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# HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE: POLICY, FUNDING AND PRACTICE

Profiling shelters in Mpumalanga

 HEINRICH  
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STIFTUNG

 National  
Shelter  
Movement of  
South Africa

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"[This job] is not easy! It takes hard work and dedication and you have to be willing to give of your time, more than anything else. It needs a person with a big heart to do this job – being a social worker or concerned citizen is not enough because there's a lot required of you.

This job needs a person who is understanding, committed, who thinks outside the box, especially in terms of acquiring funding, who can delegate and outsource, conduct research – most of which happens outside of office hours because during the day there are other demands on your time!"

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**Profiling shelters in Mpumalanga**

This publication is the second of a series of shadow 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. The publication was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women.

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# CONTENTS

<b>Acronyms</b>	<b>I</b>
<b>Executive Summary</b>	<b>1</b>
<b>Introduction</b>	<b>7</b>
Background	8
Methodology	9
Limitations	10
Report Structure	10
<b>Policy Framework for Provision and Funding of Shelter Services</b>	<b>12</b>
The DVA	12
Victim Empowerment Programme	13
Minimum Standards and National Strategy for Shelters	14
Policy on Financial Awards to Service Providers	15
Legal challenges to government's approach to funding non-profit organisations	15
<b>Department of Social Development budget allocations</b>	<b>17</b>
- National DSD Budget	17
- Mpumalanga DSD budget allocations	17
- Funding Frameworks	21
<b>Case studies of six Mpumalanga Shelters</b>	<b>23</b>
<b>Summary of Client Profiles</b>	<b>76</b>
<b>Findings from the Case Studies</b>	<b>79</b>
<b>References</b>	<b>94</b>

# ACRONYMS

CSO	Civil Society Organisation
CV	Curriculum Vitae
DBE	Department of Basic Education
DOJ	Department of Justice and Constitutional Development
DSD	Department of Social Development
DV	Domestic Violence
DVA	Domestic Violence Act
EPWP	Expanded Public Works Programme
GBV	Gender Based Violence
HBF	Heinrich Böll Foundation
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
KZN	KwaZulu-Natal
MP	Mpumalanga
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
NLDTF	National Lottery Distribution Trust Fund
NSM	National Shelter Movement of South Africa
NVEP	National Victim Empowerment Programme
PFMA	Public Finance Management Act
PMG	Parliamentary Monitoring Group
PTSD	Post-Traumatic Stress Disorder
RDP	Reconstruction and Development Programme

SAPS	South African Police Services
SASSA	South Africa Social Security Agency
SPSS	Statistical Package for the Social Sciences
TLAC	Tshwaranang Legal Advocacy Centre to End Violence against Women
VEP	Victim Empowerment Program



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# 1. EXECUTIVE SUMMARY

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Violence against women is a significant problem in South Africa. The country has the highest rate of femicide in the world with estimates that suggest that a woman dies at the hands of an intimate partner every eight hours. Research also indicates that following HIV, intimate partner violence (IPV) is the second highest cause of disease and injuries in South Africa. A comprehensive response to IPV that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation. In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence.

In 1998, the Domestic Violence Act (DVA) was promulgated to respond to the high rates of domestic violence in the country. The purpose of the Act was to “afford victims of domestic violence the maximum protection from domestic abuse that the

law can provide”. The DVA places a number of legal duties on the South African Police Services (SAPS) in relation to the protection of victims of abuse including helping them to find suitable shelter. The Act, as well as the corresponding National Instructions (7/1999) to the police on domestic violence, clearly asserts the rights of victims to access shelters, however, a key criticism of this legislative framework is that it does not stipulate whose statutory duty it is to provide and fund these shelters. There is currently no national government directive or funding model on the distribution of funds to shelters. This has resulted in the haphazard and inadequate resourcing of shelters throughout the country.

This report is the second of a series of shadow reports that the Heinrich Böll Foundation (HBF) and the National Shelter Movement of South Africa (NSM) have produced in their ‘Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs’ project, which is funded by the European Union. This publication, which

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was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women (TLAC), sets out existing policy and practice in relation to the provision and funding of shelter services and profiles shelters in the Mpumalanga province while the first focused on shelters in KwaZulu-Natal. Two similar provincial reports on the policy, funding and practice of shelter services in Gauteng and Western Cape were produced by HBF and TLAC in 2012 and 2013 respectively.

Six shelters (5 NPO-run and 1 government-run shelter) volunteered to participate in this study. They are, however, not named in the report as the shelters opted to not be identified.

The purpose of the case studies was two-fold. Firstly, the case studies aimed to provide information about the women who were seeking assistance from shelters and the services they required. Secondly, they served to contrast the shelters' ability to meet those needs in the context of funding allowances.

Shelter provision and regulation is placed under the auspices of the Department of Social Development (DSD). It constitutes part of the Victim Empowerment Programme (VEP), which is located within the Restorative Services Programme at provincial level. The implementation of 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)*. These provisions outline the mechanisms for protecting and promoting

the rights of victims of crime in compliance with the Constitution and obligations under the international and regional human rights treaties that the country is party too. Victims of domestic violence, sexual assault and rape are among the prioritised groups within the classification of victims of crime.

The *Minimum Standards on Shelters for Abused Women (2001)* notes that shelters are a "critical point of crisis intervention". At a national level DSD is tasked to "facilitate and fast track the provision of shelters for abused women" and to ensure the "availability and accessibility of counselling services to women and children". It further places the responsibility on DSD to ensure that the interventions meet basic needs as well as provide support, counselling and skills development. National DSD's more recent *National Strategy for Sheltering Services for Victims of Crime and Violence (2013 – 2018)* further recognises the department's responsibility for establishing and funding shelters. The strategy document does not, however, specify how shelters should be funded and the extent of support that DSD should provide.

Despite the DSD recognising that it (a) has a "constitutional obligation to provide for statutory services" and (b) cannot do so on its own, it maintains that it's not the "sole provider of all social services." In terms of its *Policy on Financial Awards to Service Providers (2011)*, it expects NPOs to raise funds from other sources to make up funding shortfalls. This is very different to how government generally operates with other

service providers such as with the construction of roads “where government pays service providers the full cost plus profit”.

In 2010, 3 Free State-based NPOs took both the national and the provincial Departments of Social Development to court. The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to shelters to render the quality of services that was expected of them. The court ruled in favour of the NPOs. It found that by not sufficiently funding NPOs, DSD 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. It took 3 years and 3 policy revisions before the High Court was satisfied that DSD had complied with the judgement. DSD at national level is now in the process of revising the ***National Policy on Financial Awards to Service Providers***.

The complaints raised by Free State NPOs against DSD are not unique to the province. Research undertaken in the Western Cape and Gauteng by HBF and TLAC between 2011 and 2013, and the more recent research in KwaZulu-Natal (2016 and 2017), raised similar frustrations. The research in Mpumalanga shows that shelters here raised the same concerns.

In the 2015/2016 financial year, the budget of DSD at national level for social security and developmental social welfare was R206.4 billion - equivalent to 15.3% of gov-

ernment expenditure, and 4.9% of gross domestic product (GDP). This amount was subdivided as follows: 88% for social assistance and security (i.e. SASSA grants), 10% for welfare and related services, and 2% for administration. From the welfare and related services budget, only 4% is allocated for social crime prevention and victim empowerment. The bulk goes to children and families (62%), older persons (11%), HIV and AIDS (8%), people with disabilities and substance abuse (each 6%) and youth development (3%).

Transfers to NPOs for service delivery accounts for 37.1% of the combined DSD budgets of all 9 provinces; an amount that is equivalent to less than 0.1% of the DSD budget at national level. While DSD describes the percentage of transfers to NPOs as being “substantial” it notes that this amount is less than what it allocates to DSD personnel. Since 2005/06, DSD allocations to NPOs at provincial level have decreased from 40% to 37%.

In 2014, the DSD in Mpumalanga (MP) allocated a mere 7% of its overall budget to Restorative Services. This was not only the lowest budget allocation of the Department’s overall budget, but also the lowest throughout the country. The reason the department provided for this was that it had not yet finalised how it was to “split [its] social services professionals” across its programmes following national DSD’s decision to restructure the budgets of all provincial DSDs. The department had planned to do so the following year. It would also, according to the 2015/2016 Estimates of

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Provincial Revenue and Expenditure, prioritise spending on the provision of shelters for victims of GBV (funded through the VEP); absorption of social work graduates and support to the NPO sector. This priority funding is not, however, adequately reflected in budget allocations to the VEP.

For the 2015/2016 financial year, MP DSD restructured and increased its Restorative Services programme to just over R145 million – an increase of 4% from the previous year, amounting to 11% of the department's overall budget. Of this R145 million, 76% was allocated to the compensation of DSD employees (about R110 million), 23% to transfers and subsidies to NPOs (about

R32 million) and the remainder to goods and services and payment of capital assets.

While all 4 sub-programmes of the Restorative Services programme received budgetary increases in the 2015/2016 financial year, the most significant adjustment was to that of the Management and Support sub-programme owing to the allocation of personnel to this programme. The sub-programme that was allocated the lowest increase was the VEP. It also received the lowest allocation of funding – a mere 15% of the Restorative Services budget, equivalent to 1.7% of the Department's overall budget in the financial year.

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**"According to the 2015/2016 Estimates of Provincial Revenue and Expenditure, [DSD] had also planned to prioritise spending on the provision of shelters for victims of GBV (funded through the VEP); absorption of social work graduates and support to the NPO sector. This priority funding is not, however, adequately reflected in budget allocations to the VEP. In the 2015/2016 financial year [VEP] received the lowest allocation of funding – a mere 15% of the Restorative Services budget, equivalent to 1.7% of the Department's overall budget."**



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In its 2015/2016 Annual Report, MP DSD reports to have under-spent all 4 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. The VEP, with an under-expenditure of R1.2 million, was the second least spent-on sub-programme. Of its actual expenditure of R20.3 million, about R9.9 million was transferred to 15 NPOs rendering social services and shelters for victims of crime and violence.

The full report contains details about each of the 6 shelters studied. The following points summarise the common findings:

- DSD funding of NPO-run shelters in MP is inadequate, inconsistent and often delayed.
- The majority of women residing at the shelters had only high school education, were unemployed and had no source of income and thus relied largely on the shelter.
- Women in the shelters had serious health and legal support needs.
- The majority of women remained economically vulnerable on leaving the shelter despite the shelter's best efforts.
- The provision of shelter services to women plays a role in the prevention of IPV.
- Funding constraints limit the ability of shelters to provide comprehensive services to women and children.

Overall, the research reveals that DSD is either the main or the sole funder of the shelters sampled in our study. This is particularly problematic considering that the cost of providing shelters to women and children exceeded the DSD funding of 4 of the 6 shelters sampled in this study. The 2 shelters exempted from this are the government-run shelter and another shelter that, owing to infrastructure problems, has reduced the number of women that it can accommodate. Savings that the shelter has generated are ring-fenced to address these infrastructure problems. The research also reveals significant staff capacity constraints as the majority of the shelters, at the time of the research, were run by shelter managers who also doubled up the shelter's only social worker. Judging from the case files and interviews with shelter staff, it is obvious that shelter staff members are committed to providing the best service they can even within budgetary and/or capacity allowances. However, without adequate financial support, shelters are not able to meet all the legitimate needs of abused women and their children. If government is truly serious about effectively addressing violence against women and children, then it has to ensure that shelters that deliver services on government's behalf, receive adequate funding to do so.

# YOUR RIGHTS AS A VICTIM OF CRIME

1. The right to be treated with fairness and with respect for your dignity and privacy
2. The right to offer information
3. The right to receive information
4. The right to protection
5. The right to assistance
6. The right to compensation
7. The right to restitution

Building a Caring Society Together



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## 2. INTRODUCTION

Violence against women is a significant problem in South Africa. The scale of this problem is highlighted by studies which indicate that half of the women murdered in South Africa die at the hands of current or former intimate partners.<sup>1</sup> Research also indicates that following HIV, Intimate Partner Violence (IPV) is the second highest cause of disease and injuries in South Africa.<sup>2</sup>

IPV is often linked to the economic and social disempowerment of women. Horn et al (2016), for example, posit that financial and social support, are two of the most important considerations that determine whether a woman can leave an abusive relationship or not. Those who lack either of the two are more likely to feel helpless about changing their situation or even leaving the relationship. Campbell and Mannell (2016) also contend that the in-

dividual agency of women to respond to violent partners is usually constrained by social conditions which include the lack of material resources. Burnett et al (2016) argue that it is the fear of destitution that often undermines women's efforts to live independently of an abusive partner.

A comprehensive response to domestic violence that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation.

In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence.

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<sup>1</sup> Abrahams et al., 2012.

<sup>2</sup> Norman et al, 2010.



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## 2.1. BACKGROUND

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Various legislative and policy frameworks make reference to the provision of shelters in South Africa. The Domestic Violence Act (DVA) (116 of 1998), for example, places an obligation on members of the South African Police Service (SAPS) to refer and transfer women to shelters. But while the Act does not stipulate whose statutory duty it is to provide and fund those shelters, government policy specifies that shelter provision falls under the auspices of the DSD.

Between 2011 and 2013, the Heinrich Böll Foundation (HBF) and the Tshwaranang Legal Advocacy Centre to End Violence against Women (TLAC) conducted two provincial studies, one in Gauteng<sup>3</sup> and the other in the Western Cape<sup>4</sup>, which profiled a total of 8 shelters for abused women. The studies explored national and provincial government policy and budgets in relation to the provision of shelter services. They also profiled the needs of women who sought residence in shelters, and assessed the ability of shelters to meet those needs in the context of state funding. Essentially the studies sought to determine whether

the state was fulfilling its obligations in ensuring the provision of sheltering services to women.

Both studies revealed that shelters in the 2 provinces were significantly underfunded by the DSD. Financial limitations consequently prevented shelters from being able to meet the multitude of practical, legal and psychosocial support needs of women, and their children, accessing shelters services. The research also noted inconsistencies in funding, policy and practice between the provinces, highlighting the need for further work in this regard.

This report documents the second of another series of research studies on the provision of sheltering services to women in connection with the HBF and the National Shelter Movement of South Africa's (NSM) "Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs" project. The first provincial research study was undertaken in KwaZulu-Natal<sup>5</sup> while this one documents the findings of research undertaken in Mpumalanga (MP).

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<sup>3</sup> Bhana, Vetten, Makhunga and Massawe, 2012

<sup>4</sup> Bhana, Lopes, and Massawe, 2013

<sup>5</sup> Lopes and Mpani, 2017.

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## 2.2. METHODOLOGY

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Information regarding the purpose, use and methodology of the study was shared with 9 shelters that are members of the NSM in MP. From the 9, 6 volunteered to take part in the study. Five of these shelters are run by NPOs, while the sixth shelter is run by the DSD in MP. The following research methods were employed:

### DATA COLLECTION AND ANALYSIS

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Three types of data collection<sup>6</sup> was undertaken to solicit information for the case studies. The first was semi-structured interviews with shelter managers and other senior staff at the participating shelters for insights into the shelter, its enrolment policy, its services, funding sources and its challenges. The second was an analysis of shelter documentation including Annual Reports, Audited Financial Statements and funding Service Level Agreements (where these existed). The third was an analysis of client case files (based on data extracted from client schedules) for the period of focus, namely 1 March 2015 to 28 February 2016, and for the demographic of focus, i.e. women survivors of IPV. The case file analysis enabled the collection of evidence with regards to the demographic of shelter residents, the interventions they received

including, inter alia, financial; medical; legal and empowerment support, as well as the support provided to children who accompanied their mothers to the shelter.

Completed client data schedules were then coded and captured<sup>7</sup> before being analysed and written up<sup>8</sup>. A preliminary analysis of the data was presented to shelters for validation purposes.

The confidentiality and integrity of all client information as well as the identities of all participating persons and shelters was maintained by ensuring the anonymity of the client files accessed, shelter staff interviewed and the names of the shelters that participated in the assessment.

### DESKTOP RESEARCH

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Desktop research was then conducted through analysing legislation, policy documents, government reports, media and scholarly articles that examine shelter services. This allowed the researchers to get a comprehensive understanding of government policy on shelter funding.

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6 Data collection and fieldwork was undertaken by HBF and NSM.

7 Data-capturing was undertaken by Catalyst using Statistical Package for the Social Sciences (SPSS).

8 Data analysis and the first draft of report writing was undertaken by TLAC. HBF verified the data and took on the writing of subsequent drafts.

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## 2.3. LIMITATIONS

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As with all studies, there were limitations in the research methodology. Firstly, not all shelters in the province were covered and only NSM-member shelters were invited to participate in the study. Secondly, while admission and daily attendance registers recorded a significant number of clients as having resided at the shelter over the research time-frame, this was not reflected in the number of files that researchers were granted access to. In some instances, cross-referencing of case files with admission registers and daily attendance registers was not possible due to complex filing systems. This reduced the number of records available for analysis. Thirdly, while the assessment of client files provided a wealth of information on the needs of women who access shelters, they also

revealed gaps in the information collected and recorded for each client. This can be attributed to the fact that some case files were incomplete or had inconsistent standards of record-keeping.

It is also important to note that while most government reports were available online, the complete 2015/2016 Annual Report of the DSD in MP was not – only a brief summary of the department’s expenditure that financial year was found in the department’s presentation to the MP provincial legislature. In an effort to source the full document, requests were sent to the department, as well as to national DSD. Only parts of the report were submitted to researchers by national DSD.

## 2.4. REPORT STRUCTURE

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The next section of the report explores legislative and policy frameworks for the provision and funding of shelter services. It includes a discussion of how shelter services should be provided in terms of the related legislative and policy frameworks as opposed to what actually happens in practice.

The section that follows contains the case studies of the participating shelters and thereafter, a brief summary of the profile of women and children accessing services.

The final section summarises the key findings across the six case studies.



# 3. POLICY FRAMEWORK FOR PROVISION AND FUNDING OF SHELTER SERVICES

## 3.1. THE DOMESTIC VIOLENCE ACT

In 1988, the DVA was promulgated to respond to the high rates of domestic violence<sup>9</sup> in the country. The purpose of the Act was to “afford victims of domestic violence the maximum protection from domestic abuse that the law can provide”.<sup>10</sup>

The DVA places a number of legal duties on the SAPS in relation to the protection of victims of abuse including “assisting or making arrangements for the complainant to find suitable shelter”.<sup>11</sup> Section 8 of the National Instructions to the DVA (7/1999) stipulates that in order to comply with the duty to assist survivors of domestic violence to access shelter services, the SAPS must:

- i. Provide names, contact numbers and/or addresses of organisations providing shelter services and relevant support and/or counselling services;
- ii. If requested, contact these shelters on behalf of the complainant; and
- iii. Assist in arranging transport to get to a shelter, including using a police vehicle if all other options have not been successful.

The Act and the National Instructions clearly asserts the rights of victims to access shelters, however, a key criticism of this legislative framework is that it does not stipulate whose statutory duty it is to provide and fund these shelters.<sup>12</sup>

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9 *The Act defines domestic violence broadly to include all forms of physical, emotional, verbal, psychological, sexual, and economic abuse occurring within a domestic relationship ranging from persons residing together. It includes both family members and intimate partners. It further defines domestic violence as constituting any other “controlling or abusive behaviour”, including intimidation, harassment, stalking and damaging of property.*

10 *Preamble to the DVA.*

11 *DVA, 1998:4*

12 *Bhana et al., 2012*



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## 3.2. VICTIM EMPOWERMENT PROGRAMME

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While no legislative framework currently places the responsibility of the provision of shelters on a particular state institution; shelter provision and regulation is placed under the auspices of the DSD through the VEP which is located within the Restorative Services Programme. The VEP emanates from the government's National Crime Prevention Strategy (subsequently replaced by the Integrated Social Crime Prevention Strategy of 2011). The primary purpose of the VEP is to promote an inter-departmental, multi-sectoral "victim-centred approach to criminal justice".<sup>13</sup>

The implementation of the VEP is guided by the *Service Charter for Victims of Crime in South Africa*<sup>14</sup> and the *Minimum Standards on Services for Victims of Crime* (2004). These policies outline the mechanisms for protecting and promoting the rights of victims of crime in compliance with South Africa's obligations under the international and regional human rights treaties that the country is party too. Victims of domestic violence, sexual assault and rape are among the prioritised groups within the classification of victims of crime. The DSD is the lead and co-ordinating agent of the VEP. According to the *National Policy Guidelines for VEP*, the DSD's roles and responsibilities include:

- Strategic leadership, facilitation and coordination of the implementation of the VEP;
- Development of policies and guidelines in relation to victim empowerment;
- Provision of shelters and access to psycho-social services, including clinical psychologists, social workers, and clinical social workers;
- Provision of a funding framework and support for NGOs contracted to provide services to victims;
- Training of officials and personnel; and
- Development and implementation of monitoring and evaluation systems and standards.

The development of partnerships between government and civil society organisations for social welfare service delivery is central to the success of the VEP. *DSD's Framework for Social Welfare Services* (2011) also states that "close collaboration between the public sector and civil society organisations is critical for an integrated, holistic and effective social welfare service delivery system."

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<sup>13</sup> DSD, *National Policy Guidelines for VEP*, 2009

<sup>14</sup> N.d.

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### 3.3. MINIMUM STANDARDS AND THE NATIONAL STRATEGY FOR SHELTERS

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Provision of shelters services is also guided by the *Minimum Standards on Shelters for Abused Women* (2001). The Minimum Standards note that “shelters represent an absolutely critical point of crisis intervention”, and are a “crucial base of information on the extent to which the legal system is effective in protecting the enormous amount of women seeking such protection”<sup>15</sup>. In relation to shelter provision, the Minimum Standards specifically places the responsibility on DSD to “facilitate and fast track the provision of shelters”, as well as “ensuring the availability and accessibility of counselling services to women and children”.<sup>16</sup> It further places the following responsibilities on the DSD:

- To provide a short-term intervention for women and children in crisis;
- To ensure that the interventions meet basic needs as well as provide support, counselling and skills development;

- To ensure that shelters maintain an effective level of safety and security for staff and residents;
- To ensure that shelters are run by responsible management;
- To ensure that all persons involved in providing sheltering attend training which meet minimum standards in service delivery; and
- To implement developmental quality assurance (for monitoring and evaluation purposes) in an effort to ensure service delivery and the transformation of welfare services.

National DSD’s more recent *National Strategy for Sheltering Services for Victims of Crime and Violence* (2013 – 2018) further recognises the department’s responsibility for establishing and funding shelters. The strategy document does not, however, specify how shelters should be funded and the extent of support that DSD should provide.

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<sup>15</sup> DSD, 2001:1

<sup>16</sup> Ibid.

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### 3.4. POLICY ON FINANCIAL AWARDS TO SERVICE PROVIDERS

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Various policies and laws govern the regulation of NPOs and the funding of social services in South Africa.<sup>17</sup> These have, however, been criticised for being inconsistent in their application to different social services and for their failure to account for the division of responsibility placed on national and provisional government, amongst other shortcomings. In order to address some of the shortcomings and to adopt a new approach to financing, DSD released a new *Policy on Financial Awards to Service Providers* in 2011. The policy guides the procurement of social welfare services from organisations through a commercial

contract or through subsidies governed by a Service Level Agreement (SLA). However, despite the DSD recognising that it (a) has a “constitutional obligation to provide for statutory services” and (b) cannot do so on its own, it maintains that it’s not the “sole provider of all social services” and therefore expects NPO’s to raise funds from other sources.<sup>18</sup> This is very different to how government generally operates with other service providers such as with the construction of roads “where government pays service providers the full cost plus profit”.<sup>19</sup>

### 3.5. LEGAL CHALLENGES TO GOVERNMENT’S APPROACH TO FUNDING NON-PROFIT ORGANISATIONS

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In 2010, 3 Free State-based NPOs took the DSD to both national and provincial level to court (known as the NAWONGO<sup>20</sup> case). The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to

render the quality of services that was 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

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<sup>17</sup> Such as the *Policy on Financial Awards of 1995*, the *Non Profit Act of 1997*, the *National Development Agency Act of 1998* and the *Public Finance Management Act of 1999*.

<sup>18</sup> DSD, 2011:37

<sup>19</sup> Bhana et al, 2012

<sup>20</sup> NAWONGO stands for the *National Association of Welfare Organisations and Non-Governmental Organisations*.

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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 judgement. It took three years and another two policy revisions before the High Court was satisfied that the DSD had complied with all the judgements. DSD at national level is currently in the process of revising its own *National Policy on Financial Awards*.

In her summation of the NAWONGO case, Debbie Budlender (2011) highlights 3 key principles that DSD at na-

tional level needs to take note of in the development of the new national policy: Firstly, it must be developed in consultation with NPOs; secondly, it needs to be "fair, equitable and transparent" in its funding of NPOs; and finally, "NPOs cannot be made responsible for covering the shortfall in funds for delivering services for which government is constitutionally and statutorily responsible".<sup>21</sup>

The complaints raised by Free State NPOs against DSD are not unique to the province. The research undertaken in the Western Cape and Gauteng by HBF and TLAC between 2011 and 2013 raised similar frustrations by NPOs, as did the more recent research undertaken in KwaZulu-Natal. The research in MP resulted in similar findings.

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**"In 2010, 3 Free State-based NPOs took the DSD at both national and provincial level to court... The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to render the quality of services that was 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."**

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21 2011:2

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## 3.6. DEPARTMENT OF SOCIAL DEVELOPMENT BUDGET ALLOCATIONS

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### NATIONAL DSD BUDGET

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In the 2015/2016 financial year, 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.<sup>22</sup> This amount was then subdivided as follows: 88% for social assistance and security (i.e. SASSA grants), 10% for welfare and related services, and 2% for administration. From the welfare and related services budget, 62% is attributed to children and families, 11% to older persons, 8% for HIV and AIDS, 6% each for people with disabilities and substance abuse, 4% for social crime prevention and victim empowerment, and 3% for youth development.

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.<sup>23</sup> While DSD describes the percentage of transfers to NPOs as being “substantial” it notes that this amount is less than what it allocates to DSD personnel. Since 2005/06, alloca-

tions to NPOs from DSD at provincial level have decreased from 40% to 37%.<sup>24</sup>

### MPUMLANGA DSD BUDGET ALLOCATIONS

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In the 2014/2015 financial year, the DSD in MP allocated a mere 7% (R85.9m) of its overall budget to Restorative Services. This was not only the lowest budget allocation of the Department’s overall budget, but also the lowest throughout the country.<sup>25</sup> According to the Department, the reason for this allocation was that it had not yet finalised how it was to “split [its] social services professionals” across its programmes following national DSD’s decision to re-structure the budgets of all provincial DSDs.<sup>26</sup> The department had planned to do so the following year. It would also, according to the 2015/2016 Estimates of Provincial Revenue and Expenditure, prioritise funding for the provision of shelters for victims of GBV (funded through the VEP); absorption of social work graduates and support to the NPO sector.<sup>27</sup> This “priority funding” was not, however, adequately reflected in budget allocations to the VEP.

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

23 DSD, *Summary Report on the Review of the White Paper for Social Welfare*, 2016:35

24 *Ibid.*

25 Budlender and Francis, 2014.

26 *Ibid.*

27 MP Department of Finance, *Estimates of Provincial Revenue and Expenditure*, 2015:432.

For the 2015/2016 financial year, MP DSD restructured and increased its Restorative Services programme to just over R145 million – a nominal increase of 4% from the previous year, amounting to 11% of the department's overall budget (refer to Table 1). Of this, 76% was allocated to the compensation of DSD employees (about R110 million), 23% to transfers and subsidies to NPOs (about R32 million) and the remainder to goods and services and payment of capital assets.<sup>28</sup>

As can be seen in Table 2 (page 20), all 4 sub-programmes of the Restorative Services programme received higher allocations in the 2015/2016 financial year. The most significant adjustment was to the Management and Support sub-programme owing to the allocation of personnel to this programme. The sub-programme that was allocated the lowest increase was the VEP. The VEP budget in MP is allocated to following: psychosocial support services to victims of crime and violence; funding of shelters and other VEP organisations; GBV prevention programmes particularly targeted at men and boys; job creation through government's Extended Public Works Programme (EPWP); and rehabilitative support services to victims of human trafficking. In addition to receiving the low-

est increase, the VEP also received the lowest allocation of funding – a mere 15% of the Restorative Services budget, and only 1.7% of the Department's overall budget for that financial year.

Despite an increase in allocations, the MP DSD reported (in its 2015/2016 Annual Report) under-spending in all 4 sub-programmes of the Restorative Services programme. This resulted in an overall under-spending of approximately R10 million of which R2.5 million was attributable to non-transfers to NPOs.<sup>29</sup>

The VEP, with an under-expenditure of R1.2 million<sup>30</sup>, was the second least spent-on sub-programme of the Restorative Services budget. Of the VEP budget's **actual expenditure** of R20.3 million, about R9.9 million<sup>31</sup> was transferred to 15 NPOs rendering social services and shelters for victims of crime and violence. Despite the under-spend in the VEP budget, the department reported that it overachieved on all of its targets. In relation to shelters, this included having reached 3,274 victims of crime and violence in comparison to the initial target of 640 victims.<sup>32</sup> The department attributes this overachievement to an increased demand for shelter services.

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

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

30 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).

31 This information was determined by manually adding up the funding amounts that DSD lists as having transferred to VEP organisations in Mpumalanga (MP DSD 2015/2016 Annual report, p. 191 and 192 as supplied by National DSD via email).

32 MP DSD 2015/2016 Annual Report, p. 67.

TABLE 1: MP DSD 2014/2015 & 2015/2016 APPROPRIATION & EXPENDITURE BY PROGRAMME<sup>33</sup>

	2014/2015		
	FINAL APPROPRIATION R'000	ACTUAL EXPENDITURE R'000	% OF BUDGET ON ACTUAL EXPENDITURE
Administration	250 101	250 097	21
Social Welfare Services	408 738	408 738	33
Children & Families	353 436	353 435	29
Restorative Services	85 976	85 976	7
Research & Development	122 058	122 057	10
<b>Total</b>	<b>1 220 309</b>	<b>1 220 303</b>	<b>100</b>
	2015/2016		
	FINAL APPROPRIATION R'000	ACTUAL EXPENDITURE R'000	% OF BUDGET ON ACTUAL EXPENDITURE
Administration	257 398	254 221	20
Social Welfare Services	281 571	278 381	22
Children & Families	462 989	457 141	36
Restorative Services	145 070	135 001	11
Research & Development	147 670	145 909	11
<b>Total</b>	<b>1 294 698</b>	<b>1 270 653</b>	<b>100</b>

<sup>33</sup> Sourced from MP DSD Annual Report 2014/2015 (available online) and MP DSD Annual Report 2015/2016 presented to MP Provincial Legislature, October 2016.

TABLE 2: RESTORATIVE SERVICES 2014/2015 & 2015/16 BUDGET FINAL APPROPRIATIONS & ACTUAL EXPENDITURE<sup>34</sup>

SUB-PROGRAMME	2014/2015		
	FINAL APPROPRIATION R'000	ACTUAL EXPENDITURE R'000	% OF BUDGET ON ACTUAL EXPENDITURE
Management & Support	1 134	1 133	1
Crime Prevention & Support	35 866	35 866	42
Victim Empowerment	19 023	19 024	22
Substance Abuse, Prevention & Rehabilitation	29 953	29 953	35
<b>Total</b>	<b>85 976</b>	<b>85 976</b>	<b>100</b>

SUB-PROGRAMME	2015/2016			
	FINAL APPROPRIATION R'000	ACTUAL EXPENDITURE R'000	VARIANCE	% OF BUDGET ON ACTUAL EXPENDITURE
Management & Support	34 841	27 918	6 923	21
Crime Prevention & Support	52 135	51 019	1 116	38
Victim Empowerment	21 597	20 368	1 229	15
Substance Abuse, Prevention & Rehabilitation	36 497	35 696	801	26
<b>Total</b>	<b>145 070</b>	<b>135 001</b>	<b>10 069</b>	<b>100</b>

<sup>34</sup> Ibid.



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A total of 12,648 persons were also reached through GBV prevention programmes.<sup>35</sup>

## FUNDING FRAMEWORKS

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A notable element to how shelters are funded in Mpumalanga is that the DSD at provincial level does not specify how its funding is to be distributed across budget line items. This is unlike other provincial DSDs which allocate funding to resident expenses on a daily unit rate basis; subsidies towards the salaries of certain personnel, such as social workers, housemothers, and in some provinces even shelter manag-

ers and social auxiliary workers; and other costs such as outreach and care packs for shelter clients. Shelters in MP are not funded in this way. NPOs sign a Service Level Agreement (SLA) for a lump sum - although some shelters are provided with funding towards the salary and administrative expenses of a social worker - which is disbursed to the shelter on a quarterly basis. Transfers are dependent on the submission of quarterly financial reports and a claim for the next tranche of funding. The shelters that participated in the research found this modus of operandi problematic. The reasons for this will be discussed later on.

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**"Of the VEP budget's actual expenditure of R20.3 million, about R9.9 million was transferred to 15 NPOs rendering social services and shelters for victims of crime and violence. Despite the under-spend in the VEP budget, the department reported that it overachieved on all of its targets. In relation to shelters, this included having reached 3,274 victims of crime and violence in comparison to the initial target of 640 victims. The department attributes this overachievement to an increased demand for shelter services."**

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<sup>35</sup> *Ibid.*



## **4. CASE STUDIES OF 6** **MPUMALANGA SHELTERS**

## SHELTER 1

Description	NPO offering shelter and other services to the community.
Location	Rural
Shelter Capacity	17 women and children
Admission Criteria	Adult women who are victims of GBV and other crimes
Exclusions	Unaccompanied minors
Duration of Stay	3 days to a maximum of 6 months
Service Charges	None
Funding	DSD
Clients (1 March 2015-28 February 2016)	125 women and 30 children for periods ranging from a number of days and up to 2 months. Researchers were only provided with case files of 26 women.
Clients in sample (IPV)	3 women and 7 of their children

## FUNDING

Shelter 1 has been funded by the DSD in MP since inception – and minimally so for almost a decade. In the 2013/2014 financial year, DSD funding to the shelter amounted to just slightly over R372,000 – equivalent to about R31,000 a month. This changed in 2014 when the shelter received its first increase. The increase, of approximately 53%, was granted for the shelter to undertake much-needed renovations and to allow it to better meet the costs required for ever-increasing admissions to the shelter.

DSD funding to the shelter in the 2015/2016 financial year amounted to R800,000 – a 12.5% increase from funding received the previous year.<sup>36</sup> In spite of the increase, DSD funding was insufficient to meet the shelter's overall operating expenses of R909,533 that year. The shelter ended the financial year with a deficit of just over R109,000.

<sup>36</sup> Although outside the scope of the research time-frame it is worth noting that while the research was being undertaken in the province, DSD had, for the 2016/2017 financial year, reduced its funding to this shelter by R200,000. The reason that the department provided for this significant cut was that it needed this money to fund another project. Although funding to the shelter increased again in 2017, this increase was to employ a full-time social worker. The social worker now earns three times more than what the shelter manager currently does.

INCOME AND EXPENDITURE 2015/2016	ZAR
Grant income from DSD	800,000
Operating expenditure	909,533
Programme Costs (campaigns, workshops, transport, staff debriefing)	244,861
Salaries & Wages	234,100
Maintenance & Running Costs (electricity, water, telephone, cleaning etc)	205,287
Admin costs (banking fees, insurance, printing and stationery, office equipment)	158,565
Consumables (Groceries)	66,720

As reflected in the table, the shelters two highest costs incurred during the 2015/2016 financial year pertained to programme costs, related to the running of campaigns and workshops, followed by staff salaries. For programme costs to be higher than salary costs is somewhat unusual when compared to the expenditure of the other shelters in our sample. The shelter manager explains that there are 2 reasons for this. Firstly, some of the programmes costs are as a result of having to pay for accommodation and conference facilities for training that is provided by DSD to shelter staff. This training is a requirement, yet is not factored into the funding that DSD provides the shelter. The second reason is that the shelter simply does not have the funding to pay their staff adequate salaries. In 2015, shelter staff and volunteers earned the following on a monthly basis: the shelter manager, who was also the shelter's only social worker, earned R3,000; 2 care workers and a housemoth-

er each earned R2,500; a volunteer and 2 security guards each earned R2,000; and the shelters gardener, R750. In 2016, shelter personnel received an increase of R500 each, except for the gardener whose salary increased by R250.

Despite earning such measly salaries, shelter staff have had to, at times, forego salaries and/or use their personal resources to buy food and other essentials required for shelter residents when the shelter experienced financial shortfalls or protracted delays in DSD grant disbursements. While the shelter routinely seeks donations to supplement its income, funds raised have not meaningfully contributed to improving its financial sustainability. Fortunately, the shelter does not have to pay rent as its building was donated. Nonetheless, shelter maintenance and running costs were the third highest expense that the shelter incurred in the financial year.

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## STAFFING

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While a number of personnel work at the shelter, the core team responsible for rendering services to clients at the time of the research consisted of only 4 people. These were: a shelter manager who also provided social work services to shelter residents; a house mother responsible for grocery shopping, cooking, cleaning and the overall upkeep of the shelter; and 2 care workers who assisted the house mother with managing the day-to-day running of the shelter and ensuring the well-being of its clients.

A staff component of 4 at a shelter accommodating up to 17 women and children at any given time is inadequate given the nature of care and support that is required in the provision of shelter services. Considering that admissions to the shelter in

2015/2016 included 125 women and 30 children<sup>37</sup> (with stays averaging on 3 days but some for as long as 2 months), it is not surprising that the shelter manager admits that the staff struggle to cope, particularly when the shelter is filled to capacity. This in turn impacts on the quality of services that staff are able to render to their clients.<sup>38</sup>

The following section provides a description of the services that the shelter offers its clients and the extent to which it was able to render services to the women in our sample. Although 125 women accessed shelter services during the research timeframe, researchers were only provided with the case files of 26 women.<sup>39</sup> Of these case files, only 3 were of women who were at the shelter as a result of IPV.<sup>40</sup>

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## SERVICES

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The shelter predominantly provides short-term<sup>41</sup> basic care and support to women and their children. This includes the provision of accommodation, three meals a day, toiletries and clothing, counselling and other forms of practical assistance such as with accessing medical care and services of a legal nature. The shelter also

provides women with skills-development programmes in the form of gardening and computer-skills training. The shelter does not, however, provide any counselling or programmes for children who accompany their mothers to the shelter other than helping children to access schooling.

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*37 As indicated by shelter attendance registers.*

*38 In 2017, the shelter was provided with funding by DSD to hire a full-time social worker.*

*39 This is a limitation that has been acknowledged in the introduction section of this report.*

*40 The remainder of case files were of women, and in some instances, children who were at the shelter as a result of domestic violence within the family or rape.*

*41 Stays usually average on 3 days but women may be accommodated for periods up to 6 months.*



The 3 women in our sample had a myriad of psychosocial, practical and legal support needs. This included financial assistance as none of the women had access to any form of income. Other than the provision of toiletries, the shelter also covered the costs of the women’s transport and costs related to the upkeep of their children. A total of 7 children had resided at the shelters with their mothers during the re-

search time-frame. All 3 women benefited from individual counselling sessions and all 3 were also assisted with their legal support needs which included helping 2 women to apply for protection orders and helping 1 with court preparation. None of the case files recorded whether any of the women participated in the shelter’s skills-development programmes.

## USER PROFILE

AGE (YEARS)	
21-25	1
31-35	1
36-40	1
<b>N</b>	<b>3</b>

MARITAL STATUS	
Customary/ Civil	2
Dating	1
<b>N</b>	<b>3</b>

The 3 women in our sample were aged 25, 31 and 38. Two of the 3 women were married to their abusers. All 3 women were black – 2 were from South Africa while 1 was from Mozambique.

All 3 women were accessing shelter services for the first time. One woman was referred to the shelter by DSD while the referral sources of the other 2 women were not recorded in case files. The shelter explains, however, that the police are generally the main source of referral.

Case files did not record the education qualifications of any of the women. In terms of their employment status, 2 women were noted as being unemployed while the case file of the third woman did not specify whether she was employed or not, but it is likely that she was not, as her case file does note that she had no access to funds while at the shelter. None of the women were in receipt of state support grants.

All 3 women were at the shelter as a result of physical abuse that had taken place prior to their shelter admission. Two women had fled an abusive home. Of these, 1 had reported a long-standing history of abuse by her partner which had included being stabbed and strangled. She arrived at the shelter with injuries to her eye, neck and hand. The second woman had been assaulted and threatened with death. She fled to the shelter when she discovered that her partner was in possession of a firearm. The third woman was also physically assaulted and threatened with death. She came to the shelter after being evicted from the home she shared with her partner.

She, and her child, entered the shelter with nothing other than the clothes they were wearing at the time. Despite all having suf-

fered some form of physical injury, none of the case files recorded whether they needed assistance with accessing medical care.

## CHILDREN

CHILDREN'S AGES AT THE SHELTER	
1-5	3
6-10	3
Unknown	1
<b>N (Children)</b>	<b>7</b>
<b>N (Women)</b>	<b>3</b>

All of the women in the sample had children: 2 had 3 children respectively and the

other had 1 child. All 7 children resided at the shelter with their mothers. The ages of children ranged from 2 – 10 years. While the case file of 1 woman did not record the age of her child, the shelter notes indicate that the child was of school-going age.

Case files did not record the children as having any health problems at the time of entering the shelter.

## DURATION OF STAY & DEPARTURE FROM SHELTER

LENGTH OF STAY AT THE SHELTER	
Less than a month	3
<b>N</b>	<b>3</b>

WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER	
Returned to their partner	0
Moved in with family	1
Own accommodation	1
Unknown	1
<b>N</b>	<b>3</b>

All 3 women resided at the shelter for less than a month ranging from 3 days to just over 3 weeks. The foreign national from Mozambique, who was evicted from her marital home, stayed at the shelter for

the shortest duration. She left the shelter to move in with her sister whom the shelter had contacted on her behalf. Case files did not record where the remaining 2 women went after leaving the shelter. It is, however, likely that 1 of these women had returned to the accommodation that she had shared with her partner. Her case file notes that she had laid charges of abuse against her partner and would reside at the shelter until he was arrested. She had resided at the shelter for 23 days. Case files do not record whether any of these women were contacted after their shelter stay.



# AN OVERVIEW OF SHELTER 1

IN 2015, STAFF EMPLOYED AT THE SHELTER EARNED (ON A MONTHLY BASIS):



Shelter manager/  
social worker  
R3 000



2 Care workers &  
1 housemother  
R2 500 each



Volunteer  
R2 000

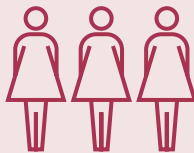


2 Security Guards  
R2 000 each



Gardener  
R750

## PROFILE OF WOMEN & THEIR CHILDREN:



Ages 25 - 38



All of whom had  
no access to any  
form of income



Ages 2 - 10

## THE SHELTER PROVIDED FOR WOMEN AND CHILDREN'S BASIC NEEDS AND OFFERED OTHER FORMS OF ASSISTANCE:



FOOD



TOILETRIES



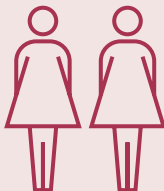
CLOTHES



TRANSPORT



COVERED COSTS  
RELATING TO  
CHILDREN'S NEEDS



Helped 2 women to apply for protection orders



Helped 1 woman with court preparation



## SHELTER 2

Description	NPO offering shelter and other victim empowerment services to victims of crime and violence.
Location	Urban
Shelter Capacity	10 women and their children
Admission Criteria	Women aged 18 - 59 years
Exclusions	Unaccompanied minors, men, substance dependent persons and persons with psychiatric conditions. The shelter also does not accommodate boy children over the age of 12 but will make an exception if no other alternatives for the child's accommodation can be found.
Duration of Stay	3 - 6 months
Service Charges	None
Funding	DSD
Clients 1 March 2015-28 February 2016)	21 women
Clients in sample (IPV)	10 women and 16 of their children

## FUNDING

The organisation was established more than 15 years ago to provide outreach and victim support services to the community. These services were, more recently, expanded to include shelter for victims of domestic violence and other forms of crime and violence. The shelter can accommodate a total of 10 women with their children.

The organisation has received funding from DSD in MP for about 10 years. The shelter manager reports that DSD funding generally contributes to 80% of the organisation's annual operating expenditure. The

remaining 20% is sourced from other donors. In the 2015/2016 financial year, this included funding from the National Lottery Distribution Trust Fund (NLDTF) and national DSD.

In 2015/2016, DSD funding from the province to the organisation amounted to a total of just over R1.28 million. This included funding towards the salary (R11,245 a month) and administrative expenses (R3,800 a month) of a social worker. The funding received from DSD in MP contributed to 81,5% of its operational expenditure of R1.57 million that year.

INCOME AND EXPENDITURE 2015/2016	ZAR
Grant income from MP DSD	1.285,046
Operating expenditure	1.577,560
Salaries & Wages including volunteer stipends	1.178,270
Maintenance & Running Costs (rental, electricity, water, telephone etc)	127,133
Programme costs including staff debriefing	102,920
Consumables (e.g. groceries) and other client/shelter expenses	93,741
Admin costs (accounting fees, banking fees, fundraising costs, licenses etc)	58,001
Transport	17,495

The two highest expenses that the organisation incurred during the 2015/2016 financial year pertain to personnel costs and maintenance and running costs. Personnel costs include staff salaries and benefits (e.g. provident fund contributions and study subsidies) and stipends for volunteers. Shelter staff salaries range from R 1,200 to R16,000 a month while volunteers are paid a stipend of R200 a day.

The organisation spends R8,500 a month on average on running costs and on garden maintenance. The shelter is, however, in urgent need of general maintenance and infrastructure development. The shelter manager describes shelter facilities as being in poor condition. Despite the need for improving shelters facilities, the organisation has not 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 has since been donated the land on which it is located.

Programme costs and costs related to shelter residents' needs were the next two highest expenses incurred by the organisation in the 2015/2016 financial year. Programme costs pertain to outreach programmes and staff debriefing. However, it does not include skills-development initiatives for shelter residents. The shelter used to provide training on beading and leather work but stopped when they could no longer afford to pay for equipment and training. Although greatly recognising the value of skills-development programmes, the organisation's priority is to ensure that their resident's day-to-day needs are met. This includes the provision of food, toiletries, costs related to child-care and other household expenses.

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## STAFFING

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The organisation employs a total of 9 full-time staff members who are either directly employed to work in the shelter or assist to some capacity in addition to other duties elsewhere. These are 2 social workers, one of whom also doubles up as the shelter manager, 2 social auxiliary workers, 2 care

workers, a general day worker, an administrator, and a cleaner. Three volunteers assist at the shelter: 2 provide care work services on an after-hours basis (i.e. at night or on a weekend), and 1 provides general assistance to the shelter.

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## SHELTER SERVICES

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The shelter accommodates, on average, 10 women and their children a month. In the 2015/2016 financial year, the shelter housed a total of 21 women and their children. Of these, 10 were at the shelter as a result of IPV and of these, 8 had brought a total of 15 children with them to the shelter.

In addition to accommodation, meals and toiletries, as well as the provision of clothes when necessary, the shelter provides women with psychosocial and other practical support services. They are also provided with individual and group counseling and are also referred, when requested, to another organisation for spiritual counselling. All of the women in the sample were provided with individual counseling sessions (for 2 women this was only on admission as they left the shelter within the space of a day). Four women had also benefited from group counselling sessions.

In addition to individual/group counselling sessions, the shelter also provides family counselling and reunification services. One woman had attended a joint counsel-

ling session with her future in-laws who had gone to the shelter to ask her to reconcile with their son. While the woman's partner had also been invited to a joint counselling session, he was unable to attend due to work commitments. He was provided with telephonic counselling by one of the shelter social workers. The shelter, with the assistance of the police, helped 1 woman to trace her mother. The shelter then arranged for this woman to have a joint counselling session with her mother prior to her exit from the shelter.

In addition to therapeutic support, the shelter also provides their clients with legal and other forms of practical and material support. In our sample this included helping 2 women to follow-up on domestic violence cases, of which 1 was also assisted with court preparation. Court preparation services were provided by a local magistrate's office.

Five women were unemployed and incurred costs for which they had no money while at the shelter. Other than toiletries,

the most common costs incurred were for childcare and transport. In one case, although the woman's case file notes her as being employed, she was not able to afford bus fare to return to her country of origin. The shelter covered this cost. The shelter also assisted 1 woman to obtain maintenance for her child by convening a meeting with her partner. Two women were assisted to apply for a child care grant. One of the applications was successful while the other was turned down as the child did not have an identity document. The shelter assisted her in applying for this.

Service provision to children at the shelter is limited due to financial constraints. The shelter is not able to make any provisions for crèche-going children (although it would like to) but ensures that school-going children are able to continue with their education by arranging for school transfers when required and also assists with covering the costs of children's transport to and from school. The shelter manager notes that almost all children of school-going age who reside at the shelter require this latter form of assistance.

## USER PROFILE

AGE (YEARS)	
21-25	2
26-30	1
31-35	3
36-40	1
41-45	3
N	10

MARITAL STATUS	
Customary/ Civil	6
Cohabiting	4
N	10

The ages of women in our sample ranged from 24 to 42, with the average age being 34. The majority of women (6) were married while the remainder had lived with their partners prior to entering the shelter. Nine women were black and 1 woman was coloured. Seven women were South Afri-

can citizens while the remaining 3 women were foreign nationals from Zimbabwe, Swaziland and Mozambique.

All 10 women were accessing shelter services for the first time and most (8) were referred to the shelter by the police. Two of the women were referred by community members.

While case files did not record the educational qualifications of 2 women, the levels of education among the remainder of women in our sample varied broadly. The breakdown is as follows: 2 women had a tertiary education – 1 had attained a university degree while the other a diploma; 2 had matriculated; 2 had dropped out of high-school prior to matriculating and 1 woman had only a primary school education. The last woman in our sample had no formal schooling at all - this was possibly as a result of parental neglect. The wom-



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an, who was 24 years of age at the time of entering the shelter, was abandoned by her mother at the age of 10 and left in the care of a man. In counselling sessions she described this man as her partner and father to her 3 year old child. She was the only woman in our sample who was a beneficiary of a child support grant. She could not, however, access the grant without her SASSA card, having left it behind when her partner evicted her and her child from their home. She was unemployed and thus fully reliant on the shelter for practical and financial support as were a further 4 women who were either unemployed (2) or whose case files did not specify their employment status (2).

Of the 5 women who were employed, 1 was a teacher, another a domestic worker

and a third woman worked in the IT sector. Case files did not specify the type of work that the 2 other women did.

Although all the women in our sample had been physically abused (in addition to experiencing other forms of abuse) by their partners prior to entering the shelter, case files do not provide information on whether they required medical attention for injuries incurred or as needing other forms of medical or psychiatric attention. Only 1 woman's case file describes her as being psychologically unwell.

Only 2 of the 10 women had a protection order when they arrived at the shelter. Case files did not record whether any of the remaining 8 women needed help with applying for one.

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**"Service provision to children at the shelter is limited due to financial constraints. The shelter is not able to make any provisions for crèche-going children (although it would like to) but ensures that school-going children are able to continue with their education by arranging for school transfers when required and also assists with covering the costs of children's transport to and from school."**

## CHILDREN

### CHILDREN'S AGES AT THE SHELTER

Below 1	1
1-5	7
6-10	3
11-15	2
16-18	1
Unknown	2
<b>N (children)</b>	<b>16</b>
<b>N (women)</b>	<b>8</b>

### ABODE OF CHILDREN NOT AT THE SHELTER

With Father	2
<b>N (Children)</b>	<b>2</b>
<b>N (Women)</b>	<b>1</b>

Of the 10 women, 8 had children and all 8 had brought all or some of their children with them to the shelter. One of these women had also brought her niece with her.<sup>42</sup> A total of 16 children resided at the shelter with their mothers/guardians. Their ages ranged from 9 months to 16 years.

One woman was unable to bring 2 of her 3 children with her when she fled her home. She left the shelter within a day, following a joint-counselling session with her future in-laws.<sup>43</sup>

All of the children of school-going age remained at the schools that they were enrolled at prior to arriving at the shelter. None of the children had any reported health problems.

## DURATION OF STAY & DEPARTURE FROM SHELTER

### LENGTH OF STAY

Less than 1 month	6
1-2 months	2
2-3 months	1
Unknown	1
<b>N</b>	<b>10</b>

### WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER

Returned to their partner	4
Moved in with family	3
Other accommodation	1
Unknown	2
<b>N</b>	<b>10</b>

42 The age of her niece was not recorded in her case file. The child's age is thus reflected in the table as unknown.

43 This woman had 3 children aged 2, 5 and 8. Her case file did not however specify the age of the child that she brought with her to the shelter. The child's age is thus reflected as unknown in the table.



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Six women resided at the shelter for less than a month with stays ranging from 1 to 20 days. Four of the women returned to their partners – 1 left after 2 days, her reason being that her children were not accustomed to living in a shelter; another, who stayed for a day, returned home after the parents of her partner came to the shelter to ask her to return; 1 also returned to her partner after staying at the shelter for a day (no reason specified), while the fourth woman's stay at the shelter was terminated after 19 days as her case file notes that she kept visiting her partner while at the shelter. Of the remaining 2 women, 1 woman's case file did not specify where she went after leaving the shelter while the other returned to her family home in Mozambique. The shelter had assisted her to contact a family member who came to fetch her and her children after she had been at the shelter for 20 days.

Of the 3 women who stayed at the shelter for longer than a month, 2 left the shelter to move in with family. The shelter assisted in reunifying both of these women with their family members. The case file of the third

women did not specify where she went after leaving the shelter.

The duration of stay for 1 woman was not recorded in her case file. Her case file notes her as leaving the shelter to live in an "alternative home" (which the shelter had assisted her to access), but provides no further explanation as to what type of accommodation this was.

Although it is routine for the shelter to follow-up on cases, case files note that only 2 women were contacted after they left the shelter – in one case to find out if the woman was able to reunite with family outside of South Africa, and in the other case, to arrange a joint counselling session for the woman and her partner. The shelter manager noted that during the study timeframe, after-care and follow-up services were a challenge. This was largely due to her having to play a dual role of shelter manager as well as head social worker taking the lead in client case management. This has since improved with the hiring of an additional social worker.

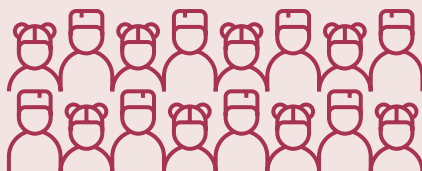
# AN OVERVIEW OF SHELTER 2

## WOMEN AND CHILDREN'S AGES:



Average age of women:

**34**



**16** children aged from **9 months to 16 years**

## WOMEN'S NATIONALITY:

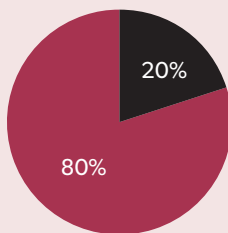


**7** from South Africa



**3** from Zimbabwe,  
Swaziland,  
Mozambique

## SOURCE OF REFERRAL TO THE SHELTER:



■ Police

■ Community Member

## WOMEN'S EDUCATIONAL QUALIFICATIONS:



**2**

Unknown



**2**

Tertiary Education



**2**

Matric



**3**

High School



**1**

Primary School



**1**

No Schooling

## WOMEN'S INCOME STATUS:



**5/10** women employed



**1** woman "had a child support grant but could not access the grant without her SASSA card, having left it behind when her partner evicted her and her child from their home."







### SHELTER 3

Description	NPO offering shelter to women and their children as well as outreach services.
Location	Rural
Shelter Capacity	6 Adults and 4 children
Admission Criteria	Women over the age of 18 and their children. Unaccompanied minors accommodated under exceptional circumstances. The shelter can accommodate women with disabilities although it does not have proper facilities to do so.
Exclusions	Men
Duration of Stay	Maximum of 6 months
Service Charges	None
Funding	DSD
Clients (1 March 2015-28 February 2016)	21 women and their children
Clients in sample (IPV)	10 women and 5 of their children

### FUNDING

The shelter has received funding from DSD since it was founded several years ago. While the shelter used to receive funding from other donors in the past, it is currently solely funded by the DSD. In the 2015/2016 financial year, this funding amounted to just over R1 million. A portion

of this grant (an amount that equates to just under R15,000 a month<sup>44</sup>) was allocated to the salary of a social worker plus a contribution towards this employee's expenses, such as telephone and travel. The funding that the shelter received from DSD met all of its operational expenses that year.

<sup>44</sup> As indicated in progress reports submitted to the department.

INCOME AND EXPENDITURE (2015/2016)	ZAR
Grant income from DSD	1,063,455
Operating expenditure	848,948
Salaries & Wages (and other benefits)	602,697
Consumables (Groceries)	77,602
Programme costs	64,677
Transport	44,504
Maintenance & Running Costs (Electricity, water, telephone, cleaning etc)	43,512
Admin costs (audit fees, banking fees, licenses, rentals, printing etc)	15,956

The largest expenditure incurred in this financial year was staff costs, 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 1 hours 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 no 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 has reduced the shelter's capacity to render shelter to more women, which in turn, has reduced the shelter's operating costs.

At the time of the study, the shelter was awaiting approval from DSD before renovations could be conducted. The surplus that the organisation has managed to raise is ring-fenced for this. These savings also enables the shelter to cover operating costs when funding disbursements from DSD are delayed. The shelter manager admits that on occasion, funding delays from DSD is attributed to reporting delays from the shelter's side, but this is not always the case.

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## STAFFING

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12 members of staff either work directly at the shelter or provide outreach services. These include a shelter manager who is not only responsible for managing staff and shelter operations, but is also the shelter's only social worker; 3 caregivers who provide basic counseling services when the

shelter manager/social worker is unavailable; a housemother; an administrator; a general worker; and 2 security officers. Three outreach workers, based at various satellite offices, play a key role in raising awareness of domestic violence and referring abused women to the shelter.

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## SERVICES

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The shelter provides women and their children with meals and accommodation; psychosocial, legal and practical support services; and referrals to other service providers for those requiring additional or specialised services that the shelter is not able to provide. On admission to the shelter, women undergo screening to identify their needs and determine the most suitable interventions.

During the 2015/2016 financial year, the shelter had housed a total of 21 women, 10 of these women were at the shelter as a result of IPV and all had benefited from counselling. Seven women presented with physical injuries and/or with symptoms of Post-Traumatic Stress Disorder (PTSD). One of these women required psychiatric intervention but this could not be offered as there are no psychiatric facilities in the area. Of the 2 women who had required medical attention as a result of injuries sustained from their abuse, case files only note 1 as being referred to a local hospital for a physical check-up. One woman was referred to a DSD social worker for further psychosocial support.

The majority of women in our sample (7) had no or a very limited source of income and thus relied on the shelter to cover day-to-day expenses such as with the purchasing of toiletries, with travel, and with costs related to child upkeep. The shelter covered the majority of these costs while the family members of 2 women also helped with transport expenses. The shelter also helped 1 woman to apply for a child support grant and helped another to claim for child maintenance.

None of the women in our sample had a protection order when they arrived at the shelter. The shelter manager/social worker provided 4 women with information on protection orders and accompanied 3 to court, while the fourth woman was referred to another organisation for assistance. The shelter negotiated time-off from work for one of the women so that she could attend court hearings and recover from the abuse. Shelter staff also assisted 2 women with following up on domestic violence cases while 1 was also assisted with court preparation.

The shelter tried to assist 1 woman, an undocumented foreign national, with applying for an entry permit to legalise her stay in the country. The shelter sought assistance from the Nigerian Embassy and the International Organisation for Migration. The woman was referred to another shelter before the outcome was concluded.

The shelter does not provide any skills development programmes on-site – it does not have the facilities, personnel or funding to do so. The shelter has, however, entered into an agreement with a local youth centre that offers computer skills training, but few shelter residents enrol for this programme. The shelter manager believes that few women take up this offer out of fear that they will be recognised as a shelter resident. Deeply entrenched traditional beliefs and values make it difficult for wom-

en to leave abuse relationships and access shelter services. The dominant position of the chiefs (tribal courts) and reliance on family means that the shelter is often seen as a last resort.

The shelter does not provide any programmes for children who reside at the shelter with their mothers. It does, however, provide them with child-centred therapy in the form of play and art therapy. This is provided by the shelter manager/social worker but only in instances when the mother consents to this. During the study time-frame, 5 children had resided at the shelter with their mothers but most (3) were too young to participate in play therapy. Of the 2 older children, only 1 appears to have benefited from this therapeutic support.

## USER PROFILE

AGE (YEARS)	
21-25	4
31-35	4
36-40	1
41-45	1
<b>N</b>	<b>10</b>

MARITAL STATUS	
Customary/ Civil	3
Co-habiting	4
Dating	3
<b>N</b>	<b>10</b>

The majority of women in our sample were young (80% under the age of 35), with the youngest being 22 years of age and the oldest 41. Three women were married, 3 were in dating relationships and 4 were unmarried but cohabiting with their partners at the time of seeking shelter. All the women were black - 9 were South African citizens, while 1 was a migrant from Nigeria.

All of the women were accessing shelter services for the first time. The majority were referred to the shelter by the police and by DSD (3 women respectively). Of the remaining 4 women, 2 were referred by the shelter's outreach workers; 1 self-referred



(a social auxiliary worker who knew of the shelter) and the referral source of another was not documented in case files.

Information on the women’s educational qualifications was not provided in the case files of 4 women. Of the remaining 6 women, 5 had attended high school but had dropped out prior to completing their high school education, while 1 woman had attained a university degree.

Four of the women were unemployed and the occupational status of 3 women had not been recorded in case files. Of the remaining 3 women, 2 worked on a full-time basis - 1 as a social auxiliary worker, another

as a shop assistant and the third sold homemade detergents for a living. For 2 of the women, a child support grant was their only source of income.

Four women entered the shelter with physical injuries as a result of IPV. This included bruising from being assaulted. One woman had been strangled and endured ongoing pain as a consequence and another had sustained an injury to her leg. Five women displayed symptoms of PTSD e.g. insomnia, nightmares, flashbacks and anxiety. Case files note that 1 of the women required psychiatric treatment, but the shelter could not help her access this care as there are no psychiatric facilities in the area.

## CHILDREN

CHILDREN’S AGES AT THE SHELTER	
1-5	3
6-10	1
11-15	1
<b>N (Children)</b>	<b>5</b>
<b>N (Women)</b>	<b>4</b>

ABODE OF CHILDREN NOT AT THE SHELTER	
With Mother’s Family	6
<b>N (Children)</b>	<b>6</b>
<b>N (Women)</b>	<b>4</b>

Eight of the 10 women had a total of 11 children amongst them – most (9) of whom

were under the age of 5. Only 4 of the women had brought their children with them to the shelter. A total of 5 children (ages ranging from 1 to 13) resided at the shelter with their mothers.

All of the 6 children not at the shelter were living with their maternal grandparents. The ages of these children ranged from 2 to 5.

Only 2 of the children were of school-going age – school transfers were not needed for these children as both had only resided at the shelter with their mothers for a period of 3 days. None of the children had any documented health problems.

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## DURATION OF STAY & DEPARTURE FROM SHELTER

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LENGTH OF STAY	
Less than a month	8
1-2 months	1
2-3 months	1
<b>N</b>	<b>10</b>

WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER	
Returned to their partner	1
Moved in with family	4
Own accommodation	4
Transferred to another shelter	1
<b>N</b>	<b>10</b>

Eight of the women resided at the shelter for less than a month with some (3) having resided at the shelter for less than a week. Of these, 1 left the shelter to return home to Limpopo where she lived; 3 left to stay with family members who lived far away from the shelter; 2 returned to their homes as soon as they were granted pro-

tection orders; 1 woman went home as she had requested her family to mediate the problems in her relationship<sup>45</sup>; and the last woman, a foreign national from Nigeria, was transferred to another shelter as she was not settling in well at the shelter due to linguistic barriers and conflict with other shelter residents.

Of the 2 women who stayed for longer than a month, 1 was supported by the shelter to reunify with her family in another province, and the other returned to her home after she was granted a protection order and her partner, who had been arrested following the domestic violence incident, was court ordered to vacate their home.

The shelter contacted 4 women after they left the shelter - 2 were contacted regarding referrals for further psychosocial support; 1 to inquire as to the outcome of family mediation; and the last woman, the foreign national, was contacted by the shelter to enquire as to the outcome of her permit application.

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<sup>45</sup> Note that this was the only woman in the sample to have returned to her partner.

# AN OVERVIEW OF SHELTER 3

## WOMEN'S AGES AND INCOME STATUS:



80% under the age of **35**



women had some form of employment

**3/10**



women were in receipt of a child support grant

**2**

## SOURCE OF REFERRAL TO THE SHELTER:



**3**

Police



**3**

DSD



**2**

Shelter's outreach workers



**1**

Self-referred



**1**

Unknown

## WOMEN'S PHYSICAL AND MENTAL HEALTH CONCERNS:



**4**

women sustained physical injuries from IPV



**5**

women displayed symptoms of PTSD e.g. insomnia, nightmares, flashbacks and anxiety.

## WOMEN'S MEDICAL, LEGAL AND PRACTICAL SUPPORT NEEDS AND THE SUPPORT THAT THE SHELTER WAS ABLE TO PROVIDE:



required assistance with applying for a protection order



required assistance from shelter to negotiate time-off from work



required assistance with following-up on domestic violence cases



required assistance with court preparation



required help with an entry permit to South Africa



required help with applying for a child support grant



required help with applying for child maintenance



required psychiatric treatment, but the shelter could not help as there are no psychiatric facilities in the area



## SHELTER 4

Description	NPO focussing on women's rights. The provision of shelter to women is one of this organisation's programmes.
Location	Urban
Shelter Capacity	18 women and their children
Admission Criteria	Female victims of GBV and human trafficking aged above 15 years. Younger clients must be accompanied by a female guardian or they are referred to a children's place of safety.
Exclusions	No unaccompanied minors, boys older than 12 and men.
Duration of Stay	Maximum of 6 months unless there are extenuating circumstances such as legal matters.
Service Charges	None.
Funding	DSD and corporate donations
Clients1 March 2015-28 February 2016)	13 women and children
Clients in sample (IPV)	8 women and 14 of their children

## FUNDING

The shelter forms part of a larger organisation which was established to provide psychosocial support services to female victims of GBV. The shelter, which was established several years ago, has mostly been funded by the DSD since its inception. For the 2015/2016 financial year, the shelter received funding from DSD to the

value of just over R1.044 million – 83% of this funding was for general shelter costs and services, while 17% was solely earmarked to pay the salary of the shelter's social worker. DSD funding contributed to 96% of the shelter's operational expenditure of just over R1.079 million that year.

INCOME AND EXPENDITURE (2015/2016)	ZAR
Grant income from DSD	1.044,464
Operating expenditure	1. 079,112
Salaries & Wages	585,769
Maintenance & Running Costs (rent, utilities, telephone, security etc)	238,818
Transport	100,370
Consumables	78,426
Admin costs (audit, advertising, banking fees, insurance, printing etc)	62,558
Programme costs	13,172

Other than staff salaries (which take up just slightly over half of the organisation's annual budget), the shelter spends a significant portion of its budget on operating costs, in the form of rent and utilities as well as shelter maintenance and repairs. Renting the property in which the shelter is located is problematic for the organisation for two reasons: firstly, it is a fixed monthly expense that requires consistent funding, and secondly, it is not a stable living environment as tenancy agreements are set for a limited period of time. The shelter has moved 5 times since inception. Aside from incurring additional expenses, moving also places undue stress on staff and shelter residents. This is particularly problematic for abused women who need comfort, safety and security. The shelter manager explains that during their recent move, one of their residents had been negatively impacted - the move increased her anxiety and unsettled her as she didn't know what to expect

and whether she would be safe at the new premises. The shelter has sought funding to purchase a property, but their efforts have not yielded any positive results thus far.

An additional challenge for the shelter pertains to its third highest expense, namely transport. Most women residing at the shelter require financial assistance from the shelter to cover the costs of their travel. As the shelter does not own a vehicle, it also needs to cover the costs of staff members' travel to external appointments and when they accompany clients to court. The shelter would like to purchase a vehicle as taxis are not a reliable or safe form of transportation, particularly at night. Unfortunately, DSD funds cannot be used for this.

Another reported challenge is the, at times, delayed disbursement of funds by DSD. When this occurs, the shelter has to



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borrow from the reserve funds of its parent organisation in order to pay staff salaries and to cover the shelter's day-to-day expenses. The shelter routinely fundraises in order to supplement its income and render it less reliant on DSD funding. This has included approaching corporate donors for donations and the writing of funding proposals. Raising funds for operational costs is, however, challenging. Funding calls from donors are often very specific

and accompanied by stringent restrictions on how funds are to be spent. The shelter manager describes their efforts at fundraising as largely hit-and-miss; they have had some successes (most recently this included funding from a corporate donor but was to be exclusively used for the purchasing of sewing equipment), but mostly, the shelter has not been able to secure funds to adequately supplement DSD funding.

## STAFFING

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Six full time staff members are employed by the shelter, namely: a shelter manager, a social worker, a general worker and 3 housemothers who work on a rotational basis. The social worker is the newest member of staff, having joined the team in early 2016 to relieve the shelter manager of the dual shelter manager/social worker role that she had been undertaking for a number of years. In order to enhance service delivery to shelter clients, the shelter has identified the need for specialised training for current support staff, such as how to care for shelter residents who have

mental health conditions. It would also like to employ social auxiliary workers to support the social worker in the provision of therapeutic interventions and to provide general support to housemothers when the social worker is not available. Finally, the shelter also wants to strengthen the safety and security of its clients and staff. In lieu of security guards on site, the shelter would like to invest in an electric fence. This would also allow it to provide shelter to victims of human trafficking. This is, however, dependent on whether they have the resources to do so.

## SERVICES

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Of the 13 women who had resided at the shelter during the study time-frame, 8 were at the shelter as a result of IPV. In addition to accommodation, these women and their children were provided with toiletries, 3 meals a day and other forms of practical support such as financial, legal and psychosocial services. Psychosocial support services are offered by

the social worker through individual and group counselling sessions. Those requiring spiritual counselling are referred to an external organisation. Ideally, any form of therapeutic support should be offered on a weekly basis, but this is not always possible owing to the multitude of tasks that the social worker undertakes. Although all 8 women in our sample attended individual



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counselling sessions, only 6 had participated in group counselling. One woman was provided with additional counselling by a professional volunteer associated with a corporate donors' volunteer programme. Other forms of support included helping women to access medical care. All 6 women had required some level of medical attention for chronic conditions such as HIV, physical injuries sustained from the abuse, and peri-natal care. Medical care and the provision of ARVs was provided by a local clinic and a hospital.

Like other shelters in our sample, Shelter 4 also helps women with their legal needs. For 2 women this included the provision of information and support in court in relation to protection order applications. One of the women required assistance with gaining custody of her children – she was assisted by the shelter social worker and a family advocate. The shelter also assisted another 2 women with following-up on ongoing domestic violence cases and 3 women with court preparation. One woman, an undocumented foreign national, was referred to the police and DSD for further assistance in legalising her stay in South Africa.

In an effort to empower and capacitate clients to be financially independent, the shelter provides its residents with various skills-development programmes. These include baking, beading, gardening, sewing and knitting, and beauty therapy. Six women participated in these programmes while 1 woman did not as she was at work at the time that the workshops were held.

The case file of the eighth woman did not specify whether she attend the skills-training sessions, however, given the duration of her stay of 7 months, it is likely that she did. Her case file notes that she was offered basic counselling skills training - a programme that the shelter does not usually provide for women. The shelter also assisted 1 woman, who had no formal education, to read and write.

In addition to skills-development, the shelter also provides women with support in CV formulation and finding employment. The shelter has been networking with various corporate companies to identify job-shadowing opportunities for its residents. It has also investigated educational opportunities for clients, especially those who have not been able to complete a high school education. A local college, for example, offers training in the tourism, hospitality, and Early Childhood Development (ECD) sector. The admission requirement is completion of grade 10. Unfortunately, the shelter has not been able to secure funding to offer their clients an opportunity to further their education.

In relation to child-care, the shelter provides a host of services. This includes parenting skills training for adults; play therapy for children; crèche services (offered by the housemother) for children whose mothers are employed; and a range of child-centred activities. These programmes and services are predominantly offered by the shelter's social worker with the support of housemothers (one housemother holds a qualification in ECD). Children requiring

more in-depth psychotherapy are referred to Childline. The shelter also assists women with child-care costs. This was a requirement for most as only 2 women in our sample were employed and only 1 woman had access to a child support grant. The shelter helped 2 women with applying for

a child support grant – 1 of whom was also assisted with applying for a disability grant. A third woman was referred to another organisation for assistance in applying for a grant as she was at the shelter for only a short period of time.

## USER PROFILE

AGE (YEARS)	
26-30	5
31-35	2
41-45	1
<b>N</b>	<b>8</b>

MARITAL STATUS	
Customary/ Civil	1
Divorced	1
Dating	3
Co-habiting	2
Engaged	1
<b>N</b>	<b>8</b>

The women's ages ranged from 27 to 43 with the majority (7) being younger than the age of 35. The majority of women (7) were not married to their partner – 1 woman was divorced; 3 were dating but not living with their partners; and 3 were in co-habiting relationships, 1 of whom was engaged to her partner (a police-man). Seven of the women were black and 1 was white. Six women were South African citizens while 1 woman hailed from Mozam-

bique and another was an undocumented migrant from Swaziland.

It was the first shelter stay for 7 women – 1 woman had previously stayed at a shelter in another province. While the referral source of 1 woman was not known, the rest of the women in our sample were referred to the shelter by DSD (4), the police (2) and by a community development worker from a local community-based organisation (1).

Of this group, 3 women had completed high school. Of the rest, 2 had left high school prior to matriculating, 2 had only attended primary school and 1 woman had no formal schooling at all. Only 2 of the 8 women were employed – 1 as a cashier and the other as a merchandiser. Of the remaining 6 women, only 1 had some form of financial support through a child support grant while the remainder had no source of income and fully relied on the shelter to meet the expenses that they incurred while at the shelter. By the time they had left the shelter, 2 women had found employment.

Six of the women presented at the shelter with multiple medical problems. Four

women had sustained injuries as a result of physical abuse. These injuries included partial blindness, burns, a dislocated jaw (which had resulted in a speech impediment), and bruises; lesions and wounds incurred from being assaulted; strangled and/or stabbed. Other conditions included 4 women who were HIV positive, 1 who was asthmatic and 1 who had given birth a week prior to being admitted to the shelter. All women were provided with coun-

selling by the shelter’s social worker and those requiring medical treatment were assisted to access a local clinic or hospital. One woman was referred to an external organisation for additional counselling.

None of the women had a protection order when they came to the shelter. As mentioned earlier, most women had required some form of legal support.

## CHILDREN

CHILDREN’S AGES AT THE SHELTER	
Below 1	1
1-5	7
6-10	3
11-15	3
<b>N (Children)</b>	<b>14</b>
<b>N (Women)</b>	<b>6</b>

ABODE OF CHILDREN NOT AT THE SHELTER	
With Father	2
With Father’s family	2
<b>N (Children)</b>	<b>4</b>
<b>N (Women)</b>	<b>2</b>

All 8 of the women had children aged younger than 18 but only 6 were able to bring all or some of their children with

them to the shelter. One woman had not been able to bring 5 of her children with her to the shelter when she fled her home. The children were later brought to the shelter with the assistance of the police. A total of 14 children, ages ranging from 7 days to 14 years, resided at the shelter with their mothers.

Of the children not at the shelter (aged between 2 – 6 years), 4 were barred by their fathers from accessing the shelter with their mothers – 2 had been taken by their father to his family once their mother had entered the shelter while the other 2 had remained in the care of their father. In the latter case, the shelter, with the assistance of a Family Advocate, had helped the woman to apply for custody of her children. Shelter personnel accompanied her to court during court-mediated sessions.

Two women had children (each had 3 children) of school-going age. The children of 1 woman were able to remain in

the schools in which they were enrolled before moving to the shelter. The children of the other woman were not, however, in school. The shelter provided her with a referral letter so that she could place her children in a boarding school. Placing the children in a boarding school would avoid disruptions in their schooling while she looked for a permanent home for her family. The shelter had assisted 1 woman with finding a pre-school for her child as well as

finding a donor who would sponsor the child's schooling.

Some of the children had health and/or psychological problems while at the shelter. Two children had ear and eye infections, another had asthma and had difficulties sleeping. One child (3 years of age), described in case files as being psychologically traumatised, was referred to Childline for therapeutic intervention.

## DURATION OF STAY & DEPARTURE FROM SHELTER

LENGTH OF STAY	
Less than 1 month	2
3-4 Months	1
4-5 months	1
7-8 Months	2
1 year and above	1
Unknown	1
<b>N</b>	<b>8</b>

WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER	
Returned to their partner	1
Moved in with family	3
Own accommodation	3
Unknown	1
<b>N</b>	<b>8</b>

The majority of women in our sample (5) lived at the shelter for longer than 3 months, with 1 having stayed at the shelter for 1 year and 4 months. Only 2 women resided at the shelter for a short time period (each having only resided at the shelter for 2 days) and both had left to move in with family members. The case file of 1 woman did not record her date of exit from the shelter or where she went to after she left the shelter.

Of the 5 women referred to earlier, only 1 had reconciled with her partner, a policeman, whom she was engaged to at the time of entering the shelter. She had, however, initially left the shelter to live on her own. The shelter had helped her to acquire a plot of land and had also helped her to apply for a RDP house during her 4 month stay at the shelter. The shelter referred her to a DSD social worker for further support.

Of the remaining 4 women, 1 moved in with a family member after living at the

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shelter for almost 8 months (the shelter had granted her an extension while they had helped her to reunite with her family) and 3 moved into their own accommodation. One woman, who had lived at the shelter for over 3 months, was able to return to a home that she owned once she was able to evict tenants who had stopped paying rent. The shelter had referred her to an organisation specialising in legal matters for advice on how to do so. Another woman, who had resided at the shelter for over 7 months, had moved into accommodation that she was able to rent after having secured full-time employment with the shelter's assistance. The third woman, an undocumented migrant from Mozambique, resided at the shelter for over 1 year and 4

months. The shelter had granted her an extension of stay while she was being assisted by DSD to apply for a passport for her 3 year-old child and with acquiring legal status in South Africa. With the assistance of a community worker (who had referred the woman to the shelter), the shelter had also helped her to find accommodation, had sought donations of furniture for her, and provided her with seed funding to start a business selling vegetables and other goods.

Case files only record the shelter as having contacted 1 woman after leaving. This was to find out if the RDP house application that they had helped her with had been successful.

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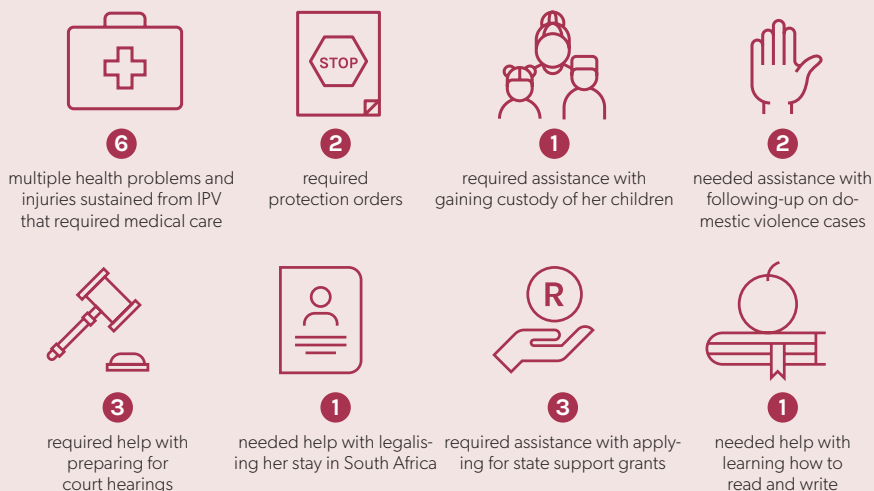
**"[One] woman, an undocumented migrant from Mozambique, resided at the shelter for over 1 year and 4 months. The shelter had granted her an extension of stay while she was being assisted by DSD to apply for a passport for her 3 year-old child and with acquiring legal status in South Africa...the shelter had also helped her to find accommodation, had sought donations of furniture for her, and provided her with seed funding to start a business selling vegetables and other goods."**

# AN OVERVIEW OF SHELTER 4

## PROFILE OF WOMEN AND THEIR CHILDREN:



## WOMEN'S FINANCIAL, LEGAL, MEDICAL AND CHILD SUPPORT NEEDS:







## SHELTER 5

Description	NPO offering shelter to victims of crime and violence.
Location	Rural
Shelter Capacity	8 victims and their children
Admission Criteria	Both male and female adult victims of GBV and other crimes. The shelter is also able to accommodate persons with disabilities. Substance abuse clients are admitted temporarily while they await admission at the nearest rehabilitation centre.
Exclusions	Unaccompanied minors.
Duration of Stay	3 – 6 months.
Service Charges	None.
Funding	DSD and in-kind donations from the community.
Clients1 March 2015-28 February 2016)	45 women and children resided at the shelter, case files of only 10 women were provided by the shelter.
Clients in sample (IPV)	5 women and 1 child

## FUNDING

The shelter has been funded by the DSD in MP for almost 10 years. Initially, funding to the shelter in its first few years of operation was minimal, often resulting in a financial deficit. In an effort to remain in operation, the shelter began adopting various cost-cutting measures. This conservative spending resulted in some savings at the end of one particular financial year.

The shelter manager requested from DSD that the use of the surplus funds be allocated to shelter maintenance and upgrading. While DSD at provincial level agreed, DSD

at the district level denied the request, and the unused funds had to be returned.

The shelter did, however, receive a significant increase in the 2014/2015 financial year. The shelter manager attributes the increase to government's call for national priority funding for shelters. The increase that the shelter received at that time was primarily granted to improve the shelter's security. While this funding enabled the shelter to install security cameras and to replace the fence that surrounds the property, it was not sufficient to cover the

costs of 24-hour security service<sup>46</sup> - a service that the shelter requires as they have had instances of perpetrators coming to the shelter to harass shelter residents. In the 2015/2016 financial year, the shelter

received funding from DSD to the value of R500,000. This grant was not sufficient to meet the shelters operating expenditure of over R530,000 that year.

INCOME AND EXPENDITURE (2015/2016)	ZAR
Grant income from DSD	500,000
Operating expenditure	530,438
Salaries & Wages	184,800
Admin costs (accounting fees, banking fees, printing etc)	124,575
Maintenance & Running Costs (rentals, electricity, water, telephone, cleaning etc)	96,303
Consumables (Groceries and toiletries)	77,191
Programme costs	31,558
Transport	16,010

The shelter's highest expense (about a 1/3<sup>rd</sup> of its operating expenditure) incurred that year pertained to staff salaries/stipends. Although all staff members work at the shelter on a full-time basis, the majority are referred to as volunteers. These personnel earn less than South Africa's national minimum wage which in 2015 was set at a rate of R2,362.36 a month across all sectoral determinations. For example, the shelter co-ordinator earns R2,800 a month, while the rest of the staff (excluding the shelter manager) earn R1,800 a month!

Slightly less than half of the grant that the

shelter received from DSD in 2015/2016 was spent on covering the shelter's administrative (second highest expense) and maintenance/running costs (third highest expense). Funds spent on groceries and toiletries for shelter residents, was the shelter's fourth highest expense. The shelter grows its own vegetables and is able to reduce some of its food costs.

While the shelter manager does market the organisation to prospective funders, she has not been able to raise sufficient funds to adequately supplement DSD funding. Although she would like to expand and

<sup>46</sup> The cost of hiring a security company is R41,000 a month – an amount equivalent to the shelter's monthly operational expenses.

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improve the shelters infrastructure and security features, her two priorities at present are to ensure that the shelter has sufficient

funding to meet the needs of its residents and to pay staff/volunteer salaries/wages.

## STAFFING

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A total of 7 people work at the shelter. The shelter is headed by a manager who is also its only social worker. She is responsible for all operational and financial management, fundraising, the provision of all therapeutic services and life-skills training for shelter residents, and is also responsible for conducting outreach and training.

She is supported by a coordinator and an administrator. The rest of the staff component includes 2 care workers who assist with cooking and laundry as well as looking after the children who reside at the shelters; 1 general worker and a gardener who also works as the gatekeeper.

## SERVICES

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The shelter has beds for a maximum of 8 adults, while the children can be accommodated on mattresses. One room, which can sleep two people, can be used to accommodate male victims but this is only if the room is not already in use by female residents.<sup>47</sup> Attendance registers provided by the shelter record a total of 45 women and children having resided at the shelter during the study time-frame. Researchers were, however, only provided with the case files of 10 women of which 5 pertained to women who accessed shelter services as a result of IPV.

In addition to accommodation and the provision of meals, clothing and toiletries, shelter services include the provision of individual and group counselling for both adults as well as their children, as well as le-

gal assistance such as obtaining protection orders, filing for divorce and maintenance, securing custody of children and applying for identity and other official documents. Depending on their specific needs, shelter residents are also referred to other state institutions, such as SAPS, Home Affairs, the Department of Justice and Constitutional Development and local clinics/hospitals. Residents are also provided with information on domestic violence and the protection offered to victims in terms of policy and legislative provisions. The shelter also provides its residents with guidance on how to write CVs and how to access funding for further studies or skills development. While the shelter had previously provided skills-development programmes in the form of beadwork, sewing and gardening, these programmes were discontinued

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*47 Researchers did not request information from the shelter manager as to how many men the shelter has accommodated. However, at the time of the research study, one man was residing at the shelter.*

when the person who used to provide this training was no longer available to do so. The shelter has asked DSD to provide their care-workers with skills-development training so that they can resume this service.

All 5 women in our sample had received individual counselling and 3 had also participated in group counselling sessions.<sup>48</sup> The shelter also referred or helped wom-

en to access more in-depth therapy. One woman was referred to DSD for additional counselling, while another was provided with psychiatric treatment through a local hospital. The shelter also helped 1 woman access medical care at a local primary health care clinic. Case files did not record whether any of the women had requested or required legal advice and/or assistance during their stay at the shelter.

## USER PROFILE

AGE (YEARS)	
16-20	1
26-30	2
41-45	1
56-60	1
<b>N</b>	<b>5</b>

MARITAL STATUS	
Customary/ Civil	1
Divorced	2
Previously dating/separated	1
Co-habiting	1
<b>N</b>	<b>5</b>

The ages of women in our sample ranged from 17<sup>49</sup> to 58 years, with the majority (3) being younger than the age of 28. Two

women were in current relationships with their partners who had abused them (1 was married while the other was cohabiting with her partner) at the time of accessing shelter services. Three of the women continued to experience abuse despite having terminated their relationships with their partners. Although divorced, 1 woman had returned to living with her ex-husband on account of financial difficulties. Her case file does not record whether he had been abusive prior to their divorce but it does note him as being physically and verbally abusive while they were living together.

All 5 women were South African citizens – 3 of the women were black and 2 white. It was the first shelter stay for all of the women. Three women had been referred to the shelter by the police, 1 by a hospital following a suicide attempt while the fifth woman was referred to the shelter by DSD through

48 Individual counselling is the shelter's primary focus. Group counselling sessions are only on offer if there are sufficient people to participate in group sessions.

49 Although not technically an adult, the shelter made an exception to accommodate her as the abuser lived next door to her family home.

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the intervention of her school.

The majority of women in the sample (3) had less than a matric qualification – although 1 of these women was still in the process of completing her high school education. Of the remaining 2 women, 1 had attained a matric qualification while the education status of the last woman was not recorded in her case file.

All of the women were unemployed and only 1 woman had access to some form of income through a pension and disability state grant. The majority of this group thus had no access to money and were completely dependent on the shelter for all their financial needs.

Three of the women had psychological health concerns on entering the shelter. One woman was HIV positive and had also had an ear infection during her stay at the shelter. She was referred to a local primary health care clinic to access ARVs and for treatment for the infection. Another woman, who suffered from chronic depression as a result of the abuse that she endured at the hands of her partner, attempted suicide prior to being referred to the shelter by the hospital where she was receiving treatment. She had continued to receive psychiatric treatment and support from the hospital while living at the shelter. One woman had been sexually assaulted by her ex-partner prior to her entering the shelter.

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**"All of the women were unemployed and only 1 woman had access to some form of income through a pension and disability state grant. The majority of this group thus had no access to money and were completely dependent on the shelter for all their financial needs."**

## CHILDREN

### CHILDREN'S AGES AT THE SHELTER

Below 1	1
<b>N (children)</b>	<b>1</b>
<b>N (women)</b>	<b>1</b>

### ABODE OF CHILDREN NOT AT THE SHELTER

With Fathers family	3
<b>N (children)</b>	<b>3</b>
<b>N (Women)</b>	<b>2</b>

Three of the women had dependent children – a total of 4 children aged between 6 months to 7 years – however, only 1 of these women was able to bring her child (the 6 month old baby) with her to the shelter. The child was not recorded as having any health-related concerns while at the shelter.

The 2 women whose children were not with them at the shelter, had been denied access to their children by their partners. All 3 children were living with their paternal grandparents.

## DURATION OF STAY & DEPARTURE FROM SHELTER

### LENGTH OF STAY

Less than 1 month	3
1- 2 months	1
Unknown	1
<b>N</b>	<b>5</b>

### WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER

Moved in with family	4
Unknown	1
<b>N</b>	<b>5</b>

The case file of 1 woman did not record her date of departure from the shelter nor

where she went to after leaving the shelter. Of the remaining 4 women – 3 had stayed at the shelter for less than a month, with stays ranging from 15 to 30 days while 1 had resided at the shelter for 1 month and 19 days.

All of the women, with the help of the shelter, were able to move in with family members following their shelter stay. In 2 instances this was done by mediating family reunification (with the support of a DSD social worker), while 1 woman was provided with bus fare so that she could move in with her aunt who lived in another town.

None of the case files recorded whether any follow-up was done with women following their exit from the shelter.

# AN OVERVIEW OF SHELTER 5

## WOMEN'S AGES:



## WOMEN'S CHILDREN:

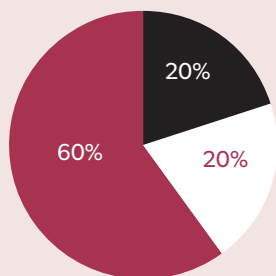


Only 1 woman was able to bring her child with her to the shelter



while 2 women were denied access to their 3 children by their partners

## WOMEN'S SOURCE OF REFERRAL TO SHELTER:

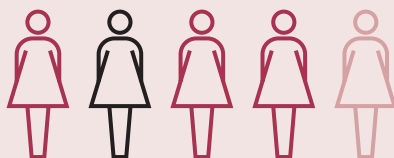


■ Police

■ DSD

■ Hospital

## WOMEN'S INCOME STATUS:



All 5 women were unemployed



1 woman had a disability grant



1 woman still in high school

## WOMEN'S MEDICAL CARE NEEDS:



1

HIV+ and ear infection



1

Chronically depressed



1

Sexually assaulted by her ex-partner





## SHELTER 6

Description	Government-run shelter providing accommodation and other services to women and men who are victims of crime and violence.
Location	Semi-urban
Shelter Capacity	10 victims of crime and violence and their children.
Admission Criteria	All persons above 18 years, victims of GBV and other violent crimes. Male clients are housed separately from females.
Exclusions	Substance dependent persons and those with psychiatric conditions and physical disabilities.
Duration of Stay	Up to 6 months
Service Charges	None
Funding	DSD (government run)
Clients 1 March 2015-28 February 2016)	39 victims of crime and violence, case files: 12 women and children and 1 man
Clients in sample (IPV)	8 women and 7 of their children

## FUNDING

Shelter 5 is a government-run shelter. Its operational expenses are fully covered by the DSD. The table on the following page outlines the shelter's budgetary allocation for the 2015/2016 financial year – an amount of R1.152 million that excludes costs associated to the compensation of employees.<sup>50</sup>

As can be seen by the table, the bulk of the budget is allocated to 'Goods and Services and Shelter Accommodation (an

amount of R827,000). This pertains to the shelter's running costs, its administrative expenses, and costs associated with meeting the needs of shelter residents, such as food, toiletries etc. The remainder of the budget is allocated to machinery and equipment, capacity building, and costs associated with meetings (such as GBV prevention programmes targeted at men and boys).

<sup>50</sup> The budget that the shelter is provided with does not include a monetary value to the "salaries" line-item.

OPERATIONAL BUDGET (ZAR)	1.152, 000 <sup>51</sup>
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Salaries & Wages	Not provided
Goods & Services and Shelter Accommodation	827,000
Machinery & Equipment	235,000
GBV Prevention Programmes (men and boys)	40,000
Capacity building & meetings	50,000

While it was not possible to determine if the budget met the shelter’s actual expenditure that financial year (as the shelter is audited along with the department’s

overall spending), the shelter has access to more DSD funding than any of the NPO-run shelters sampled in our study.

## STAFFING

A total of 9 staff members work at the shelter. This includes 2 social workers (1 of whom doubles up as the shelter manager), 1 child and youth care worker, 5 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.

## SERVICES

The shelter is certified to accommodate 10 persons at any given time. This includes both male and female victims – housed in different sections of the shelter.

In the 2015/2016 financial year, the shelter accommodated a total of 39 victims of crime and violence and their children. The shelter granted researchers access to 13 case files, 9 of which related to IPV. Of the 9 victims of IPV, 1 was a man. He has, however, not been included in the sample as this study focuses exclusively on women

accessing shelter services as a result of IPV. Seven children accompanied their mothers to the shelter.

Shelter services include the provision of accommodation, daily meals, toiletries on arrival and other necessities such as clothing, baby formula and nappies. Women and men residing at the shelter are provided with individual as well as group counselling. The 2 shelter social workers facilitate the counselling sessions. Where appropriate, the shelter also facilitates joint counselling sessions with

<sup>51</sup> This amount excludes salaries.

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a woman's partner and family members to facilitate family reunification.

All of the women in our sample received individual counselling, while 5 of the women also benefitted from group therapy. Four women were referred to external services providers (a DSD social worker and psychologists at a local hospital) for more in-depth counselling/psychological assessments and/or treatment.

The shelter also provided women with legal and other practical forms of support. In our sample this included 3 women who were assisted by the shelter social worker to successfully apply for protection orders and 1 woman who, with the assistance of the shelter and a family advocate, had required support in obtaining a protection order, instituting divorce proceedings, following-up on a domestic violence case, court preparation and advice on child/spousal maintenance. Another woman, a documented migrant from Nigeria, had required the assistance of the shelter to renew a passport. The shelter was not able to assist with paying for the passport renewal.<sup>52</sup> The shelter was, however, able

to help most of the women (as most were unemployed and either had no or very limited access to income) with covering day-to-day expenses. The shelter also assisted 1 woman to successfully apply for a care dependency grant.

The shelter provides their clients with skills-development training in the form of gardening and baking (although no client files recorded whether the women in our sample participated in any of these training sessions).

The shelter provides children who accompany their mothers to the shelter with group therapy sessions, which are run by the youth and childcare worker. Other services on offer in relation to child care includes the placing of young children at a nearby crèche (free of charge) for those whose mothers are employed, while the older children are provided with transport to school. While the shelter is fortunate to have the services of a staff member solely dedicated to children's needs, the shelter manager notes that this staff member finds it difficult to cope when the intake of children is high.

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<sup>52</sup> *The reason for this is unknown.*

## USER PROFILE

AGE (YEARS)	
21-25	1
26-30	3
31-35	1
41-45	3
<b>N</b>	<b>8</b>

MARITAL STATUS	
Customary/ Civil	3
Dating	1
Co-habiting	4
<b>N</b>	<b>8</b>

The ages of the women accessing the shelter ranged from 24 to 43 with the majority (63%) being younger than 35 years of age. All were black with the majority (7) being South Africans citizens, while 1 woman was a documented migrant from Nigeria. Less than half of the women were married to their abusers (3).

All the women were accessing shelter services for the first time. One woman came to the shelter on her own after an acquaintance (and a former shelter resident) had told her about it. The remainder of the women were referred to the shelter by a hospital (3), the police (2) and by DSD (2).

The majority of the women (5) had attended high school but had dropped out prior

to matriculating. Of the remaining 3 women, 2 had attended a tertiary institution – 1 woman (the documented migrant) had attained a university degree in auxiliary nursing and the other a teacher's diploma. The case file of 1 woman did not record her level of education.

Only 2 women were employed – 1 worked on a full-time basis as a teacher and the other worked as a farm labourer although it was not clear from her case file whether she was employed on a full or part-time/seasonal basis. Of the remainder of the women, 5 were unemployed while the case file of 1 woman did not record her employment status. Only 1 woman was recorded as being in receipt of child support grants for her 3 children. The shelter thus had to cover the costs of the majority of the women's day-to-day expenses. One woman's family did, however, provide some financial assistance – this was to cover the cost of her travel back home to KwaZulu-Natal (KZN).

Seven of the 8 women had physical injuries and/or other health problems on arrival at the shelter. Most of these problems were associated with the violence experienced in their relationships. For 4 women this included physical injuries sustained from the abuse. Injuries included a broken arm, sutures for maxillary tearing, and a miscarriage. The case file of 1 woman did not specify what her injuries were but they were extensive enough to have required

hospitalisation. One woman had suffered a mild stroke, which she attributed to the immense abuse she had suffered at the hands of her partner. She was also recovering from meningitis at the time of coming to the shelter. Case files also documented 3 women's mental health issues which included psychological trauma, distress, fear, depression and, in one instance, a suicide attempt prior to entering the shelter. Those requiring medical treatment were supported by the shelter to access medical care. This included referral to a psychologist for 2 women and continued psychological treatment at a hospital for another. Three women were in contact with their

partners while at the shelter - for 2 of the women, this was in the form of joint-counselling sessions facilitated by the shelter's social workers. For the third woman, the encounter with her partner was at a police station after she had requested to speak with him. One of the shelter's social workers had facilitated a counselling session for the partner of 1 woman. Although she was repeatedly asked to join in on those sessions, the woman had declined the invitations<sup>53</sup>. She sought advice on divorce and information on spousal support. Her partner, who was unemployed, was seeking spousal support from her. He had also denied her access to their child.

## CHILDREN

CHILDREN'S AGES AT THE SHELTER		ABODE OF CHILDREN NOT AT THE SHELTER	
Below 1	1	With Father	2
1-5	2	With Mother's Family	2
6-10	3	Place of safety/Children's Home	3
16-18	1	N (Children)	7
N (Children)	7	N (Women)	4
N (Women)	4		

*53 Although this research study does not lend itself to an analysis of the quality of counselling services on offer at shelters, it is important, in this context, to acknowledge the inappropriateness of having repeatedly encouraged the woman to attend counselling sessions with her partner. Having done so disregarded the woman's needs and desires and is tantamount to secondary victimisation.*



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All 8 of the women had children (a total of 14 dependent children) but only 5 women had brought all of their children with them to the shelter. While initially 10 children resided at the shelter with their mothers, 3 siblings were placed in a children's home at the recommendation of one of the shelter's social workers. Thus 4 women had a total of 7 children, with ages ranging from 3 months to 18 years of age, residing with them for the full duration of their stay.

Of the 7 children not at the shelter with their mothers, 3 children – aged 10 months, 3 years and 10 years – were taken to a place of safety/children's home (as referred to above) as their mother was unable to cope with looking after them while also dealing with physical and mental health concerns. In this case, the youngest child was described as not being fully physically developed which made the care work associated with this child more strenuous. The child's physical development problems may have stemmed from the abuse that the mother had endured while preg-

nant (the abuse had started at that stage). While at the shelter, another child of this woman had attempted suicide by overdosing on her mother's medication. The shelter had taken the child to hospital. While not entirely clear, it seems as if though this was the eldest child who had been several times physically assaulted by her mother's partner prior to coming to the shelter. The family had been referred to the shelter when this child had reported the abuse at school.

Of the remaining 4 children: 2 were living with their fathers (1 because the child's father had denied the mother access to her child, and it is not clear why the second child was left in the care of his/her father). The remaining 2 children had been left in the care of their maternal great grandparents in KZN when the children's father had forcefully taken their mother to live with him and his family in MP.

None of the school-going children who moved to the shelter with their mothers were required to change schools.

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**"[Three children] were taken to a place of safety/children's home as their mother was unable to cope with looking after them ... the youngest child was described as not being fully physically developed [while another child] had attempted suicide by overdosing on her mother's medication."**



## DURATION OF STAY & DEPARTURE FROM SHELTER

LENGTH OF STAY	
Less than 1 month	4
1-2 months	1
5-6 months	2
Unknown	1
<b>N</b>	<b>8</b>

WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER	
Returned to their partner	3
Moved in with family	1
Own accommodation	1
Unknown	3
<b>N</b>	<b>8</b>

Half of the women in our sample resided at the shelter for less than a month with stays ranging from 3 to 28 days. The case files of 2 of these women did not record where they went to after leaving the shelter (both of whom had been at the shelter for less than 5 days). Of the other 2 women, 1 was reunified with her family, and her children, through the shelter's engagement with DSD in KZN, and the other returned to her partner - a return which was facilitated by joint counselling sessions held with the couple. One woman, who had resided at the shelter for just over 1 month, had also returned to her partner once her partner had expressed remorse for the abuse during joint counselling sessions.

Of the 2 women who had resided at the shelter for over 5 months, 1 was able to move into her own accommodation while the other, the woman whose 3 children were moved to place of safety while she stayed on at the shelter, returned to her partner. The move back home was attributed to the fact that her eldest child had to return to school following the school holidays and was no longer able to reside at the place of safety. The social worker has expressed an on-going concern for the well-being of the family particularly insofar as the welfare of the children is concerned. The after-care plan developed for this family included the continuation of psychosocial support for the woman and liaison with the area social worker to consider whether it would be in the children's best interest to place them in alternative care. Case file notes that home visits were also conducted to check on the children's well-being.

The case file of the last woman, the documented migrant from Nigeria, did not record how long she resided at the shelter nor where she went to after leaving the shelter. Her case file notes that the Nigerian Embassy had wanted to facilitate her return to Nigeria but she had refused. Instead, the shelter had tried to help her reunify with her brother who was believed to be living in the Northern Cape.

# AN OVERVIEW OF SHELTER 6

## WOMEN'S PROFILE:



63%

under the age of 35

## INCOME STATUS:



2 Employed

5 Unemployed

1 Unknown

## WOMEN'S LEVELS OF EDUCATION:



5

Had less than a  
matric qualification



1

Had a degree in  
auxiliary nursing



1

A teacher's diploma



1

Unknown

## WOMEN'S HEALTH CARE CONCERNS:

7/8

Had injuries/health problems on arrival at the shelter, this included:



4

Physical injuries  
(broken arm,  
maxillary tearing,  
miscarriage)



1

Chronic health  
problems including  
a stroke (attributed  
to IPV) & meningitis



3

Mental health issues  
(psychological trauma,  
distress, depression  
and a suicide attempt)

## WOMEN'S LEGAL NEEDS:



3

needed help with applying  
for protection orders



1

required assistance to  
renew a passport



1

required assistance  
with applying for a care  
dependency grant



1

required support in obtaining  
a protection order, institut-  
ing divorce proceedings,  
following-up on a domestic  
violence case, court prepa-  
ration and advice on child/  
spousal maintenance.



## 5. SUMMARY OF CLIENT PROFILES

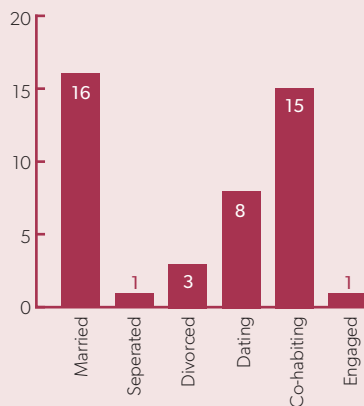
From the 104 case files reviewed at the 6 shelters included in this study, 45 related to IPV. Of these 45 victims of IPV, 44 were female and 1 was male. Of the remaining 59 case files reviewed, 31 related to domestic violence in the family, 12 to destitution and 11 to rape. Other cases included child abuse, forced labour, human trafficking, kidnapping or persons at risk of abuse. The average profile of a woman<sup>54</sup> seeking shelter from IPV in this province is that she

is black (93% of the sample), is a South African citizen (82%), is younger than 35 years of age (70%), is married or living with an abuser (70%), has 2 children, dropped out of school before completing matric (66%), is unemployed (64%) and does not receive any form of state support grant (86%). She is also in need of medical attention (61%) and in need of legal and other forms of practical support.

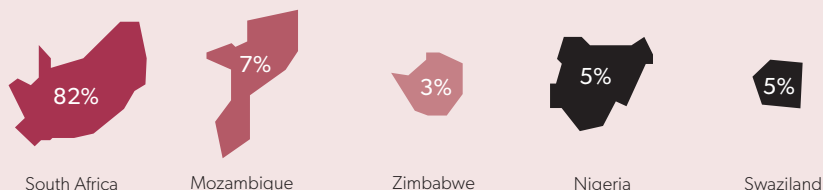
### AGES OF WOMEN



### RELATIONSHIP STATUS



### COUNTRIES OF ORIGIN



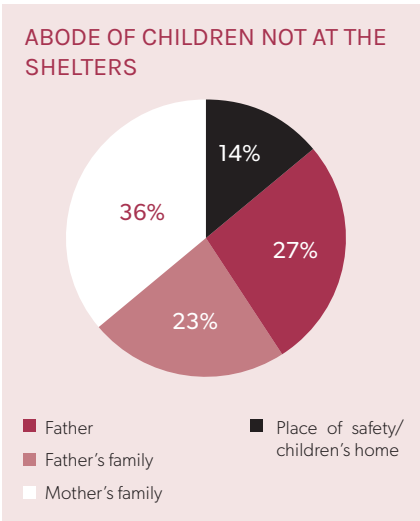
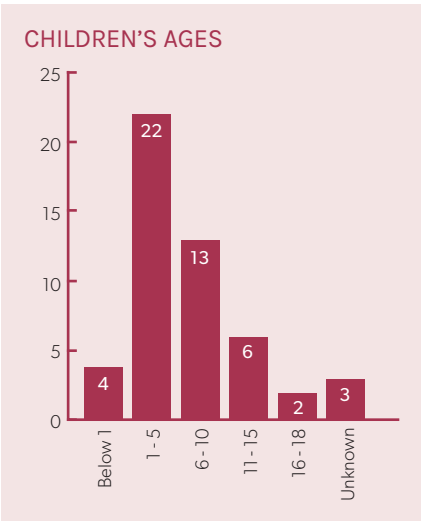
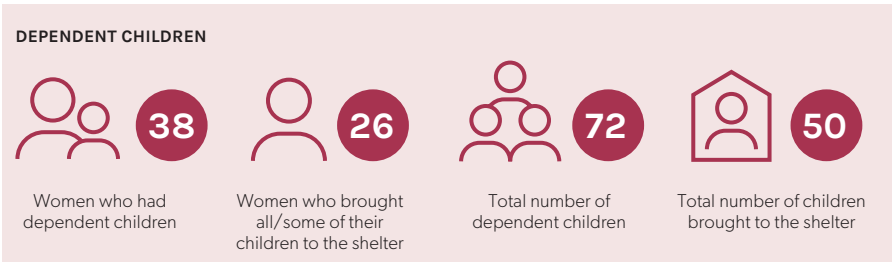
<sup>54</sup> Of those whose details were known.

# CHILDREN

The majority of the women in our sample (86%) had, or were guardians, of dependent children. Of these women, 25 (66%) brought all or some of these children with them to the shelter. A total of 50 children resided at the shelters with their mothers/guardians. Of these children, 3 had physical health problems and 1 had mental health related challenges.

Of the remaining 22 children not at the

shelters, 11 children had remained in the care of their fathers (6) or with their father's family (5), while 8 were left in the care of their maternal grandparents. Three children, who had initially lived at the shelter with their mother, were placed in a place of safety/children's home on recommendation by one of the shelter's social workers. One of these children had attempted suicide by overdosing on her mother's medication while still living at the shelter.

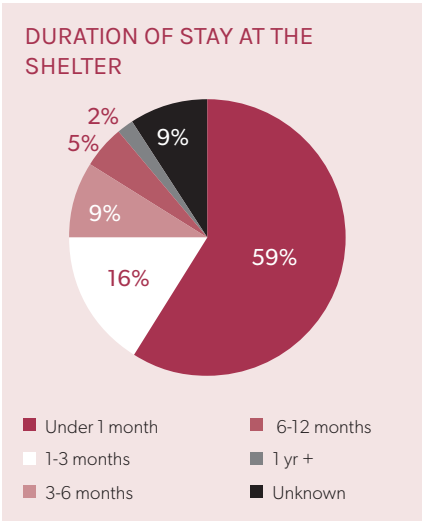
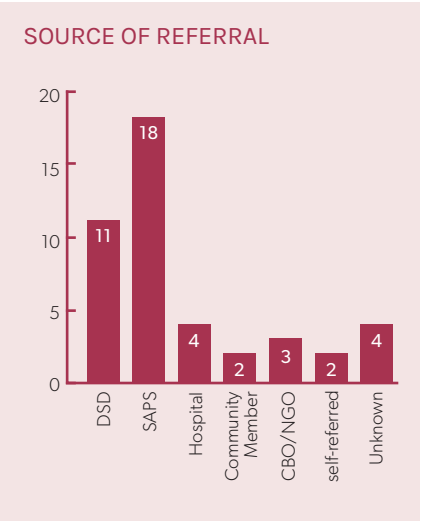


# SHELTER ACCESS AND DURATION OF STAY

Of the 44 women in our sample, all but 1 had accessed shelter services for the first time. While 4 women had unknown referral sources (i.e. case files did not specify who had referred them to the shelter), the large majority of the remaining 40 women were referred to the shelter by state institutions such as SAPS (45%), DSD (28%) or hospitals (10%). Other referral sources included NGO/CBO staff or community members. Two women self-referred - 1 was told of the shelter through an acquaintance who had previously resided at the shelter while the other, a social auxiliary worker, knew of the shelter and its services through her work.

Slightly more than half of women in our sample (59%) resided at the shelters for less than a month.

Two women requested extensions to stay longer than the prescribed shelter residency. In both cases the extensions were granted. In one case, the woman was an undocumented migrant, whose status made it difficult for her to secure a job and alternative accommodation, while the other woman was granted an extension when her brother, at the last minute, had backtracked on his offer to provide her with accommodation.



## 6. FINDINGS FROM THE CASE STUDIES

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### 6.1 MPUMALANGA DSD'S FUNDING OF NPO-RUN SHELTERS IS INADEQUATE, INCONSISTENT AND OFTEN DELAYED.

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While DSD's approach to the funding of shelter services varies from province to province, most often it is based on a daily unit rate contribution (per-person or per-bed) 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, security and outreach services and campaigns.

By and large, DSD in MP does not specify how its funding is to be distributed across budget line items, except in some instances in which shelters are 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 as will be made evident later on. Funding from the department may also vary from year to year even though shelters sign a 3-year SLA. While one would expect that annual inflationary increases would prompt an increase in funding for shelters, this is not always the case. At the sharing of preliminary findings with participating shelters, one manager had this to say:

***“This year [2016] I accompanied the board members when they went to sign***

***the SLA. But because we were rushed, we did not even have a chance to review the amount; we discovered when the treasurer was reviewing the [signed SLA] that [DSD] deducted 20% [from the amount received a year prior] and they didn't tell us. Yet, 2 years back they signed that this is a contract for 3 years – they won't deduct [reduce] the money; but come the first quarter they deducted the money, they didn't even inform us. When we inquired with them, there was no response.”***

In the 2015/2016 financial year, the DSD was either the main or the sole funder of the 5 NPO-run shelters in our sample. The sixth shelter, which is run by the DSD, operated on an annual budget of R1.152 million. This amount excluded the costs of employing personnel. While the shelter manager was not able to provide researchers with a record of the shelters expenditure that financial year, she reports that the funding that DSD provides them with always meets the shelters expenditure needs, i.e. the shelter does not need to source additional funding and it has never experienced funding short-falls. This is unlike the NPO shelters in our sample that all reported having experienced short-falls in funding at one time or another. Short-falls in funding has a significant impact on shelter operations and the level and quality of



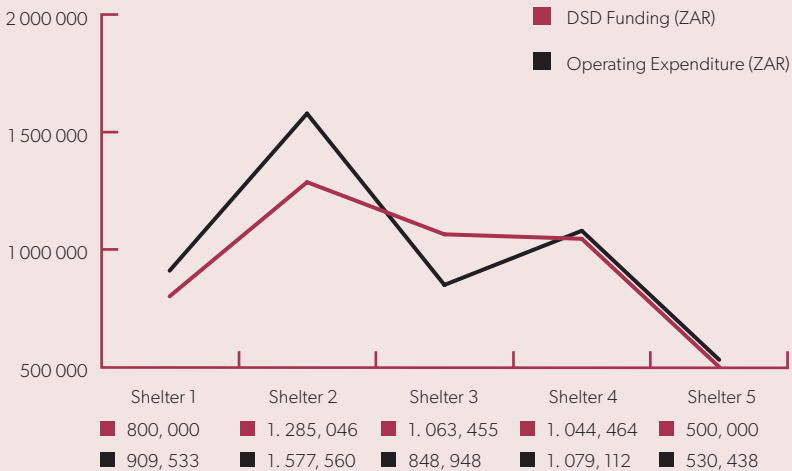
services that shelters are able to render to their clients. Often this means reducing or entirely ceasing to run programmes, such as skills-development, and reducing other expenditure. One shelter (Shelter 1) reported that when it experienced short-falls, it would delay the paying of staff salaries and make do with absolute minimum client provisions. On occasion, shelter staff have had to use their own money to purchase food and other client essentials.

In 2014, DSD had listed the provision of shelter for victims of GBV as one of their key priority focus areas, including the absorption of social work graduates and support to NPOs. This priority spending was not, however, adequately reflected in 2015/2016 budget allocations to the VEP. The VEP also receives the lowest budgetary allocation of all 4 sub-programmes of

the Restorative Services budget.

The graph below reflects the income and expenditure of the 5 NPO shelters in the 2015/2016 financial year. The funding received varied widely even in instances when shelters accommodate the same number of clients. As evidenced by the graph, the operational expenditure of all shelters, except for Shelter 3, exceeded the funding provided by the DSD in MP. Shelter 3 is an exception owing to its infrastructure problems, which have, amongst other issues, rendered one of its living quarters inhabitable. This has reduced the number of women that the shelter is able to accommodate, and in turn, has reduced the shelter's operating expenditure. The shelter has ring-fenced some funds to address these infrastructure problems.

#### MPUMALANGA DSD FUNDING TO NPO-RUN SHELTERS



Unlike the majority of shelters that participated in the research undertaken by HBF and the NSM in KwaZulu-Natal, Western Cape and Gauteng, the majority of shelters in Mpumalanga were not successful in raising funds from sources other than DSD. None of the shelters reported receiving regular in-kind donations of groceries from retailers such as Woolworths - donations of this kind would assist shelters to reduce their operating costs, thus freeing up funds for other priorities that DSD funds may not always be used for.

While fundraising is generally not an easy task and never guaranteed, the difficulty in sourcing additional funding/donations in the province may reside in the fact that most of the shelters in our sample simply did not have the personnel and time required to adequately fundraise. At the time of our study, 4 of the 5 NPO shelters were being managed by a staff member who was also the shelter's only social worker, or in the case of 1 shelter, the lead social worker who maintained overall responsibility for client case management. These shelter personnel carry considerable workloads. One shelter manager explains:

*“[This job] is not easy! It takes hard work and dedication and you have to be willing to give of your time, more than anything else. It needs a person with a big heart to do this job – being a social worker or concerned citizen is not enough because there’s a lot required of you. This job needs a person who is understanding, committed, who thinks outside the box, especially in terms of acquiring funding, who can*

*delegate and outsource, conduct research – most of which happens outside of office hours because during the day there are other demands on your time!”*

Only Shelter 4 employed a shelter manager and a social worker whose roles did not overlap. The social worker had only recently been employed to relieve the shelter manager of the dual shelter manager/social worker role that she had fulfilled for a number of years. While greatly relieved at having employed a social worker, the shelter manager explains that the workload remains high. There is a need to employ additional personnel, such as social auxiliary workers, to support the social worker in the provision of therapeutic interventions with clients as well as to offer general support to housemothers when the social worker is occupied with client work. Limited funding does not allow shelters to employ additional, much needed personnel.

Limited funding has also meant that shelter personnel are poorly paid. This is particularly evident in the case of Shelter 3 and Shelter 5. The majority of staff at these shelters earn salaries that are lower than what government sets as a minimum wage.

An additional frustration raised by 4 of the 5 NPO shelters is the negative impact on shelters when funds from DSD are delayed. Two shelters admitted that, at times, the delays were of their own doing as they had failed to submit their reports to DSD on time, but this is not always the case. These delays are particularly problematic for the shelters that are solely funded by the DSD.

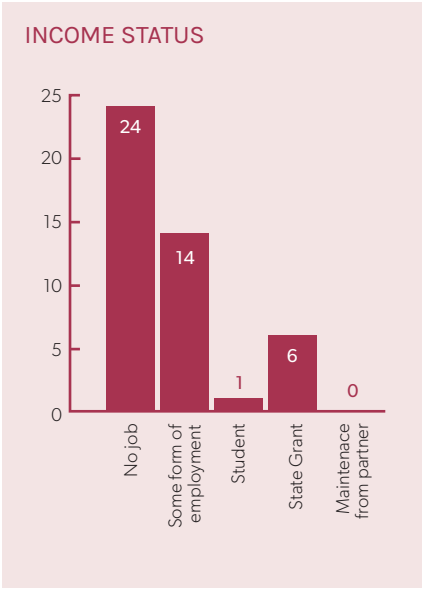
The majority of these concerns were not ones raised by the manager of the govern-

ment-run shelter, except for also citing the need for additional personnel.

## 6.2 THE MAJORITY OF WOMEN HAD LIMITED EDUCATION, WERE UNEMPLOYED AND HAD NO SOURCE OF INCOME AND THUS RELIED LARGELY ON THE SHELTER

Of our sample of 44 women, case files only recorded the educational qualifications of 33 women. Of these women, 66% had less than a matric qualification, with 23% of this group having had only a primary school education or no education whatsoever. Only 18% of the women had attained a matric qualification while 15% had some level of tertiary education. One woman was, however, still in school during her shelter residency.

Of the 39 women whose case files made a note of their employment status, the majority (64%) were reported to have been unemployed, and only 6 women (13.6%) had access to a state support grant - 5 women were in receipt of child support grants and 1 woman had a pension and disability care grant. None of the women who had children were receiving maintenance. The majority of women thus had to fully rely on the shelter for their own, and in most cases, their children's basic needs. Other than the provision of meals, shelters also provided women with toiletries, clothing, transport costs and with costs associated to child care e.g. provision of nappies, baby formula and school-related costs.



The shelters were able to assist 6 women with applying for social grants: 5 were eligible for child support grants, 1 a care dependency grant and 1 woman qualified for both a child and disability grant. Of these 6 applications, 2 were successful while 1 was denied as an identity document was needed for the applicant's child. The outcomes of the other 3 applications were not recorded in the case files.

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The shelters had also assisted 3 women with child-maintenance issues. This included helping 1 woman to apply for maintenance at a court and providing 1 woman with advice on how to do so. One shelter

social worker met with a woman's partner to negotiate the receipt of maintenance but it is not known whether this endeavour was successful.

### 6.3 WOMEN IN THE SHELTERS HAD SERIOUS HEALTH & LEGAL SUPPORT NEEDS

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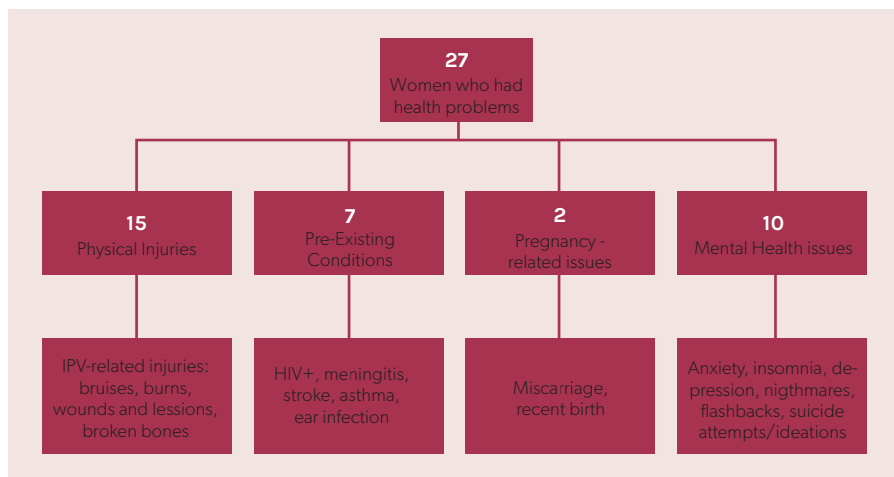
Twenty-seven (61%) women in our sample had health problems on entering or while at the shelter. The majority of these health problems related to the abuse experienced in their intimate relationships, with some having a combination of physical injuries, psychological problems and/or pre-existing health conditions. Ten women presented with mental health concerns, such as with depression, anxiety, trauma and suicidal ideations (2 women had attempted suicide prior to being referred to the shelters). Fifteen women had sustained injuries from being physically assaulted - injuries included bruising, broken bones, burns, stab wounds and general body aches and pain. One woman required sutures for maxillary tearing; another woman had sustained a dislocated jaw resulting in a speech impediment, while another had been partially blinded after having hot food thrown at her. One woman had also suffered a mild stroke which she attributed to the severe abuse that she had experienced at the hands of her partner - abuse that had begun when she fell pregnant with his child. The stroke had left her with limited use of her hand and leg. She was also recovering from meningitis after hav-

ing given birth a few months prior to entering the shelter. The child that she had given birth to had physical developmental problems.

Seven women had chronic conditions such as HIV (5 women) or general health problems such as asthma and an ear infection. Two women had pregnancy-related health concerns- this included 1 woman who had suffered a miscarriage prior to entering the shelter while another had given birth a week prior to her shelter stay.

The shelters had assisted women to access health care through local hospitals and clinics. Those requiring psychological/psychiatric mental health care were referred to state hospitals or psychiatric facilities. Assistance with mental health care is, however, a challenge. Services are either non-existent, depending on the district, or limited. One shelter manager explains:

*“Accessing psychological/psychiatric assistance is critical. Currently there is only one psychologist in the area who already has a heavy caseload and also attends to hospital and clinics.”*



The shelters were able to provide all the women in our sample with some level of psychosocial support: all had received one-on-one counselling while some women had also participated in group therapy sessions. The regularity of this support was, however, hindered by the fact that most of the social workers in our sampled shelters (as described earlier) were also fulfilling a management role. While other personnel, such as care workers and housemothers, also provided women with psychosocial support, these staff members are not adequately equipped to provide the level of support required by shelter residents. These staff members are also significantly underpaid.

Twenty-one women had required assistance of a legal nature – most requiring more than one form of legal support. This included applying for protection orders (only 4 women had a protection order when they came to the shelter); following

up on cases of domestic violence; court preparation and/or assistance with custody and assistance with divorce and maintenance issues. All of the shelters were able to assist with these matters directly or helped the women to secure the services of those who could assist them. This included, particularly in cases of divorce or where partners had refused woman access to their children, helping women to access legal representation by a family advocate.

The shelters also helped 1 woman to apply for an identity document for her child. In 2 cases, women had also required assistance with legalising their stay in South Africa. This included 1 woman who had resided in 2 shelters. Both shelters had attempted to help her do so but the final outcome of these attempts is unknown. Another woman, a documented migrant, had required a shelter's assistance to renew a passport. The shelter could not assist in this instance.



## LEGAL & OTHER FORMS OF PRACTICAL ASSISTANCE THAT WOMEN REQUIRED

Passports/ID/Permits	3
Court preparation	7
DV case follow-up	7
Applying for child custody	3
Maintenance for children	3
Instituting divorce proceedings	1
Protection order applications	11

## 6.4 THE MAJORITY OF WOMEN REMAINED ECONOMICALLY VULNERABLE ON LEAVING THE SHELTER

DSD's *Minimum Standards on Shelters for Abused Women* specifies that shelters need to provide skills-development for their clients. This is primarily to improve or encourage women's access to employment and income-generation opportunities. Within the context of domestic violence, this is of particular importance as remaining in an abusive relationship, or returning to one, is often linked to women's economic vulnerability. However, while the provision of skills-development programmes is a requirement of the DSD, it does not specifically provide funding for shelters to do so. As a result, shelters either fund these initiatives through other donors and/or seek the services of volunteers to provide and run the programmes.

Of our sample of 6 shelters, only 3 had skills-development programmes on offer at

their shelter - programmes which ranged from baking and beading to beauty therapy and computer-skills training.<sup>55</sup> One shelter does not run skills-development programmes on-site on account of not having the facilities, personnel or funding to do so. The shelter has, however, made arrangements with another organisation to provide its residents with computer-skills training. Most women do not, however, enrol in this programme. The shelter manager believes that this is largely due to their fear that they will be recognised as shelter residents.

Some shelters also provide women with support in CV formulation and finding employment. One shelter in particular has been networking with various corporate companies to identify job-shadowing opportunities for their residents. It has also

<sup>55</sup> One of the shelters does not offer skills-development programmes on-site but has made arrangements for their residents to receive IT/computer-skills training at another organisation.



investigated educational opportunities for those who have not been able to complete a high school education. It has not, however, been able to secure funding for this.

Of the 2 shelters that do not provide their clients with skills-development, both had previously done so but had ceased running these programmes on account of personnel and/or funding constraints.

Only 2 women were noted as having found employment by the time they had left the shelter. While it may be that shelter staff had simply not recorded whether unemployed women had found employment during their shelter stay, it is likely that the majority had not found or had not looked for work. For some, this was possibly as a result of only staying at the shelter for a short period of time. Others may not have not been ready to seek employment while dealing with the impact that the abuse had on their lives. The women's poor levels of education as well as South Africa's high unemployment rates are other possible factors. Alternatively, the skills-development training rendered by shelters may also not be of the calibre to lead to viable, sustainable employment.

Three shelter managers had this to say:

*“A key question is always: ‘what are we doing for clients besides providing shelter, counselling, referrals to other service providers? What more can we do to empower clients economically to make sure that they are no longer dependant on an*

*abusive partner?’ Previously we’ve run trainings on beading and leather work but unless we can provide women with machinery or equipment to pursue this in their own capacity, then we can’t say we have empowered them.”*

*“The economic empowerment of women is important: the VEP is over 15 years 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.”*

*“It is frustrating that there are such limited options for unemployed clients: they need better support to make sure they don’t return to the abusive environment. Housing for clients once they leave the shelter is another area that needs attention. And I think we need to focus more on helping clients with employment prospects and entrepreneurial ventures.”*

Where possible, shelters do try to help women invest in their development. For example, Shelter 4 provided 1 woman with basic counselling skills training even though this is not a formal programme that it offers. It also helped another woman to learn how to read and write. Another woman, an undocumented migrant, was provided with seed funding so as to start a small business of selling vegetables and other goods.

## 6.5 PROVISION OF SHELTER SERVICES TO WOMEN PLAYS A ROLE IN THE PREVENTION OF IPV

Although women's case files often recorded a long-standing history of abuse with a partner or a history of persistent patterns of abuse throughout their lives - some having experienced abuse from a young age with one (or multiple) abusive relationships occurring in later years - only 1 woman in our sample had previously made use of shelter services. The large majority of the women in our sample were thus accessing shelter services for the first time and the majority did not return to their partners on exiting the shelter.

Of the 9 women whose case files recorded them leaving the shelter to return to their partners, the majority (6) had only resided at the shelter for a short period of time – a stay that had ranged from 1 day to 28 days. For the remaining 3 women, the return to their partners was precipitated by family obligations or pressure – 2 returned for the sake of their children while the parents of 1 woman's partner had requested that she return home. Her return may also have been prompted by the fact that 2 of her 3 children had remained in the care of their father when she had fled her home. Five women returned as they were either not

ready to leave the abusive relationship or had wanted to work on their relationships. For 2 of these women, their return was facilitated through joint counselling sessions with their partner.

**WHERE WOMEN WENT AFTER LEAVING THE SHELTER**



Of the remainder of the sample, case files note extensive attempts by shelter personnel to reunify clients with family members (16) or to help them access their own, or alternative sources of accommodation (10).

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## 6.6 FUNDING CONSTRAINTS LIMIT THE ABILITY OF SHELTERS TO PROVIDE COMPREHENSIVE SERVICES TO WOMEN AND CHILDREN

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As per DSD's Minimum Standards, shelters have to provide a range of counselling, support and skills development services to survivors in addition to meeting the basic needs of their clients. Shelters also need to ensure that they maintain an effective level of safety and security for staff and residents. In addition, they have to ensure that they are managed responsibly.

The women and children at the shelters had a myriad of practical and psychosocial support needs. Most had no income or a limited one which inevitably meant that the cost of providing for their needs fell mostly on the shelters. In addition to food, this often included clothing, toiletries, transport and child-related costs. All the shelters were able to provide one-on-one and individual group counselling for those residing at the shelters. This was mostly offered by the shelter social workers although some care workers are also able to provide shelter residents with basic counselling. When more in-depth therapy was required, shelters made use of state services or other organisations. In addition to counselling, shelters also assisted women to navigate the legal and criminal justice system.

Shelters were not, however, satisfied that they were meeting all the needs of their clients – citing funding constraints as one of the main challenges to providing a full shelter service offering and/or ideal living conditions at their shelters. As referred to earlier,

Shelter 5 has cut its skills-development programme due to personnel and funding shortages. This shelter, like Shelter 3, also has significant infrastructure problems. DSD funds cannot be used to upgrade the shelter nor, at the time of the study, had the shelter been able to raise funds from external sources for these much-needed upgrades. The shelter manager hopes that this will change in the near future. She explains:

*“Our shelter facilities are in a very poor condition, which is frustrating – a shelter should be a welcoming, safe, hygienic and warm space yet this is not the case with the our shelter. The priority is therefore to fundraise – private donors were previously reluctant to support infrastructure development because this was a government site but since we have now been given the land we will approach donors again to help us build better facilities.”*

Shelter 5 would also like to upgrade its shelter facilities but again, DSD funding does not allow for this. The shelter learnt this the hard way when some of the funds that it had able to save (as a result of conservative spending) had to be returned when its request to use the savings to invest in shelter infrastructure was denied. The shelter also does not have the funds to provide adequate security for its residents – a significant risk in the context of domestic violence considering that security breach-



es may further traumatised women and, at worst, result in injuries or loss of life. The manager at this shelter had this to say:

*“Although the shelter has installed cameras, the shelter is unable to pay for physical security services, which cost about R41,000 p/month. We’ve had instances of perpetrators coming to the shelter, which required us to refer our clients to another shelter for safety.”*

The shelter manager also cites limited personnel and the lack of a vehicle as significant challenges. She adds:

*“Weekend admissions are tricky in light of personnel constraints, because there is only one social worker and one caregiver on duty during the weekend. Transport constraints mean that even where personnel are willing to come in after hours, this is not always possible.”*

Similar to Shelter 5, Shelter 4 is not able to use DSD funding for security purposes. It is also not able to use these funds for shelter maintenance or to buy a much-needed vehicle. The shelter spends a fair portion of the DSD funds on operational expenses and to ensure that they are able to meet their client’s basic needs. The shelter manager says:

*“Rent is a significant percentage of our annual budget. Groceries are also high because we try to provide clients with nutritional food. The shelter’s location ensures that our client base is diverse,*

*but this also means that we need to provide culturally appropriate food for all our clients. Unfortunately, we can’t use DSD funds to acquire vehicles; but this makes it difficult for the social worker and the housemothers to get around – especially if something comes up at night; which makes clients and staff vulnerable since the shelter does not have reliable transport and taxis are very expensive. Our budget also does not make provision for maintenance or security.”*

This shelter manager also raised a need for more funding to hire additional shelter personnel. Shelters cannot afford the variety or the numbers of staff needed to provide comprehensive services to women and their children. Social workers at the shelters thus have substantial caseloads.

In addition to client support services, one shelter manager also referred to how a limited staff component made meeting DSD’s outreach and reporting requirements more tenuous. She says:

*“The stats required by DSD can be time-consuming - we are supposed to provide sheltering services yet we are required to conduct outreach and campaigns. This can over-extend personnel and we end up just touching base [with our clients] when in fact [we] would prefer to provide substantive psychosocial support. Expectations of DSD for NPOs can be burdensome.”*

Three shelter managers also commented on how not having the required number of



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personnel impacted on the quality of services that they were offering their shelter residents - particularly when shelters were at their busiest:

*“Not having more than one social worker at the shelter is 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.”*

*“[Being able to employ] a shelter manager would be useful. Currently the social worker has to manage both roles. If she’s running a workshop outside the shelter, then the client’s psychosocial needs aren’t met, which is not an ideal situation.”*

*“Staff battle to cope when the shelter is full to capacity. This results in clients not getting the best quality of service that they would have if there was an adequate staff to client ratio.”*

Most of the women in our sample accessed shelter services with their children. In addition to witnessing the abuse in the home, and being caught up in the aftermath, at least 1 child in our sample (a 10 year old girl) was reported to have been physically assaulted by her mothers’ partner. Expo-

sure to, or the experience of, domestic violence 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.<sup>56</sup> One child had attempted suicide while at the shelter. Assisting children to deal with the negative impact of violence is therefore crucial. However, only one shelter (Shelter 4) in our sample is able to render a holistic programme for children who accompany their mothers to the shelter. This shelter provides children with play and art therapy, while children requiring more in-depth therapy are referred to Childline for counselling. The shelter also runs a full calendar of child-centred activities and looks after the children of mothers who are employed. This is facilitated by the fact that one of the shelter’s mothers is a qualified ECD practitioner. The majority of the other shelters have a very limited service offering for children. While some also provide some level of art and play therapy, most are solely focused on meeting the basic needs of the children and ensuring that they are able to access schooling. On the whole, the shelters do not have the personnel or the funding to provide children with a more comprehensive package of services, although they would like to.

Overall, the research reveals that the cost of providing practical and psychosocial support services to women and children accessing shelters exceeded DSD funding for most of the shelters. All the shelters are run by experienced and professional shel-

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<sup>56</sup> Carter, et al., 1999.

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ter managers, most of whom carry substantial workloads, playing both a managerial role and that of being the shelter's main or only social worker. Social workers are not paid the same as those employed by DSD, an issue that one manager raised as being problematic. Care workers and housemothers, personnel that also play a pivotal role in the running of the shelter and in caring for the women and children, are significantly underpaid.

Judging from the case files and interviews with shelter staff, it is obvious that shelter staff members are committed to provid-

ing the best service they can within their budgetary and capacity allowances. However, without adequate financial support, shelters are not able to meet all the legitimate needs of abused women and those of their children. If government is truly serious about addressing the occurrence and impact of violence against women and children more effectively, then it has to ensure that shelters that deliver services on governments' behalf, receive adequate funding to do so.

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**"Judging from the case files and interviews with shelter staff, it is obvious that shelter staff members are committed to providing the best service they can within their budgetary and capacity allowances. However, without adequate financial support, shelters are not able to meet all the legitimate needs of abused women and those of their children. If government is truly serious about addressing the occurrence and impact of violence against women and children more effectively, then it has to ensure that shelters that deliver services on governments' behalf, receive adequate funding to do so."**



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"[This job] is not easy! It takes hard work and dedication and you have to be willing to give of your time, more than anything else. It needs a person with a big heart to do this job – being a social worker or concerned citizen is not enough because there's a lot required of you.

This job needs a person who is understanding, committed, who thinks outside the box, especially in terms of acquiring funding, who can delegate and outsource, conduct research – most of which happens outside of office hours because during the day there are other demands on your time!"

## HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE: POLICY, FUNDING AND PRACTICE

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### Profiling shelters in Mpumalanga

Violence against women is a significant problem in South Africa. The country has the highest rate of femicide in the world with estimates that suggest that a woman dies at the hands of an intimate partner every eight hours. Research also indicates that following HIV, intimate partner violence (IPV) is the second highest cause of disease and injuries in South Africa. A comprehensive response to IPV that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation. In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence. However, there is currently no national government directive or funding model on the distribution of funds to shelters. This has resulted in the haphazard and inadequate resourcing of shelters throughout the country.

This publication is the second of a series of shadow reports that the Heinrich Böll Foundation and the National Shelter Movement of South Africa have produced in their 'Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs' project. The project, which is funded by the European Union, aims to support state accountability for adequate and effective provision of domestic violence survivor support programmes, specifically those associated with the provision of shelters for abused women.

This report, which was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women, sets out existing policy and practice in relation to the provision and funding of shelter services in the Mpumalanga province and considers whether shelters have sufficient resources to meet the legitimate needs of women and children accessing their services.