study on shelters in the US, Lyon et al (2008) found that women's needs fell into eight categories: those related to children, community/economic/ health needs, support needs, criminal justice system/legal system needs, safety needs/domestic violence education,

64 It is important to note that not all women who seek shelters are abused by current partners, although this is often the case.
65 Sullivan, 2012

housing/benefit needs, leaving needs, and transportation/work needs. These needs varied at different points in women's shelter stays. Naturally, once women have had the opportunity to re-group and think beyond immediate survival, the needs expressed changed and increased. The study also found that safety, emotional support/counselling, and assistance with finding alternative housing, were the three most commonly cited shelter services that residents noted as being most beneficial to them.[66]

Shelters in our sample intervene at various levels. At the immediate level, women are provided with crisis intervention; emotional containment and orientation, provided with clothing and toiletries and assistance to access medical health care, for them and their children, particularly in instances where injuries have occurred and/or medical conditions require immediate intervention. Legal support may require immediate or medium-term intervention depending on the nature of the abuse. In the medium-term, other than legal support, shelters help women with child care and enable children to access schools. They also assist with family mediation, helping women to find or access employment and alternative means of housing. This may include second-stage housing which then extends to a longer-term intervention. At each intervention level, therapeutic support is offered. This contains, empowers and equips women with a variety of tools and skills for life after the shelter.

The shelters in our sample provided women with a range of services. The extent to which these services materialised was, however, largely dependent on their finances, their staff/skills capacity, and their ability to have developed networks or partnerships with relevant role players. A minority of shelters are able to provide a more elaborate network of services through the TCC model, or in the case of shelter 2 through a Khuseleka Model[67]. The location of shelters also plays a role in whether or not they are able to access these networks.

SAFETY, ACCOMMODATION & BASIC NEEDS

"Sheltering provides women with the opportunity to be removed from the abusive relationship. This is the most critical aspect of sheltering because I believe many clients are spared further abuse or even potentially death. Once at the shelter, women are able to relax and focus on restoring themselves without worrying about where their next meal and that of their children will come from or their toiletries such as sanitary ware, lotion, etc. and other basic necessities, which are provided by the shelter." (Shelter Manager, Mpumalanga)

66 Ibid.

67 A partnership with the Department of Social Development, Victim Empowerment Programme, the South African Police Services, the Hawks, the National Prosecuting Authority, the South African Social Security Agency, Business Against Crime, the Western Cape Departments of Community Safety and Education, the National Departments of Justice, Correctional Services and Home Affairs.

Shelters are first and foremost places of safety that allow women space and an opportunity to re-group and recuperate from trauma in a secure environment. At a very basic level, women reported having a roof over their heads as one of the shelters' most important service. This was particularly so for women who had found themselves out on the street after their partners had thrown them out of their homes and they did not have support networks to reach out to. However, even in instances where women had access to support networks, seeking refuge with family or friends was only a short-term measure. Women remained at continued risk of abuse and on occasion, inadvertently placed family/friends at that level of risk too such as what happened to Nanda's friend.

Nanda accounts having tried to stay with friends at different points in time during her abusive four year relationship with the father of her child. This never worked as he would harass her friends, and on one occasion even physically assaulted one of her friends (along with Nanda). This assault came soon after Nanda's second attempt at applying for a protection order against him. Nanda was eventually referred to a shelter after having sought medical treatment for injuries. The hospital social worker referred her to an NGO who then contacted the police and requested that she be accompanied to a shelter. Nanda stayed at two different shelters in Gauteng.

Other than a roof over their head, shelters also met the basic and practical needs of residents. A few of the women, and their children, arrived at the shelter with only the clothes that they were wearing. The receipt of food, as well as toiletries upon arrival was the most memorable immediate service mentioned by several women. Rosa was one of them. Rosa, and her three children, arrived at Shelter 9 with nothing. They had left their home in Johannesburg following a particularly heated "argument" (as she describes it) which led to Rosa's husband threatening to kill her with a hammer. She had heard from a group of women in her community of a bustling town in Mpumalanga and boarded a bus with the hopes of meeting up with them there. When she could not find anyone that she recognised, she went to the police station to ask for help. The police took her, and her children, to a local DSD office where they were then referred to shelter 9 (government shelter). Here Rosa describes what she found most memorable about the shelter upon her arrival:

"If I didn't go there, something would have happened to me like suicidal; because I didn't know what to do. I was just travelling, not knowing where to go. So when I got to the shelter all the suicide thoughts disappeared. They gave me stuff for the children, toiletries and pampers...They took me to the clinic with their private car[68], when I came back from the clinic they gave me clothes. It was a nice place, I enjoyed my stay there. Even my children enjoyed it; they ask me when are we going back to Mpumalanga?

While the majority of women reported to having had their basic needs met, two women specifically mentioned that what they had personally found lacking or had noted as being most lacking at one of the shelters was sufficient and/or wholesome food.

68 Having access to a car was cited by at least three shelter managers as a necessity but one that few can afford.

'Carol' was referred to Shelter 8 by a nurse after she had tried to kill herself in a bid to escape the abuse and neglect that she was experiencing at the hands of her husband. She was pregnant at the time. Carol feels that merely the provision of shelter was what was of most benefit to her, while engaging with other survivors had left the longest term impact on her life. She says: "I'm not going to allow things like this to happen to me again". She remains in contact with shelter staff and says she would like to give back to the shelter, particularly to help the shelter with its challenges. When asked what the shelter could have done to improve services she replied counselling and healthy meals. She explains:

"We always [ate] bread and bread and bread and bread..."

'Melissa', who we mention earlier, arrived at the shelter with three of her sons two years after Carol. By her description not much at changed at Shelter 8 within that two-year period. Melisa spoke of there not being sufficient food to meet the needs of her three children. She explains:

"Boys will be boys – they eat a lot: as a mother to three boys I understand that. So you can't expect to give them the same amount of food as a small child – it just won't keep them full and they will be frustrated. This is not caring for them. But the shelter counted each and every slice of bread that they ate".

In addition to limited food, Melissa also mentioned to have had no counselling during her three month stay. Carol, on the other hand, had had some counselling but only once a month during her one year stay at the shelter. She believes that had she had more of it, she would have been better able to address a recurring pattern of abuse in her life. She says:

"[The counselling would have been] extremely important because my father was also one of those [abusers], coming from an abusive home, alcoholic father... it would have been helpful if they could have [provided more counselling] because that's where it all started and everything just carried on".

She believes, however, that the reason that the shelter could only offer limited counselling was due to staff capacity challenges and a great demand for shelter services. She specifies:

"There was only one social worker... and the other one was still in training... she was not [able] to secure everyone, it was a lot for her. There was a lot of people coming in on a daily basis."

Shelter 8 is one service of a broader outreach and victim support service rendered to the community. It employs a total of nine staff members of which only some assist at the shelter. At the time of our research, the shelter's manager also served as its primary social worker.

In the 2015/2016 financial year, DSD funding contributed to 81.5% of the organisations entire operating expenditure of R1.57 million that year. At the time, staff salaries ranged from R1,200 to R16,000 a month while volunteers were paid a stipend of R200 a day. The organisation also spent on average, R8,500 a month on running costs.

During the financial year in question, the shelter had accommodated 21 women and their children, and had spent R93,741 on food and other incidentals related to shelter client needs. A

rough calculation based on this expenditure would have the shelter spending about slightly less than R4,500 per client in the year. If one were to factor in the children that accompanied their mothers – which we would estimate at three children per mom (as per this research study's findings) - this would significantly lower this annual amount to about R1,785 per shelter resident assuming that each child would only incur about half of the expenditure that his/her mom would. This amount per shelter resident per year equates to about R148 a month or R4.89 per person per day - a rather insignificant amount.

A potential contributing factor to this low allocation may rest on how DSD in Mpumalanga funds shelters. While most provincial DSDs employ different funding frameworks, most often it is based on a daily unit rate contribution (per-beneficiary) to cover the shelter resident's food, accommodation and other day-to-day expenses along with subsidies towards the salary of a social worker and other personnel. Some provinces also demarcate funding for the provision of shelter resident care packs (like in KwaZulu-Natal), security and outreach services and campaigns (like in Eastern Cape and other provinces). As mentioned under the shelter's profile section, by and large, DSD in Mpumalanga does not specify how its funding is to be distributed across budget line items, except in a few instances in which shelters were specifically allocated some funds to pay the salary and the administrative expenses of a social worker. This does not, however, mean that shelters have free reign to do what they would like with this funding – there are restrictions.

At the time of the study, Shelter 8 was described by its manager as being in poor condition and in urgent need of general maintenance and infrastructure development. This was confirmed by Melissa who said that the most important service that the shelter had rendered to her was somewhere safe to stay, but, she says: "*the conditions were not ideal – our [rooms] would leak if it rained.*"

Despite the need for improving shelter facilities, the organisation had not, at the time, been able to use DSD funding to do so. It has also not been able to source funds from private donors as those approached have been reluctant to invest in property which is government-owned. The shelter had also stopped running skills-development training on beading and leather work when they could no longer afford to pay for equipment and training, preferring to dedicate any monies remaining to meeting the basic needs of their clients.

Shelter 8 was not the only facility to have had infrastructure challenges. 'Nafisa', who stayed at Shelter 7 two years prior to the study, resided only but a few days at the shelter, having left as soon as she successfully applied for a protection order. She enjoyed her short stay at the shelter saying she felt at home. While she felt that there wouldn't be anything that she would specifically expect the shelter to change, she did say that government could play a role:

"The government can help improve the facilities. When I was there the fence was falling apart. They should improve the toilets because they are damaged."

At the time of the study, Shelter 7 was only able to secure funding from the DSD. The largest expenditure incurred that financial year (2015/2016) was staff costs (the shelter employed 12 members of staff who either worked directly at the shelter or provided outreach services), followed by food, and programme costs in the form of campaigns and workshops. Transport costs are

also high owing to the shelter's rural location. The closest magistrate's court for example, is located an hour's drive away. Thus accompanying women to court to apply for protection orders is not only a time-consuming endeavour, but also a costly one. Although some funds were spent on shelter maintenance, the expenditure is nowhere near what will have to be spent in future to address some of the buildings infrastructure problems. At the time of the study, this included lack of running water in the house and toilet plumbing issues. One of the rooms intended to house clients was also not suitable for habitation on account of extensive damage to the roof and cracks in the walls. The boundary wall surrounding the building had also collapsed, which compromised the security of the shelter. Not being able to make use of one of the rooms had reduced the shelter's capacity to provide shelter to more women, which in turn, had reduced the shelter's operating costs but they were not able to proceed with renovations using these savings until they had received final authorisation from DSD to do so. This was delayed for a number of reasons yet it had an impact on those using or waiting to use shelter services.

PSYCHOSOCIAL SUPPORT: COUNSELLING & LIFE-SKILLS

"You know counselling helped me a lot, because I was at that point where I was thinking of killing myself. I thought of killing myself because I had been abused too much. But when I go to the shelter, they showed me a different side of life. They told me I need to live for my children." (Leza, Shelter 11)

Similar to Carol's feelings of the importance of counselling, the majority of women said that from all the services that shelters had offered, counselling was what had had the greatest impact on their lives. Through counselling they were better able to understand themselves and to address the challenges that they were facing, and they felt more confident and empowered to make informed decisions about their futures.

Nanda, who is working as a cleaner at a health care facility and was able to secure this employment through the shelter, is currently living on her own after having sent her four-year-old child to live with his grandmother. She rates the counselling as well as the life-skills training she received as having the most profound impact on her life, giving her the strength to make some tough decisions. She says:

"What we went through, how to overcome, how to prepare to leave the shelter, the practical steps to take to become self-sufficient and independent and so on. This really made me think things through and it was the reason I was able to come to peace about sending my son to my mother, so that I could provide for us all. The shelter made me aware of my rights in respect of an abuser; and it made me realise that abuse doesn't have to affect all the other areas of my life negatively. What I went through – being abused for four years and staying because I believed that my partner would change; the counselling and trainings

we received at the shelter made me recognise that a person won't change if they say they will change but keep on doing the same things and there is no reason to stay with someone like this just because they tell you that they love you because if they really did then they would not hurt you, so at the end of the day there is nothing I can do to change such as person, I can only work on myself."

Group counselling was also mentioned as being particularly helpful - being in the same space with other women who were going through similar challenges helped some women as they were able to draw strength, support and resolve from each other.

Many women also said to have benefited from attending motivational talks, workshops focused on building self-esteem, confidence and self-care, and skills training such as parenting skills. Such services seem to have been predominantly availed to women from Gauteng and the Western Cape.

In the Western Cape, for example, residents of Shelter 1 undertake an eight week long programme called Healing and Restoration. The shelter also provides women with workshops on a variety of subjects. Recalling her experience of having resided at Shelter 1 with her two young children on two separate occasions, 24-year-old 'Nadia' says the following:

"I was there twice…I was there and I left because of my partner; he promised me the world again that kind of thing; so I gave him a second chance. And the same thing happened [within the 4 months that she lived with him]…so I thought no I can't do this again and I just went back [to the shelter]. We did a lot of things at the shelter: computer skills, lessons everyday on how to take care of children, hour lessons on self-confidence. The confidence one was the biggie for me and the children. How to raise your kids right being a single mom obviously and an abused mom, you can't take your emotions out on them. And the counselling as well, they were very nice…They don't treat you as just another woman there. [I am] more independent [and] I am a much stronger woman than I was before. [Life's] actually much better, less stressful, and emotional. I'm not covering bruises anymore. It's nice to be happy and not abused in every way possible -physical, emotional and mental everything. It's a whole new way of life now."

Nadia ends her interview by saying that while she would not change anything at the shelter, what she would suggest to government is *"they could help a little more financially"* to enable the shelter to employ additional social workers. She continues: *"because there was only one [social worker] there for every girl. So she couldn't see me like every day. It was more like once a week kind-of-thing. Maybe the government could fund one or two more [social workers], it would be great."*

Women in this study attest to the need for support to establish self-sufficiency. Taking care of children and looking for employment all while ensuring one's emotional and psychological stability requires a robust, responsive support network. Throughout their shelter stay, the majority of women had accessed a range of services and were assisted with childcare as they attended counselling sessions. Several women noted that

they had wanted to continue with counselling services, but this was not a possibility owing to financial difficulties and other pressing demands.

It must be noted, however, that four women said they had left the shelter feeling unprepared. This mostly related to lack of, or not receiving sufficient counselling. The extent to which shelters were able to offer this was very dependent on their resources and capacity. This is again linked to a need for improved access to funding.

SERVICES FOR CHILDREN

"Children also get affected by this abuse. The child will sometimes have anger, or be emotional their behaviour will just change. The child perhaps can no longer socially engage with other children because he or she starts hitting other children when playing with them, because this is what the child sees at home. Like the problem I have now with my 10-year-old son whenever he plays with a girl child he has a need to hit her but I tell him that is not how you treat a girl child. He does this because of what he has been exposed to so he thinks it's the right thing." (Lerato, Shelter 3).

The funding frameworks that provincial DSD's employ do not fully enable shelters to provide a comprehensive array of services to shelter clients, especially with regards to services for their children. This was mentioned by at least three shelter managers. The manager of Shelter 6 says:

"Sheltering has a positive impact not only on clients but also their children, who – usually after just a few weeks at the shelter – display a significant reduction in their aggressive behaviour... In fact, the positive impact is more heightened and discernible in sheltered children than it is in their mothers. [Yet] DSD is reluctant to allocate funding for children who accompany their mothers to shelters since children are catered for by places of safety, which means there is a funding gap in terms of children accompanying mothers to shelters, which undermines shelters' ability to offer the best possible service for these children."

Inadequate funding places an onerous burden on shelters that cater for children. This ranges from provision of basic services such as food, clothing and nappies to psycho-social support, pre-school programmes, support with homework and transport to school and even at times school clothing and stationery. These services are essential for the mental health care of not only the children but also for their mothers allowing them time to focus on their own healing and in freeing them up to focus on their practical needs, to continue working or seek employment should they not be working at the time. Continued schooling and minimising disruptions in education is essential to normalise a child's life during and after a shelter stay.

While government funding does not make much provision for children who accompany their mothers to shelters, all the shelter staff interviewed detailed that they render some level of services for women's children, some more sophisticated than others.

Shelter 1 provides on-site crèche services and runs a therapeutic intervention for children from a play therapist. Children are also offered music therapy. The shelter has also recently introduced a swimming therapy programme – the need arose when the child of one of their previous shelter clients drowned. The shelter also ensures that it attends to children's medical needs and will take a child to private doctors if they find that government hospitals are not able to effectively address a child's physical wellness. They also offer a Montessori programme which is a one-on-one prep for school and will, on occasion, cover the cost of registering a child into a new school – the cost of which is R1,000. Shelter 2 is also able to offer children counselling, play therapy and support groups. Children with intellectual disabilities are referred off-site. Children aged 2-5yrs who accompany their mothers to the shelter are referred to the shelter's ECD Centre; school-going children continue at school or, where possible, are transferred to schools within the area. Where shelters do not have in-house facilities, shelters will refer children to counselling support services like Childline but this depends on whether such services exist in the area where the shelter is located. Shelter 3 also has an ECD centre and runs a school placement programme, where they facilitate the transfer of children into a local school. The children also see a psychologist every week in individual and sometimes group sessions. Shelters in more rural areas and those less resourced had minimal programmes on offer. Shelter's 10 and 11, for example, assisted by helping to look after women's children.

Women who brought children with them to the shelter, often mentioned the important role that shelters play in meeting their children's needs as well as supporting them in their parenting endeavours. Take 31-year-old mother of two, 'Essi', for example. Essi equated a number of key services rendered by Shelter 3 as having had a profound impact on her and her children's immediate and long-term needs. These included a safe place to live, having support related to child care, being assisted to access a protection order, and being provided with counselling. She says:

"I am happy; I may not be wealthy, but I'm definitely happier as a result of leaving the abusive relationship, which I wouldn't have been able to do without the shelter there to support me and my children. I would not have been able to work if they didn't take care of my children. And they made sure that my children's education didn't suffer during our time there. I really appreciated that. They helped me find a crèche and school for my children, which I would not have had the time to do alone because of my work. And there's a big, positive difference in my children also. Since the protection order he's not supposed to have any interaction with our children...I don't feel he has changed and that I can trust him to be around the children. Our youngest was always being told that he's slow at school but now the teachers tell me that he's coping and that he plays with other children. Before when he did his homework, my husband would open the bath water to try and drown out the sound of us fighting. So of course the children were affected by such things – even if they didn't directly witness me being hit, they could hear us arguing and this would give them the impression that such behaviour is normal.'

Aside from counselling three women pointed to additional gaps in relation to child care support – age restrictions being one of them (for two women) while the third women said more needs to be done to facilitate children's access to schools. In relation to age-restrictions, as mentioned in the shelter profile section, a number of shelters cannot accommodate children over a particular age. Shelter 1 for example is not able to cater for children who are older than the age of 5. This was a decision that shelter management took on principal as they did not feel that they were doing children any justice with their education and that this also impacted on the mother. The manager explains:

"We have been criticized for only taking children up to the age of five but we do so for multiple reasons. Firstly it is based on our location – there is a lack of schools in our area; and most of our clients come from the cape flats areas which means that a client would continually be missing skills development workshops etc. every time she needed to collect her children from school. School registration fees are also high. We've tried to engage government on this – we are told that we must deal with the Department of Education but the Department doesn't come to the party. We cannot keep children for weeks out of school – this is a disadvantage to the child."

Shelters 4, 5 and 6 will not accommodate boy children over a particular age – the age limit usually being 12 or 14. While Shelter 3 also has certain age restrictions for boys, it does have a family room which enables these children to spend weekends at the shelter with their mothers. This is an area that a few women and a few shelter managers said needed some consideration.

ACCESS TO HEALTH CARE: WOMEN'S PHYSICAL & MENTAL HEALTH

"I am much better. Back then it was almost as if I was mentally ill because I had stayed for a very long time in this abusive relationship and I did not know where to go. So when I told those Metro police they informed me about the shelter, so I was really helped. When I left the shelter I was doing alright. When he was abusive towards me I used to drink a lot of alcohol. When I went out of the shelter I had stopped consuming alcohol, I was healthy and beautiful. I can even save money now, if I have like R10 I can put it away and just save it; but back then when I was with him I used to take any money I get and buy alcohol because of all the stress." (T, 27-years-old, resided in Shelter 3 with her two children for two months)

Women (and their children) present at shelters with varying health issues as a direct consequence of IPV. This includes physical injuries, psychological trauma, HIV, substance abuse problems, and a range of other physical and mental health issues. Shelters are not equipped, nor are they expected, to provide medical/health services on-site but will assist women to access health care. This ability is largely dependent on shelter resources and the availability

of services (especially related to mental health care) in the immediate vicinity.

Seven women spoke of shelters having helped them to access health care by providing them with transport or with transport money to get to a clinic or hospital or with referrals to a psychologist. Some shelters have established relationships with local clinics and hospitals which allows clients to get preferential treatment. Shelters will also assist with treatment adherence although this is not a service that they are expected to render it is one that in practice is required. This service provision had a lasting impact on women's lives.

'Leza' was being abused by her boyfriend. He had chased her, and her four children, out of the house that they had all shared after she had refused to sleep with him. Leza was referred to Shelter 11 by the police. Shelter 11 took her to hospital when she became ill (Leza was HIV+). They also referred her to a psychologist once Leza complained about "hearing voices" and not being able to sleep. The shelter also monitored her ARV treatment, and helped her to apply for a disability grant. When Leza was asked during her interview what the services were that she found most beneficial, she replied that it was their enabling her to access health care.

Leza's story is but one case that illustrates the complexity of addressing an intersection of women's physical and mental health needs. Add other factors to that, such as minor children at risk, long-term tenure security issues and concerns about managing finances, further complicates matters. This is well-illustrated by one case that Shelter 7 was confronted with.

Shelter 7's client entered the shelter with six children after having been abused by her boyfriend (father to all of her children) and his family for quite some time. The abuse included forcing the client to sleep outside the home that they all resided in. The client's behaviour at the shelter called into question her mental wellness. Aside from numerous other behavioral oddities, she also displayed some neglectful behaviour in relation to their children. Concerned for their future well-being, the shelter had requested assistance from their local DSD office to place the children in a place of safety but this did not work out. When the time eventually came for the client to leave the shelter, the boyfriend's family, who did not want to take her back, provided the social worker with the client's aunt's contact number. However, the aunt was unwilling to take the family in. Further efforts were made to identify alternative family members. The client's cousins were not willing to take her in due to her mental health issues. The client's sister was also tracked down, but she too was not well and could not assist. An uncle was eventually found, but while he empathised, he was not able to help either. After failing to convince authorities to provide the family with a RDP house, the client was eventually provided with a piece of land by local tribal authorities. At this point however, the client's boyfriend's family approached the shelter and requested that she be released into their care, committing to take better care of her and her children. The shelter contacted a local DSD office and requested that the family be monitored. Despite this, the manager reported that the client would constantly call her to complain that she did not have food and that she wanted to return to the shelter.

LEGAL SUPPORT SERVICES

The previous four shelter studies found that shelters helped women with a range of legal support needs. These included help with obtaining protection orders, in getting maintenance from a partner, assistance with divorce and child custody applications, following up on criminal cases and helping women with preparing for court trials. Women were also helped with applying for identity documents, children's birth certificates, and applying for grants. Shelters also helped with putting up children for adoption or placing them in places of safety. In Mpumalanga and in Gauteng, residents also required assistance with issues related to their legal status in South Africa.

This study found that the provision of, or assistance to access legal advice and support was of immense benefit to women's short-term and/or long-term needs, like that of 'Leanna'. Leanna had lived in an abusive relationship for 18 years. She was receiving trauma counselling at a Cape Town-based NGO but when things escalated she sought help to find a shelter towards the end of 2014. She says:

"It was sooo hectic I could not take it anymore. So I asked my counsellor if she could organise a place for me to stay; she said we should try to evict him, so that I can stay in the house. So one day I went to [court] but one of the lawyers was not there but the people there advised me that my counsellor has to go with me to court so that he can be evicted. My nerves were totally cracked because I know this man [husband] is not going to allow that. In that same week I called [Shelter 2]...The services were great. They help you with the protection orders, divorce proceedings. It was for free, you don't have to go to the lawyers because they do everything in the shelter. This was nice from them. It's very important because you don't have to go out and search for lawyers and pay for all of those fees, they are right there..."

Leanna resided at Shelter 2[69] with her three children for a total of 8 months. She would have stayed longer at the shelter's second-stage house had her mother not asked her to move in with her after she had fallen ill. While life is better she says, her pending divorce is what upsets her most. She says that while initially she did not want anything out of the divorce - she just wanted out – she is now in a better frame of mind and has requested a 50/50 split. She has realised that she has to do what is best for her children and her future.

In addition to Leanna, 10 women reported to having been helped with applying for protection orders, while some also had been assisted to lay charges against their abusive partners. In Patricia's case this led to her partner being arrested, allowing her to move back home. Forty-two year old 'Susie', lived at Shelter 2 with her two children for a total of 10 months. During her stay she was assisted to apply for a protection order. She moved back home after her husband had been evicted from the home that they had shared. She has also since been able to divorce him. Security at the shelter as well as the protection order was

69 As referred to earlier, Shelter 2 employs a Khusuleka model and is able to provide on-site legal assistance.

vitally important to her safety she says, especially since on two occasions he had actually come to the shelter to look for her. Shelter 2 spends a significant sum of money on security services at the shelter. Not all shelters are able to despite facing similar situations.

'Lerato' has encountered similar problems. Lerato was 37-years old when she entered Shelter 3 in 2011 after having been severely assaulted by the father of four of her children. She brought three of those children with her to the shelter. The shelter helped her apply for a protection order which resulted in him being arrested. This did not, however, deter him from continuing to harass and intimidate her after she left the shelter. Lerato explains:

"The reason why I went to [Shelter 3] was because my partner was very abusive, especially once he consumes alcohol. He would hit me, verbally abusive as well. He would swear a lot and thereafter he would beat me. He would [also] shout at the children most of the time. And I would end up intervening so that I can protect my children. [When I left the shelter] I was working well as a security guard but I am going to tell you the truth. Once my partner knows where I stay, he will come forcefully to that place. He is that person who would disturb my employment. He would sometimes block me in the streets while I am on my way to work; and I would end up arriving late at work. At work they would say I am not committed because I am always late and sometimes you do not pitch for work. They said they would move me. But the problem is that he would go to the children's school... and blackmail the children and ask them where they stay. He would say to them that he wants to bring them money, so he needs to know where they are staying. So the children would end up saying where we stay. Another time I tried to hide our location but the kids transport driver told him where he picks up the children."

Lerato has had to relocate a number of times. She currently works part-time but calls on the shelter every now and again when she needs some kind of support, like clothing and toiletries. She says that the shelter taught her to be strong for her children. She continues:

"They teach you to make the right choices for your children and that staying in an abusive relationship does more harm to your children than good; and that you are harming yourself as well by staying in this abusive relationship. An abusive relationship erodes your self-confidence; you end up not knowing who you are because you are living in this person's world. This abusive person makes you his doormat, threatens you and wants to put you down."

When asked what the shelter and/or government could do to improve services for survivors, she replied that having greater access to educational and skills-development programmes would be beneficial, and that these should continue well post leaving the shelter.

SKILLS DEVELOPMENT PROGRAMMES

"[Funding from government is not sufficient] as it does not cover the organisations operational budget. In addition, the money received from DSD does not have a budget line for training, yet the shelter is still expected to carry out trainings and to cover the associated expenses of these trainings as well as other expenses such as children's programmes." (Shelter 3, Gauteng)

Skills-development programmes at shelters varied quite extensively, with some shelters experiencing more difficulties in providing programmes of long-term value to shelter clients. Often this was as a result of non-existent or meagre funding. Shelter 8 in Mpumalanga, as mentioned earlier, stopped providing training programmes as they could no longer afford to do so. At least four women of the 15 that were interviewed from this province, reported to having nothing to do except watch TV and do chores while at the shelters. Having nothing useful to do was particularly discomforting to 'Nala' who spent just over two months at Shelter 10 with her teenage daughter before they were placed under witness protection. She had this to say:

"Since I am uneducated, at least when I leave the shelter I should be skilled in something so that I can find employment of some sort. For example maybe provide a skill in hair or knitting; because those are the things I love doing and maybe I can also make money out of it. When you leave the shelter, life becomes hard so at least when you know how to do something you can get money...."

Nina (mentioned earlier in the report), had also resided at Shelter 10, two years prior to Nala's stay. She said:

"We did not learn anything at the shelter. They had said we will learn things at the shelter and do some knitting or handwork; but that never happened because they were still waiting for resources from the government."

The interview with the manager of Shelter 10 revealed that skills-development at the shelter is sporadic and implemented only when they are able to source a trainer.

A few women (6) in Mpumalanga-based shelters, however, attested to having been kept busy with some form of informal skills development such as gardening, baking and knitting. Although these were not formalised programmes, the skills that 'Leza' learnt were of particular importance to her. Leza is a 45-year-old, mother of four. She is not employed due to a disability but is able to supplement her disability grant with money she makes from selling doilies – a skill that she learnt while residing at Shelter 11. She says that she would like to go back to the shelter to teach others how to knit too.

Shelters in the other two provinces are better able to provide their residents with more opportunities for upskilling. Twenty-five year-old 'Jo-Ann' for example, entered Cape Town-based Shelter 2 in 2015 to escape the abuse she was experiencing by her boyfriend while she was pregnant with her second child. Jo-Ann had always had an affinity for nursing. The shelter

provided her with two opportunities for related training. This included a first-aid and a course in home-based care. Jo-Ann is currently completing her matric.

'Fadilah', who resided in Gauteng-based Shelter 5 for just over two months in 2015, says she found the counselling, being occupied, and participating in training courses, as having had the most impact on her life. She says:

"They made sure we did not sit alone and do nothing. They always had things for us to do, so that we don't go into that mind-frame of husband abuse ...my husband this, my children that. They made us stop thinking about what happened to us, and put us further into what we can improve. They tried to make us open up our own small businesses if we could. Start up with a little bit of money, try and sell things. Get us to do things, instead of sitting back and just thinking about my life like this, my life like that..."

During her stay at the shelter, Fadilah was also able to undertake a counselling skills course that the shelter ran. She did very well in the course. Although she does not use the skills she learnt as a means of generating income, these skills have, however, empowered her to help others.

Programmes on offer at shelters are, however, rarely able to cater for their client's long-term financial needs as the Deputy Director of Shelter 4 says:

"The skills that shelters provide are basic sometimes and not in demand within the job market. This means that often shelter clients cannot afford rent when they leave here because they earn entry-level wages, R2,000 or R3,000, which is not enough to sustain a woman with children, which is why clients often go back to an abusive partner."

While this study did not set out to evaluate the nature and effectiveness of skills training programmes offered by shelters (or networks of service providers), it remains an important consideration for assessing and improving the provision of programmes so that they offer women market related skills which can be remunerated. This could be accompanied by basic financial management training which some shelters already do factor in. Some will also assist women with banking their money so that on exit from the shelter they are in a better financial position. Perhaps here too an opportunity exists to assist women in the long-term.

The ability of shelters to provide the range of training opportunities that they are able to offer to clients is notable in light of the fact that at the time of the study, shelters were not receiving funding from DSD to cater for skills-development programmes, although doing so is a particular requirement as per DSD's minimum standards. In the absence of networks and/or access to other financial resources, including limited staff capacity, it is understandable why some shelters were not able to provide these services. Even more so, those that experience funding short-falls and are left with limited options but to prioritize basic needs and services.

Perhaps the questions that need to be addressed in this regard are: what kind of skills development should shelters be providing considering women's diverse interests and needs, the context of funding difficulties and the nature of short-term shelter provision, coupled with women's generally low levels of education and the country's unemployment rates; who should be providing these programmes; and who should be responsible for financing them?

EMPLOYMENT

"We are proud to have many success stories – for example, we've had restaurant placements of former clients; a previous client shared that she had bought her own flat 5 years later; there are many other positive stories...We always strive to provide a quality service for our clients – sometimes we foot the bill through alternative means when we don't have funds in our budget because at the end of the day we want to deliver services of a high standard and make sure that we meet client's needs." (Shelter 2, Western Cape)

Almost half (47%) of the women interviewed were unemployed at the time of interview, with 15% of them relying solely on social grants for an income. A few women reported to have found work while at the shelter as a result of the shelter's support. Marcela found work at a hotel during her four month stay at Shelter 1. Nanda found work at a clinic through the established network between the shelter and the clinic. She would help out whenever they needed someone. But when one of their employees fell pregnant and went on maternity leave, Nanda was offered the position on a full-time basis. Lerato also found work. This she says was facilitated by the shelter providing clients with access to resources and support. She says:

"While I was at the shelter, every Wednesday they would give us the Star [newspaper] which has the 'workplace' section. In the mornings we would go look at the newspaper, searching for jobs. If you need to call or fax for jobs they would allow us to do so...They would help us look for jobs; they would also place you for available jobs, or register you for possible jobs. The most important thing is for you to become independent and not depend on this man; because when a man sees that you are dependent on him he becomes over powerful in such a manner that he wants to control you."

Lerato unfortunately had to move jobs when her ex-partner found out where she was working.

Mercy was also able to find work. Through various trainings she is now employed at a shelter as its manager.

The need to support survivors in upskilling and finding employment in order to sustain themselves post the shelter stay cannot be underscored. A study by Lynch and Graham-Bermann, found that employment was a critical determinant of a woman's sense of self, and self-esteem related to abuse and was positively associated with a woman's decision to leave her abuser. Essentially, this implies that securing a job has mental health benefits beyond self-sufficiency by decreasing helplessness.

Our study finds that women who stayed at shelters for longer periods of time tended to show significant positive changes in their lives. Similarly, residents whose lives showed significant change had been in shelters that had greater access to programmes, resources and a sophisticated network of support systems and structures, this included networks with the private or business sector. This was more evident in shelters located in more urban areas.

There is a need for the non-profit, the public and private sectors to look for solutions to better respond to women's long-term employment needs.

SAFE, AFFORDABLE HOUSING FOR WOMEN AND THEIR CHILDREN

"The important part was that I [can afford] a room ...now I can... I am so empowered I can actually take care of myself, take care of my kids. [I needed] the safety and everything that goes with it." (Mercy, resided at Shelter 4 for five months with her children)

As the temporary accommodation at the shelter ended women were faced with securing long-term or permanent housing options that would meet the level of safety that shelters provided for them and their children. For those women who sought to end the abusive relationship permanently, their priority was to find safe and secure housing where their abusers could not have easy access to them and their children.

A combination of having an income, social support as well as a safe place to stay is important in planning for survivors and their children's long-term needs.[70] While 15 of the 40 women interviewed for this study were able to find some form of housing on their own post their shelter stay, 11 women had moved in with family or friends; the latter option seeming to be more often arising from necessity than choice. Several women who returned to their partners said that they would have preferred not to but had no choice due to their financial circumstances.

Rental, including electricity and water costs, make it difficult for women with children to choose or to access safer and affordable housing options. A number of suggestions arose from the interviews. These including extending shelter accommodation periods; establishment of second-stage housing; government intervention in relation to the provision of RDP houses or any form of low-cost housing.

The need for second and third stage housing in partnership with government is an important consideration for addressing IPV holistically. Third stage housing is a longer-term housing option for women who have completed a second stage programme (often a year) but still need subsidised housing and support in their community. Third stage housing may result in permanent housing for survivors of IPV. An opportunity for this exists through government's 2015 draft Special Needs Housing Policy[71]. This though has not seen the light of day due to disagreements as to which department should take responsibility for this.

Another option but which is not currently being considered could rest with government's Emergency Housing Programme (EHP). The EHP is a programme provided for in Part 3 Volume 4 of the National Housing Code (2009). According to the Housing Code, the "main objective of this

70 Lyon et al, 2008

71 More information on this policy is provided in Chapter 5.

Programme is to provide temporary assistance in the form of secure access to land and/or basic municipal engineering services and/or shelter in a wide range of emergency situations of exceptional housing need through the allocation of grants to municipalities...". The EHP aims to be a responsive, flexible and a rapid programme to address homelessness, hazardous living conditions, and temporary or permanent relocation of vulnerable households or communities.[72] The policy, however, makes no mention as to its applicability in relation to IPV.

IPV could be considered a category of inter-personal hazard which renders women and their children homeless. Whilst government's Emergency Housing Programme does not speak to the realities of IPV, given the prevalence of IPV and its devastating effects on women and their children a compelling case can be made for government housing programmes to respond to women's housing needs.

Affordable, State subsidised housing alternatives for survivors of DV has to be one of local, provincial and national government's priorities.

A MULTI – SECTORAL APPROACH & NETWORK OF SERVICES TO ADDRESS DV COMPREHENSIVELY

"As a shelter manager, I am encouraged when I can support a client from start to finish; when collaboration between different service providers is effective from start to finish; and where a client is genuinely empowered to improve their circumstance despite prior financial dependence on an abuser or a similar financial circumstance that is not ideal. I get excited when a client views themselves and their future in a new light and works towards this. Where this agency is exercised, then I as the social worker am very happy." (Shelter 10, Mpumalanga)

The majority of shelter staff interviewed expressed the view that addressing DV requires a coordinated, multi-sectoral and community response that includes the police, the Department of Home Affairs, healthcare facilities and schools amongst others.

A strong network of support structures and stakeholders is necessary to meet the complex needs of survivors as well as enhance the long-term role played by shelters in residents' lives. These networks benefit shelter residents in a number of ways, including job placements; accessing information for long-term housing; providing solutions and support for children who accompany their mothers to shelters; and supporting shelters with material resources necessary to provide for residents.

While participants highlighted the high value they place on shelter services, the effective delivery of such services is attributed to a multi-sectoral approach in which shelters work and partner with diverse institutions to provide valuable services to their clients.

All shelter managers interviewed shared that over the years they had built relations with other

72 Housing Development Agency, 2012

stakeholders who are key in their service delivery. This includes relationships with schools, Home Affairs, the police (although some shelters noted that there is still some room for improvement), hospitals, district DSDs, SASSA, Thuthuzela Care Centres, Child Welfare and a range of NGO's and other stakeholders.

Strengthening networks with provincial bodies where decision-making takes place so as to advance women's issues is also crucial. Such positions make it possible for shelter representatives to negotiate for survivor's access to services or resources. As one shelter manager puts it:

"I occupy positions in provincial platforms such as the Victim Empowerment Forum, the provincial task team of the Department of Human Settlements Special Needs Housing Policy...and the provincial advisory committee for the Department of Community Safety...I have found that if you don't occupy these spaces you don't get to advance the rights of the women and the children that you serve and you don't acquire pertinent information and knowledge as easily. For example, a former client of Shelter 1 has moved into her own flat in Maitland – when you don't occupy those spaces women don't get to know about housing subsidies etc." (Shelter 1, Western Cape)

Such relationships expand the scope of services that clients can access which helps provide a more comprehensive approach to addressing DV and meeting clients' needs.

WOMEN'S OVERALL RECOMMENDATIONS TO SHELTERS & GOVERNMENT

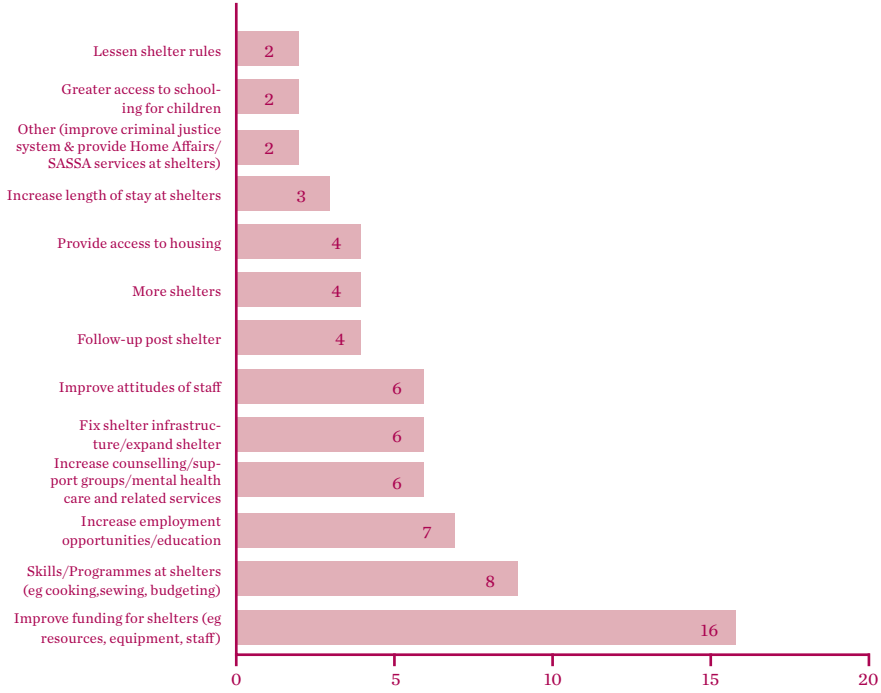
"When I left him in 2013 I didn't feel alright because I felt like I should've not opened a case against him. I pulled back the case, I withdrew it. I felt like to blame, but there was no reason for him to hit me like that. So I did feel bad. I went to the shelter and I felt a bit better. While I was there I could relax, my mind was at ease, I could think a bit. But I knew it was only for a while that I could be there and then I was a bit anxious about where am I gona go to when I get out of the shelter. I think [to improve shelters] well funding is always a problem, because sometimes the management would tell us that you know there isn't funds for this and that. So we have to like wait. So if the government could maybe fund the shelters more, then they would have more things to instill in the shelter to keep the ladies busy." (Nadine, Shelter 6)

Figure 8 provides a summary of specific recommendations that women made at the end of their interviews when asked what shelters and/or government should do to improve sheltering for women in the short-term as well as the long-term. Some of these have already been referred to such as improving access to counselling and/or mental health care; improvement of basic

amenities such as food, clothing (school clothing for children was mentioned by two women) and blankets; increasing length of stays at shelters; and conducting follow-ups once women leave the shelter. Women's employment and housing needs have also been referred to. What has not yet been mentioned is that there were some personality clashes between women and shelter personnel, particularly with housemothers. Women, understandably, had found this to be upsetting. Some women also struggled with adjusting to shelter rules, in some instances shelters restrict or limit a women's contact with the outside world. This some women understood as being the shelter's attempt at keeping them safe, but nonetheless left them feeling like they were in prison - the exact opposite of what a shelter should feel like. Shelters must address issues such as this. Staff must also be well capacitated to render a compassionate service to women most needing this care.

A number of these recommendations specifically refer to increasing shelter capacity and resources through employing of additional personnel, especially social workers; improvement of shelter facilities or the need to expand shelters enabling them to either cater for more women (in instances where women noted that shelters had to turn others away due to being full) or to increase space to ensure more comfort and privacy. The majority of these and other requests pertain specifically to increasing funding for shelters.

FIGURE 8: WOMEN'S RECOMMENDATIONS TO GOVERNMENT AND SHELTERS (N=37)



The chapter that follows serves to provide a number of key recommendations in response to some of what women, and shelter staff had to say. Prior to doing so, it is, however, important to acknowledge, that a number of shifts have taken place since this report's first draft. For example, as a result of an increase to the equitable share, Western Cape DSD increased funding to shelters in the 2018/2019 financial year by 30%. This factors in a unit rate increase per beneficiary per month to R2,070 (equivalent to about R68 p/day) and an increase in subsidies (rate and ratio) for shelter personnel (e.g. subsidies are now provided for three housemothers at a national minimum wage of R3,500 p/m each). The Department expects to increase these allocations over the next two financial years. The Department has also launched a skills training programme for women residing at shelters and has partnered on an economic empowerment initiative with the Department of Economic Development and Tourism (it is not clear whether these two initiatives are aligned but it would appear so). The Department is also piloting an aftercare intervention programme. The results from the pilot will be used to strengthen aftercare services at all shelters in the Western Cape. Some of these initiatives may stem from an evaluation on shelter services that the Department undertook in 2015.

Some changes have also taken place in Mpumalanga since this study was conducted. All shelters now receive subsidies for social workers, thus social workers/shelter managers are no longer taking on a dual role. Mpumalanga DSD now also specifically allocates funding for skills development programmes.

Ideally, all provincial departments, including district/regional offices, should be engaging with shelters in the province to discuss how best to address the funding and staffing challenges that shelters face in an effort to improve services over-all. At the very least no subsidies for personnel should be less than the National Minimum Wage.

CHAPTER 5

CONCLUDING REMARKS AND RECOMMENDATIONS

"I'm doing very, very strong, I am very strong. Me and my kids have been through counselling. We attended a lot of programmes, which made me feel that a woman can stand-up for herself, she does not need to go through all of this abuse and think it's alright." ('Susie', Shelter 2, Western Cape)

Women's varying needs and priorities are provided a voice by this study and allows for the long-term impact of their experiences of their shelter stays to shape shelter services going forward.

Women in our sample faced significant, and at times even lethal, violence from intimate partners. Most frequently their children were also embroiled in the abuse as either witnesses to the abuse or themselves were abused. For several women in this study, shelters had made the difference between life and death. They provided women with a safe space to seek refuge and capacity to deal with the challenges at hand.

Although not an easy journey, the majority of women interviewed stated that they were feeling much better since leaving the shelter. They attributed this to the counselling received and problem solving skills developed during their stay at the shelter. They had learnt that they did not need to put up with abuse and felt empowered to better deal with future challenges. Some women had also reported to having found employment following their shelter stay, some had gone back to school to complete their matric while others were undertaking courses to pursue more fulfilling careers. Almost three quarters of women (70% or 28 women) had not returned to their abusive partners, while an additional two women had ended their abusive relationship by the time interviews took place. This in itself is a major long-term impact of shelters for survivors of IPV.

The results from this study have demonstrated that shelters provide a wide variety of emotional, psychological, attitudinal and concrete benefits to residents, including changing their per-

ceptions of what resources they need in order to live safer and more fulfilling lives. However, not all women received the same level and quality of service. For example, those living in peri-urban/rural areas were not offered the same levels of expertise and skills as women in urban areas, and also did not have the benefit of as many services as women in urban areas. There is also much more that shelters can and should offer inclusive of dedicated children's programmes and skills training. Participants interviewed shared how services such as psychosocial support and skills development enabled them to deal with and/or break free of the cycle of abuse. These services and others such as subsidised child care need to be available to women upon leaving a shelter to increase women's independence. However, whether these are provided by shelters as an extension of their service offering or by other service providers requires considering.

The following are overall conclusions on findings and what these mean for the consideration of a more comprehensive service rendering to survivors of violence.

1. DSD SHELTER POLICY, STRATEGY, FUNDING & PRACTICES

There is a need to review DSD shelter policy, strategy, funding mechanisms and practices in line with evidence-based research on women (and their children's) needs in shelters.

The non-profit sector offering shelter services bear the bulk of financial costs for service provision to women who experience IPV and their children. This is not to say that shelters do not value government funding. Several managers acknowledge the value that it plays in enabling the shelter to render services; this extends beyond funding such as seen in comments by the managers of Shelter 3 and Shelter 10. They said:

"If you receive funding from government, there is structure, norms and standards, good input in terms of training and new trends and there is support. And all this contributes to stronger protection for clients" (Shelter 3).

"Looking at Shelter 10 from 2007 to now, I can see that there has been a lot of improvement. Before we did not have a lot of information about our role as stakeholders and which stakeholders are involved where and how in the sheltering process. But now there is a document that outlines this and also how we would interact and support each other's mandates. The information that is available to shelters – including through NSM – on how to render services as shelters helps us to improve victim services. There is still room to improve but we have already come far from where we started. For example we can complain that we have a lot of work and that we have work outstanding but not because we don't know what is expected of us."

While appreciating the funding and the structure provided, shelter managers contest that the subsidies were not adequate to fund the pletho-

ra of needs of women in crisis, leaving shelters strained for resources to cover the shortfall. The discrepancies and variations in funding by DSD means some women are inclined to receive fewer services than their counterparts in shelters where the funding allocation is slightly higher.

DSD funding also does not sufficiently factor children into the financial quantum they provide to shelters. As is evident from the study, the welfare of children is inextricably linked to that of their mothers. Policy needs to be dynamic and give expression to the reality that women remain the primary care givers of their minor children, especially more so in circumstances of domestic abuse.

As a result of incoherent policy, it is not clear how shelters should be funded, there is no standardization across the board and this promotes discretionary funding practices which undermines women's equal access to services of the same standard. Standardised service levels and monitoring implementation is only one way of ensuring consistency and equitable distribution of resources. DSD has drafted a *Victim Empowerment Support Services Bill*. The purpose of the Bill is to regulate victim empowerment services, especially shelters for abused women and children. The Bill presents a strategic opportunity for social advocacy and mobilisation in developing a policy response to shelters that addresses the current gaps and loopholes of the existing legislative and policy framework, including funding in this regard. Active engagement from civil society on the Bill is essential.

STANDARDISATION OF SHELTER SERVICES

Shelter managers felt strongly that there must be standardisation of shelter services so that clients are afforded similar standards and equitable treatment regardless of where they lived. This is important particularly in light of the feedback from participants where some have benefited from diverse services such as parenting and skills training initiatives while others have not due to limited resources and a failure by DSD to support such initiatives. Minimum standards for shelters must be reviewed so that these areas are addressed. This must be done in consultation with shelters that have practical experience with this kind of service provision and are able to assist DSD in making more informed decisions.

STANDARDISATION OF SHELTER REGULATIONS

"DSD wants shelters to have a fire and safety certificate and a population certificate; but these things cost money as we need to pay for the fire-clearance etc. This is required on a yearly basis. Yes we know we must have a first aid person, a fire marshal, a floor marshal but [these people] need training. Where does the money come from?"

The quote included above was extracted from an interview with the manager of a shelter based in the Western Cape but which was not included in our sample of 11 shelters. She went on to explain that the minimum norms and standards also require that shelters provide security – this is understandable particularly in the context of IPV. The shelter manager accounted having experienced a serious security breach when the partner of one of their shelter residents entered the shelter's property by jumping over the wall. The manager said she would like to install alarm beams but the shelter could not afford to. A number of shelters said the same.

The importance of standardizing service levels across provinces, monitoring and ensuring compliance with standards so that shelters are properly regulated and appropriately aligned with core guiding principles for quality care and services, is key. It goes without saying that this should be done as a matter of course. However, so too, must shelters be assisted to ensure compliance whether this means providing the funding to do so or enabling partnerships with others to reduce costs associated with ensuring such compliance.

Another area requiring some work but a simple one at that is ensuring sets of standardised policies for the functioning of shelters, ensuring consistency in service delivery. An example is that shelters do not have standardised forms (e.g. intake forms) which implies that shelters are not all gathering the same information which is important to further build an evolving understanding of women's needs and for reflexive policy responses.

An additional consideration must also be on shelter admission criteria particularly in respect of the admission of children. Some women interviewed were loath to leave their children when escaping violence, separating a child from his mother and/or other siblings may not be in his best interest when dealing with trauma and crisis (worries about the mother's welfare and his own safety are an issue which can plague the recovery of boy children separated from their mothers). Where possible, keeping the family unit intact when sheltering should receive primacy. This though, must be considered in consultation with shelter personnel i.e. it must not be a requirement across the board if in practice this does not work in a shelter's particular context (for a variety of reasons). A number of shelters do not, however, have such restrictions.

It is important that those referring to shelter services are aware of organisations that do take in entire family units.

INCREASE AND IMPROVE FUNDING AND CAPACITY FOR SHELTERS

"Sheltering services would be improved by increasing the amount DSD gives to shelters so that funding covers all operational expenses. Addressing delays in the disbursement of funding so that shelters do not have to wait between two weeks and a month to receive the next allocation would also make shelters more stable." (Shelter Manager, Mpumalanga).

"Government support to shelters should be regarded as a "hands-up" and not just a "hand-out", because government funding facilitates implementation of a social service. However, this funding support should extend to all costs associated with the provision of sheltering services otherwise shelters invariably have to subsidise creeping expenses e.g. rent, rates, electricity, medical, transport, etc. For this reason it is not sufficient for government to merely provide bed funding since shelters also provide clients with therapeutic interventions...A more equitable distribution of cost-responsibilities would be for example, for DSD to contribute 70% and for NPOs to raise the remaining 30% from alternative sources (e.g. income-generating projects, fundraising, etc.)."(Shelter 1, Western Cape)

Lack of resources plays a fundamental role in shelter's ability to render comprehensive services to

their clients. Government needs to expand investment in and institutionalisation of IPV survivor services, including psychosocial care and safe sheltering facilities. Government needs to prioritise funding to enable shelters to offer a comprehensive package of services to children too. This will enable critical service provision to the 'invisible victims' that fall between the cracks in service provision. The services provided by shelters to children address the children's trauma and in so doing contributes to arresting the intergenerational cycle of violence.

Services must be provided equitably in both urban and rural areas (especially in remote areas where service provision is scant). While the State holds the principal responsibility for the safety of IPV survivors, the non-profit sector especially NGOs providing sheltering have deep knowledge and extensive experience of offering support and services to survivors of IPV and need to be provided with the necessary resources to sustain these efforts. The majority of shelters struggle with funding shortfalls which impede the numbers of residents they can admit. In addition, funding shortfalls stymie many of the existing shelters from effectively providing all the services they aim to provide for residents and communities at large. Services must be based on and shaped by survivors' needs and experiences.

DSD policy must also remove ambiguity and discretion on what government will fund and how funding is to be allocated and disbursed so improving the practice of implementing policy. This is critical to avoid financial and operational crises at shelters. This includes ensuring that that funding disbursements are timeous so as to avoid diminished services, and to avoid placing shelter staff in compromising positions of being without salaries or having to use their own monies to ensure that client's basic needs are met.

Increased funding for skilled human resource capacity within shelters is a definite need highlighted by both women and shelter staff interviewed. This is particularly important to shelters in semi-urban and rural areas which have serious staffing challenges that impinge effective service delivery. Most shelters, baring primarily the government-run shelter and the Khusuleka Model shelter, mentioned difficulties experienced with limited staff capacity. This is especially where counselling staff double up in other roles, or where there is only one qualified social worker available, and no skilled staff to deal with the trauma that women's children bring with them to shelters. This can have severe consequences as described by the manager of Shelter 7:

"Not having more than one social worker at the shelter is also problematic. Care workers are not able to assist with the intake of clients and are also not able to conduct group sessions or home visits. Having auxiliary social workers to assist would be a great help, especially to assume responsibility when the social worker is not immediately available or off-site (in the past this has sometimes led to the shelter losing clients who could not be processed at their time of need)."

Including subsidies for a social auxiliary worker as well as subsidies for three housemothers at each shelter could assist with that. Subsidies must also not be any lower than government's national minimum wage.

Infrastructure and maintenance is another area requiring attention. Some of the shelters

in this study are in poor condition. This was not only acknowledged by their shelter managers but also their clients. DSD funding processes and procedures often contribute to that by not allowing the use of funds to be used in this way. It is not to say that this doesn't happen. On occasion, shelters have been able to do so but it is largely dependent on the relationship built with DSD personnel. Infrastructure and maintenance of shelters does not necessarily need to come from the DSD. The Department of Public Works, for example, could assist here. Here too, government's *Special Housing Needs Policy and Programme* need finalisation. This policy was developed mid-2015, to provide housing opportunities to those most in need. Essentially, this would be done by providing grants to NGOs "for the acquisition or development of new and/or the extension of and/or upgrading or refurbishment of existing special-housing needs facilities for persons or households with special-housing needs". The policy has not progressed post draft format, largely as a result of lack of consensus as to which department should take on this mandate.[73] This excuse is simply not good enough.

While shelters are making a significant impact in abused women's lives, such efforts can only be sustained if adequate resources are availed. It is therefore imperative that the State resolve quibbles as to who ought to take responsibility for the finalisation of policy, and to address the current gaps within the shelter funding structure.

Considering the Costing Framework proposed by Vetten (2018) could assist greatly in that regard.

A PROPOSED COSTING FRAMEWORK FOR SHELTERS

In an effort to determine what is actually necessary to render shelter services (as opposed to services being driven by what funding is available), Vetten (2018)[74] begins by examining costings applicable to shelters and overlays these with a description of women's uses of shelters as provided by previous shelter reports, as well as financial and operational information provided by provincial representatives of the NSM. The two costings evaluated include a 2003 costing (which has never been applied) by the DSD and a more recent one developed by KPMG following the NAWONGO court judgment. At the time KPMG estimated that the cost per beneficiary (at an average of 20 beneficiaries) would have stood at R5 219.49/month or R1 252 677.60 per year. This is nowhere near what DSD was funding shelters in the 2015/2016 financial year, nor nowhere near what they currently do.

At the time of the costing by Vetten, financial information provided by shelters indicated variations of spending ranging anywhere from R316,000 per year rendering services to a total of 67 women and 39 children to R2,5m for housing 128 women and 52 children. This, however, depended on the availability of resources that shelters had at the time.[75]

The report provides a clear framework and logic for a set of standard service offerings and core costs that can be derived for which the DSD ought to be responsible. Table 8 provides a breakdown of this proposed framework, adjusted based on the original amounts calculated in 2013, an adjusted variable of costs for staff posts in 2016 as well as their equivalent in 2018 once adjusted for inflation.

73 Sinethemba, M, Tatenda, M and Querida, S, 2017

74 "What is Rightfully Due: Costing the Operations of Domestic Violence Shelters" report was prepared for the Hlanganisa Institute, HBF and NSM.

75 Vetten, 2018, Pg. 43.

TABLE 8: VARIABLE AND SEMI-VARIABLE OPERATIONAL COSTS

VARIABLE EXPENSES:	2013	2018
Travel	R153.53	199.59
Water and electricity	395.07	513.59
Food supplies	832.80	1 082.64
Clothing and toiletries	224.15	291.40
Domestic consumables (cleaning materials)	38.74	50.36
Leases	336.08	436.90
Total variable costs for one adult woman	1 980.37	2 574.48
Variable costs per child (1 788.17 x 2)(2 324.62 x 2)	3 576.34	4 649.24
Total variable cost per woman (including children)	5 556.71	7223.72
OVERHEAD COSTS: STAFF	**2016**	**2018**
1 shelter manager	16 809.00	17.481.36
1 social worker	14 360.00	14 934.40
1 social auxiliary worker	8 060.00	8 382.40
3 house mothers @R3 840/month each	10 500.00	10 920.00
Total monthly staff costs	49 729.00	51 718.16
OVERHEAD COSTS: COMMUNICATION:	**2016**	**2018**
Cell phone	348.93	453.61
Telephone/fax	2 209.87	2 872.83
Insurance	120.00	156.00
Internet	465.23	604.80
Security services	14 763.10	19 192.03
Total	17 907.13	23 279.27
Overhead costs in total for 2018		74 997.43

(Source: Vetten, 2018, p. 33)

In respect to personnel, this costing also proposes a more adequate client to staff ratio, and improved subsidies towards the employing of three housemothers (as opposed to one or two as is standard in most shelters), a social worker, a social auxiliary worker, and shelter manager (not often subsidised); shelter staff must also earn a wage commensurate with South Africa's national minimum wage of R20 p/hour. The costing framework also proposes a more equitable funding distribution towards the running of the shelter and to covering direct costs related to sheltering of women and their children. The latter being proposed at a rate of R7,223.72 for a woman and two children (equivalent to R84 p/woman per day and R76 p/child per day) based on a client ratio of 15 women and 30 children. Assuming that the shelter is full each month,

this will amount to an annual cost of R1 300 269.60, totaling to R2 299 238.76 with the addition of R899 969.16 for operational expenses.

This is a far more equitable framework that should be considered for equitable funding practices.

2. PROVISION OF SAFE, AFFORDABLE HOUSING OPTIONS

"There have been cases where clients return to dangerous environments because they do not have an alternative and so they tell us as social workers: "if I leave this man, how will I survive?" The social worker feels that she has failed in such cases because she is not able to provide the client with an alternative except to follow up with them afterwards and clients feel trapped because they really have nowhere else to go to." (Shelter 8, Mpumalanga)

An urgent policy conversation between government, NGOs and appropriate stakeholders is needed on government provision of safe, affordable housing options to survivors of IPV and their children. The DSD in its 2013-2018 National Strategy and Services for Victims of Crime and Violence in South Africa (2013:15) recognises the paucity of second stage and affordable housing post-shelter stays which forces women back to abusive relationships or risky behaviour as this quote demonstrates: "*There is a need for some abused women and children to move on to second stage care and support and those shelters generally do not have enough space to provide these women with the required alternative accommodation. There is an understanding that the majority of women are earning salaries that do not allow them to rent accommodation in the open market. Many women are thus forced to move back in with the perpetrators or become shelter hoppers out of sheer desperation. The same situation is presenting itself when women, who currently participate in a 2nd stage programme, have to exit the programme and find their own accommodation*".

Access to safe and affordable housing alternatives is an urgent priority for all shelter residents as this study illustrates. The prevalence and statistics on IPV warrants targeted government housing programmes to holistically address intimate partner abuse. And thus, there is an urgent need for the GBV sector and government to have a policy and resourcing conversation about safe, affordable, government subsidised, post-shelter accommodation for women and their children so that women are not forced back into abusive relationships in desperation. The Special Needs Housing Policy must also be expedited so that shelters are able to broaden shelter/housing expansion services for survivors of IPV. This, and other potential interventions, must be factored into government's current prioritised focus on addressing GBV & Femicide.

3. IPV AS A PUBLIC HEALTH CONCERN

IPV as a public health concern needs to be prioritised by the Department of Health. When analysing data on sources of referral to the shelters, police were the most frequent referees while only a few women found themselves at shelters as a result of interventions by the health sector. This is despite the fact that women are more likely to seek healthcare (to address injuries and other somatic complaints) prior to seeking interventions from the police or the courts. IPV is and must be recognised as a public health concern.

Like this study, others by HBF and NSM, for example, the study on shelters in the Eastern Cape and Northern Cape found that women arrived at shelters with a multitude of health conditions requiring medical intervention.[76] The study concludes that "the kind of ill-health noted in a number of women's files underscored the necessity of relationships with health facilities".[77]

The following table from the research illustrates the range of health concerns women bring to shelters:

TABLE 9: HEALTH CONDITION BY PRESENTING PROBLEM

CONDITION	N (%) (N=307)	IPV (N=160)	FAMILY VIOLENCE (N=43)	RAPE (N=44)	OTHER (N=53)
HIV/AIDS	42 (14%)	22 (14%)	5 (12%)	7 (16%)	8 (15%)
Pregnancy/post-natal care	12 (4%)	9 (6%)			2 (4%)
Substance abuse	31 (10%)	13 (10%)		5 (11%)	7 (13%)
Psychological distress	44 (15%)	17 (11%)	9 (21%)	8 (18%)	12 (23%)
Chronic conditions	48 (16%)	17 (11%)	12 (28%)	10 (23%)	9 (17%)
Abuse-related injuries	43 (14%)	30 (19%)	2 (5%)	10 (23%)	
Other	41 (13%)	15 (9%)	4 (9%)	7 (16%)	6 (11%)

While the South African Department of Health (DoH) does not adequately record statistics relating to the presentation of DV cases in emergency medical care settings, DV is well documented as a public health issue including by the World Health Organisation.[78] Martin and Artz (2012) suggest that IPV is the most common reason for a woman to present to her health care practitioner.[79] Whilst IPV is a major public health problem, it is still not recognised as such

76 Vetten and Lopes, 2018
77 Ibid, p. 48
78 Artz et al, 2018
79 Martin, L. J and Artz, L, 2008

in South Africa and so suffers from poor, almost non-existent, resource allocation.[80] Whilst much can be done by health care practitioners (HCP) in the way of universal screening, treatment and referral for IPV, this practice is limited[81] for a variety of reasons including healthcare professionals' heavy caseload, lack of appropriate training and prioritisation and lack of a budget.

Various South African laws and policies either provide opportunities for HCPs to screen patients for IPV or in themselves, imply DV screening. Such legislation includes the *Mental Health Care Act*, 2002 (Act No. 17 of 2002), the *National Health Act*, 2003 (Act No. 61 of 2003),22 the *International Health Regulations Act*, 1974 (Act No. 28 of 1974),23 the *Traditional Health Practitioners Act*, 2007 (Act No. 22 of 2007) and the *Choice on Termination of Pregnancy Act*, 1996 (Act No. 92 of 1996), with more focused violence prevention laws that enable health interventions including the *Domestic Violence Act* (DVA), 1998 (Act No. 116 of 1998), the *Children's Act* (Act No. 38 of 2005)27 and the *Sexual Offences (and Related Matters) Amendment Act*, 2007 (Act No. 32 of 2007) as well as the Health Professions Council of South Africa's 2012 domestic violence protocol for emergency service providers.[82]

Assuming that HCPs effectively screen for IPV, the need for shelters will increase rather than decrease. The point to be made, however, is that the locus of control and continuum of preventive work rests with many other government departments and not DSD alone. Government must conceptualise prevention services for IPV holistically, so that a common thread runs laterally across key government departments along with a budget to enable the work.

Although attempts have been made to introduce IPV screening guidelines for some health professionals, and while various South African laws and policies either provide opportunities or imply these, there is currently no formalised protocol on interventions at a primary healthcare level. Further investigation is required to assess to what extent screening guidelines are being implemented in primary and secondary health care settings.

Where DV awareness programmes and universal screening is offered by the Department of Health as a method of early detection and prevention, DSD funding can also be more purposefully directed towards therapeutic services in shelters for women and children, instead of social workers' time going to activities like community awareness. This sometimes means women do not get counselling as this study has highlighted.

Shelter personnel also made mention that they would appreciate having easier access to mental health care facilities and/or professionals. Shelter 1's social worker spoke of clients having to usually wait a month for psychiatric evaluation, while Shelter 7's manager said there was only one psychologist in the entire district where the shelter resides. Accessing mental health care for clients at this shelter was particularly difficult. Bringing the health care sector into the sheltering network would be of great benefit. This could include visitations by doctors or nurses to shelters on a regular basis and/or the placement of student/intern mental health practitioners. Shelter workers (including housemothers) could

80 Ibid

81 Artz et al., 2018; Martin, L. J and Artz, L., 2008

82 Artz et al., 2018

also benefit from training in relation to mental health conditions and how to best support women who present with mental health conditions including how to adhere to treatment.[83]

4. SHELTER SKILLS TRAINING PROGRAMMES & LINKAGES TO EMPLOYMENT

"The VEP is over 15yrs old but policymakers have not given this aspect enough attention. If clients are not able to provide for themselves then they will stay in abusive situations. We need to help provide clients with a sustainable means of generating income" (Shelter 8, Mpumalanga)

Skills development programmes and/or the shelter's networks with other stakeholders, including the private sector, seems to be a key determinant in women gaining confidence and securing work. An evaluation of the skills training programmes offered by shelters is necessary to determine how well they prepare women for entering the job market. This evaluation must also consider and suggest how programmes are to be funded and extended to all shelters as part of the core or essential services they offer survivors of IPV.

That said, where women's stay at the shelter is very short (less than a month) it may be unrealistic to expect a shelter to help them to develop a skill while they are focused on crisis management and immediate needs. In these instances, it would be better for women to be linked to programmes run by government (where they exist) or the private sector. This of course comes with the additional factors of costs and who bears these once women have left the shelter. Where crisis intervention is a priority, shelters cannot be expected to offer services better suited to medium and longer-term interventions.

Nonetheless, skills development which offers the opportunity to secure paid work is important. Therefore DSD should call on the Departments of Labour, Economic Development and Trade and Industry, Small Business as well as Sector Training Authorities (SETAs) to leverage opportunities for shelters and for women. Assisting to access business bursaries may also be appropriate. Training on financial management would also be of significant impact.

83 Vetten and Lopes, 2018

5. COORDINATED, INTEGRATED SERVICES BETWEEN RELEVANT GOVERNMENT DEPARTMENTS FOR HOLISTIC SERVICE PROVISION

It goes without saying that without the required resources, the political will and the cooperation of a range of stakeholders, not much will shift in the long-term in relation to effectively addressing and responding to GBV. Despite multi-departmental cooperation being called for in several DSD policies (and other government policies) referred to in this report, this remains inadequate. Also problematic are the continued cited problems experienced by victims when accessing services from government departments like the police, as was the experience of several women in our sample not to mention the one who was refused medical treatment until she engaged the police. Government departments like Police, Justice, National Prosecuting Authority, Health, Home Affairs, Human Settlements and so on, need to coordinate with DSD and NGO shelter service providers to provide an efficient and effective network of services to women to meet the range and complexity of needs. This includes ensuring adequate referral pathways. This will promote the continuation in services for women (and their children) and minimise women and children falling through service provision gaps.

In conclusion, while shelters clearly provide crucial services, often making the difference between life and death, more needs to be done (and learned) on how to continuously improve on the services they provide and more needs to be done by the State to ensure that they are able to do so, thus better responding to the multitude of needs of women and their children seeking reprieve from, and an end to, violence.

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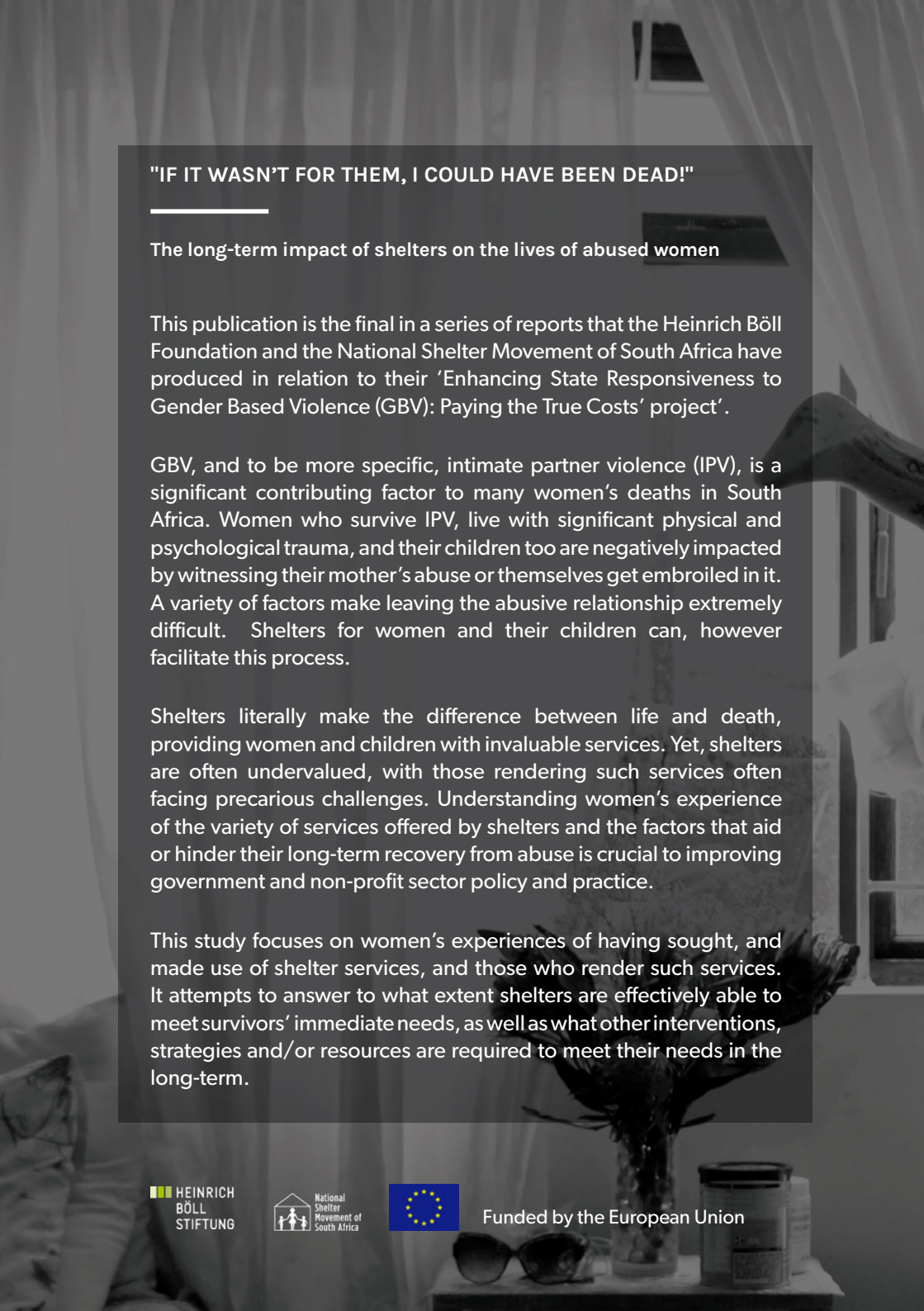

"IF IT WASN'T FOR THEM, I COULD HAVE BEEN DEAD!"

The long-term impact of shelters on the lives of abused women

This publication is the final in a series of reports that the Heinrich Böll Foundation and the National Shelter Movement of South Africa have produced in relation to their 'Enhancing State Responsiveness to Gender Based Violence (GBV): Paying the True Costs' project'.

GBV, and to be more specific, intimate partner violence (IPV), is a significant contributing factor to many women's deaths in South Africa. Women who survive IPV, live with significant physical and psychological trauma, and their children too are negatively impacted by witnessing their mother's abuse or themselves get embroiled in it. A variety of factors make leaving the abusive relationship extremely difficult. Shelters for women and their children can, however facilitate this process.

Shelters literally make the difference between life and death, providing women and children with invaluable services. Yet, shelters are often undervalued, with those rendering such services often facing precarious challenges. Understanding women's experience of the variety of services offered by shelters and the factors that aid or hinder their long-term recovery from abuse is crucial to improving government and non-profit sector policy and practice.

This study focuses on women's experiences of having sought, and made use of shelter services, and those who render such services. It attempts to answer to what extent shelters are effectively able to meet survivors' immediate needs, as well as what other interventions, strategies and/or resources are required to meet their needs in the long-term.

HEINRICH BÖLL STIFTUNG

National Shelter Movement of South Africa

Funded by the European Union