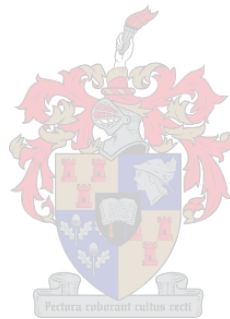


**A COMPARATIVE STUDY OF THE INFLUENCE OF  
STATE FUNDING ON SHELTER RESOURCES IN THE  
WESTERN CAPE AND ITS PERCEIVED  
EFFECTIVENESS**

by

Leandri Minnie



*Thesis presented in fulfilment of the requirements for the degree of Master  
of Political Science in the Faculty of Arts and Social Science at  
Stellenbosch University*

*Supervisor: Prof. Amanda Gouws*

April 2022

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## Summary

The researcher nominated to apply an exploratory research design, descriptive in nature, that utilised a mixed-method approach to gather information that delivered insight and knowledge regarding how state funding influences resource and service provision in shelters for abused women. This study was motivated by the under-researched nature of how state funding regulates resource and service provision in shelters for abused women and whether these regulations have an effect on the quality of the resources and services provided. The goal of this study was to achieve a greater understanding of how state funding influences resource and service provision in state funded shelter by comparing the interventions offered in a state funded shelter to that of a non-state funded shelter to enable women a safe exit.

One state funded shelter and one non-state funded shelter was approached to gain access to the two population groups necessary to conduct the research. The first population being the staff members at the shelter in charge of funding acquisition and resource and service provision, and the second population being the women survivors of IPV that utilised the resources and services provided in the shelters. Data was gathered through semi-structured interviews in the qualitative sample and a structured questionnaire in the quantitative sample.

The results achieved by this study indicated that state funding does influence how state funded shelters provide resources and services to women survivors of IPV however, this influence was not meaningful in terms of the quality of services provided, when compared to the resource and service provision achieved by a non-state funded shelter in the same province. State regulations were at times detrimental to the success achieved by women survivors of IPV regarding their ability to create a better life free from abuse. The limitation placed upon a woman's permitted duration of stay at the state funded shelter and the state funded shelter not having enough time or resources to secure suitable housing or adequate employment for their clients before they had to exit the shelter, were regarded as hindrances to a woman's ability to creating a better life. The non-state funded shelter

had a longer and more flexible permitted duration of stay, which allowed their clients the time to find suitable housing and adequate employment before exiting the shelter.

The recommendations made to the South African government was to reconsider the timeframe placed upon the permitted duration of stay at state funded shelters, as well as restructuring the VEP to include multiple government departments in the empowerment of women survivors of IPV. The researcher also recommended that future studies determine whether the findings of this study can be generalised, as well as whether the VEP could be a multi-departmental undertaking regarding the current housing and employment legislation being implemented.

## Opsomming

Die navorser het gekies om 'n verkennende en beskrywende navorsingsontwerp toe te pas, wat 'n gemengde-metode-benadering gebruik het om inligting in te samel wat insig en kundigheid verskaf het oor hoe staatsbefondsing hulpbron- en diensverskaffing in skuilings vir mishandelde vroue beïnvloed. Hierdie studie is gemotiveer deur minimale omvang van inligting oor hoe staatsbefondsing hulpbron- en diensverskaffing in skuilings vir mishandelde vroue reguleer en of hierdie regulasies 'n invloed het op die kwaliteit van die hulpbronne en dienste wat verskaf word. Die doel van hierdie studie was om 'n groter begrip te verkry van hoe staatsbefondsing hulpbron- en diensverskaffing in 'n staatsbefondsde skuiling beïnvloed, deur die regulasies wat gebruik word in 'n staatsbefondsde skuiling te vergelyk met dié van 'n nie-staatsbefondsde skuiling.

Een staatsbefondsde skuiling en een nie-staatsbefondsde skuiling is genader om toegang te verkry tot die twee bevolkingsgroepe wat nodig was om die navorsing uit te voer. Die eerste populasie was die personeellede by die skuiling wat verantwoordelik is vir die verkryging van befondsing en hulpbron- en diensverskaffing, en die tweede populasie was die vroue-oorlewendes van IMG wat die hulpbronne en dienste wat in die skuilings verskaf word, benut het. Data was ingesamel deur middel van semi-gestruktureerde onderhoude in die kwalitatiewe steekproef en 'n gestruktureerde vraelys in die kwantitatiewe steekproef.

Die resultate wat deur hierdie studie behaal het, het aangedui dat staatsbefondsing wel 'n invloed het op hoe staatsbefondsde skuilings hulpbronne en dienste verskaf aan vroue-oorlewendes van IMG, maar hierdie invloed was nie betekenisvol met betrekking tot die kwaliteit van hulpbron en diensverskaffing in vergelyking met die hulpbron- en diensverskaffing wat bereik is deur 'n nie-staatsbefondsde skuiling in dieselfde provinsie nie. Staatsregulasies was soms nadelig vir die sukses wat behaal was deur vroue-oorlewendes van IMG met betrekking tot hul vermoë om veiliger toekomstige lewensstrategieë vry van misbruik te skep. Dit was as gevolg van die beperking wat geplaas is op 'n vrou se toegelate duur van verblyf by die staatsbefondsde skuiling en ook die staatsbefondsde skuiling het nie genoeg tyd of hulpbronne gehad om geskikte

behuising of voldoende werk vir hul kliënte te verseker voordat hulle die skuiling moes verlaat nie. Die nie-staatsbefondsde skuiling het 'n langer en meer buigsame toegelate duur van verblyf gehad, wat hul kliënte die tyd gegee het om geskikte behuising en voldoende werk te vind voordat hulle die skuiling verlaat.

Die aanbevelings wat aan die Suid-Afrikaanse regering gemaak is, is om die tydraamwerk wat op die toegelate duur van verblyf by staatsbefondsde skuilings geplaas word, te heroorweeg, asook om die Slagofferbemagtigingsprogram te herstruktureer om verskeie staatsdepartemente in te sluit in die bemagtiging van vroue-oorlewendes van IMG. Die navorser het ook aanbeveel dat toekomstige studies bepaal of die bevindinge van hierdie studie veralgemeen kan word, asook of die Slagofferbemagtigingsprogram 'n multi-departementele onderneming kan wees rakende die huidige behuisings- en indiensnemingswetgewer wat geïmplementeer word.

## Acknowledgements:

I would like to express my endless gratitude and appreciation for the following individuals:

- Prof. Amanda Gouws, for the everlasting support and assistance you provided me. You guided me through trying times, the likes of which I could have never imagined. I will also be thankful for the trust you placed in me and the confidence you instilled in me.
- The wonderful women who agreed to be part of this study. To the staff members of the two respective shelters, thank you for taking time out of your busy schedules to partake in the interviews. To the brave women who completed the questionnaire, thank you for entrusting me with the information needed to conduct this study.
- My husband, for the patience, kindness and love you gave me when I needed it most. Thank you for supporting my ambitions and the unwavering belief you have in me. Without you, this achievement would not have been possible.
- To my mother and sister, I will also be grateful for your patience and many prayers. You brought light and laughter to an otherwise stressful time.

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## LIST OF ABBREVIATIONS

<b>CGE</b>	Commission for Gender Equality
<b>COP</b>	Community Outreach Program
<b>CSO</b>	Civil Society Organisation
<b>CSV</b>	The Centre for the Study of Violence and Reconciliation
<b>DSD</b>	Department of Social Development
<b>DV</b>	Domestic Violence
<b>DVA</b>	Domestic Violence Act

<b>FAMSA</b>	Family and Marriage Association of South Africa
<b>GBV</b>	Gender-Based Violence
<b>GRPBMEAF</b>	Gender Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing Framework
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPV</b>	Human Papillomavirus
<b>IPV</b>	Intimate Partner Violence
<b>KPMG</b>	Klynveld Peat Marwick Goerdeler
<b>MEC</b>	Member of the Executive Council
<b>MMIRA</b>	Mixed Method International Research Association
<b>NAMSA</b>	National Shelter Movement of South Africa
<b>NCPS</b>	National Crime Prevention Strategy
<b>NGO</b>	Non-Governmental Organisation
<b>NPO</b>	Non-Profit Organisation
<b>NPC</b>	Non-Profit Company
<b>NSM</b>	National Shelter Movement
<b>NSPGBV</b>	National Strategic Plan on Gender Based Violence and Femicide
<b>P4P</b>	Partners For Prevention
<b>POWA</b>	People Opposing Women Abuse
<b>PPE</b>	Personal Protective Equipment
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>SAP</b>	South African Police
<b>SAPS</b>	South African Police Service
<b>SAWBI</b>	South African Parliament launched The South African Women's Budget Initiative
<b>STI</b>	Sexually Transmitted Infection
<b>VAW</b>	Violence Against Women
<b>VEP</b>	Victim Empowerment Programme
<b>VSS</b>	Victim Service Support Bill
<b>WHO</b>	World Health Organisation

## CHAPTER ONE

### THE IMPORTANCE OF SHELTER FUNDING FOR SURVIVORS OF DOMESTIC VIOLENCE

#### 1.1 INTRODUCTION

In 2020 an article by *The Mail & Guardian* stated that estimated statistics reveal as many as 51% of women in South Africa experience physical violence in a relationship throughout their lifetime (Ramafoko, 2020:1). Sibanda-Mayo, Khonje & Brobbey (2017:5) argue that these rates are even higher in poor communities; with at least one in every three women experiencing some form of domestic abuse. Moreover, it is also reported that South Africa has a femicide rate five to six times higher than the global average depending on the year and it is estimated that as many as half the women murdered in South Africa annually, are murdered by their current or former intimate partner (Brodie ,2020:1). Accordingly, femicide occurs approximately eight times per day in South Africa (Brodie, 2020: 9). These statistics are calculated by taking the annual number of female homicides and averaging it out over the course of a year.

Although the statistics mentioned above shine a much-needed light on the concerning prevalence of gender-based violence (GBV) in South Africa, Britton (2020:14) argues that that the occurrence of GBV in South Africa is a reflection of political powers trying to normalise the existence of multiple interconnected systems of structural violence and oppression. These interconnected systems are rationalised as being part of the culture and traditions found within South African society (Britton, 2020: 14). She argues that when it comes to the prevalence of GBV in South Africa, culture does not matter but context however does. Britton states that people of all races, ethnic groups and classes experience a high prevalence of GBV, however the impact that it has differs (Britton, 2020:15). Accordingly, access to health care and a wide range of services necessary to leave abusive relationships differ across racial, class and geographical lines.

Moreover, many instances of GBV go unreported and therefore the annual statistic does not reflect the true number of cases in South Africa. The Centre for the Study of Violence

and Reconciliation (2016:6) stated that due to the underreported nature of GBV in South Africa, researchers need to conduct their own topic-specific research using self-reporting surveys. These studies, although pertinent to understanding the social phenomenon of GBV, are limited. Findings cannot be generalised to examine GBV in the whole of South Africa, as most samples used are small in size and not demographically representative. This in turn, gives way to massive amount of underreporting, which ultimately means that the occurrence of GBV could be far worse in South Africa as previously predicted (The Centre for the Study of Violence and Reconciliation, 2016:6).

Curbing the high rate of crime in South Africa has been central in its democratic government's attempt to create a safe and equal environment. The National Crime Prevention Strategy (NCPS) was enacted in May of 1996 and signified the states shift from crime control to crime prevention. This shift also signified the state's awareness that crime was not only a security matter but also a social matter. The NCPS paved the way for various laws and policies that were set up in order to prevent and protect victims of domestic violence (DV).

Van der Hoven (2001:14) states that the occurrence of DV is "*as old as the country itself.*" However, the state's involvement in control, protection and prevention only became prominent post-1994. Nonetheless, even after the establishment of South Africa's democracy, the state's legislative action regarding DV was staggered. Many researchers such as Albertyn and Vetten noted the feminist struggle for legislated gender equality in the post-apartheid era. Vetten (2017:7) stated that in 1994 the South African Police (SAP) submitted a statement to the Police Board in which it stated that police should not interfere in domestic disputes because the main objective of the police force is to enforce the law, and in many cases of domestic disputes, individuals do not want to lay charges against their perpetrator – invalidating the need for law enforcement. Vetten (2017:16) argued that the Domestic Violence Act (DVA) of 1998 was the state's attempt to prioritise policing DV however, merely establishing mechanisms to monitor DV policing does not guarantee effective policing. Recently the amendments made to the DVA addressed the issue of police accountability when policing DV. The amendment stated that a police officer must

arrest a perpetrator of DV upon arriving on a scene where DV is suspected to have taken place. Failure to arrest a perpetrator should be reported to the South African Police Service (SAPS) (Republic of South Africa, 2020:29). It is important to note that the DVA Amendment Bill has been signed by parliament but not yet written into law.

Albertyn (2011:139) stated that in the 1990s, the political failure of the post-apartheid women's movement was to focus on issues of recognition of gender inequalities instead of the redistribution of control, commodities, and the accessibility of services for women in South Africa. Accordingly, the women's movement emphasised the socio-economic inequalities in South Africa and, what was seen as a radical feminist thought, the understanding of a woman's autonomy and equality within the family structure i.e., a life free from violence and reproductive choice (Albertyn, 2011:142). Albertyn (2011:145) argues that the establishment of a progressive constitution, the ruling party's commitment to gender equality and strong and active civil society organisations led to the creation of a series of laws that aim to promote gender equality and women's rights in South Africa. Moreover, many researchers have attributed the high rate of GBV in South Africa to the oppressive nature of its historical apartheid structures. Kubeka (2008:3) argued that colonisation and apartheid had an irreversible effect on the traditional structures of African families. Race, class and gender divisions during apartheid led to the unequal distribution of resources, which in turn, led to the destruction of the African family due to influx control. The inequality of resource distribution led to strain in interpersonal relationships that led to social issues such as domestic violence, alcohol abuse and the collapse of the nuclear family structure (Kubeka, 2008:3).

IPV is seen as "reactive violence." Simply put, the oppressed become the oppressor. Individuals experience subjugation and prejudice on a macro level, which leads them to exert power in their personal lives, by oppressing others whom they deem subordinate. Consequently, unequal power relations are still viewed as one of the main causes of domestic violence in post-apartheid South Africa. However, there exists a plethora of causes of domestic violence such as socio-economic issues, lack of economic resources, fear and control over women, poverty, patriarchy, alcohol abuse, aggression, and

customary social norms. Van Zyl (2008:2) argues that violence against women is thus, multifaceted and requires a multidisciplinary approach by both the government and civil society.

The South African government has indeed taken various steps to curb GBV and domestic abuse such as the establishment of multiple Acts like the Domestic Violence Act of 1998, the Promotion of Equality and Prevention of Unfair Discrimination Act of 2000, The Sexual Offences Act of 2008, and The Protection from Harassment Act of 2011 (Sibanda-Mayo, Khonje & Brobbey, 2017:21). However, the fact that IPV cannot be reported as a crime in itself, is an immense setback for police and legislative civil servants alike (Gorden, 2016:964). IPV can only be reported as crimes such as assault and harassment but, there is no clear legal, prosecutable definition of IPV. Nevertheless, the state has made an effort to provide victims of domestic abuse with the necessary services. The establishment of Sexual Offences Courts and the Thuthuzela Care Centres are operational actions taken by the South African government to provide intervention strategies to victims of GBV and IPV. Moreover, the large number of non-governmental organisations (NGOs) and non-profit organisations (NPOs) that cater to the needs of victims of domestic abuse, proves that both the state and civil society is taking a multifaceted approach to GBV. Various associations and institutions such as People Opposing Women Abuse (POWA) and Family and Marriage Association of South Africa (FAMSA) focuses on service provision, training, legal advocacy, sensitisation, research and raising awareness of GBV in South Africa (Van der Hoven, 2001:15). The National Shelter Movement of South Africa (NAMSA) is an NGO established to represent a collective voice for approximately 90 shelters throughout South Africa (Dangor, 2020:1). The NAMSA aims to collaborate with stakeholders on provincial, national, and international levels in order to ensure that adequate legislation and capacity building is created and implemented, to guarantee service provision for women and children who experience abuse. Another NGO that aims to be a collective voice for shelters in South Africa is the Western Cape Womens Shelter Movement of which St. Anne's is a member. One of the Womens Shelter Movement's objective is to create a network for shelters. For shelters like St. Anne's, the state funded shelter that partook in this study, the network



and capacity building created by the Womens Shelter Movement creates a common ground for shelters to support one another, share in each other's experiences and communicate the challenges faced to one another (Women's Shelter Movement, 2021).

In the Western Cape many shelters such as the Saartjie Baartman Centre for Women and Children and Sisters Incorporated are described as a "one-stop" centre that cater to all the needs of survivors of abuse. Van Zyl (2008:2) notes that shelters represent a crucial intervention in the support of victims of abuse, as it provides the necessary social welfare services needed to keep women out of their abusive environment – if only for a brief period of time.

Slabbert (2010:2) refers to women who are strong and resilient, despite the inability to escape their abusive environment as survivors. While Evens (2007:6) states, that the survivor identity is that of progression and a forward trajectory. Thus, to identify as a survivor a woman who was a victim of IPV, must acknowledge a progression away from abuse. A Western Cape DSD report concluded that their participants also associated the survivor identity with the empowerment that allowed them to progress and grow in their personal development (Western Cape Department of Social Development, 2015:100). For the purpose of this study survivors are thus, defined as women who left their abusive relationships and entered a shelter with the hopes of establishing a better life free from abuse.

Another noteworthy observation is that the circumstances and resources that enabled women to leave their abusive relationships is under-researched. Most reports that focus on the topic at hand have been published by NGOs like The World Health Organisation (WHO), NAMSA and the Heinrich Böll Foundation, as well as by the state through established centres like *The Centre of the Study of Violence and Reconciliation* and *The Commission for Gender Equality*. The Western Cape Department of Social Development (2015:5) conducted a broad study that focused on the need for more shelters and increased efficacy of services at shelters. Moreover, researchers who study how and why women leave abusive relationships tend to focus on the intervention strategies as they

pertain to who provides the service of intervening. For instance, when studying interventions pertaining to counselling, many researchers such as Sullivan *et al.* (2018:1), focus on the experiences of the agencies that provide services; while other researchers like The Commission for Gender Equality (2013:4) and Bhana, Lopes and Massawe (2013:50) focused on funding and the type of services provided at shelters specifically. However, studies pertaining to how state funding impacts the effectiveness of shelter resource provision are limited. Many shelters solely rely on private funding and donations in order to provide the women of their communities with the necessary resources to leave abusive relationships. Furthermore, comparing how receiving state funding and not receiving state funding impacts the effectiveness of shelter resource provision that will allow women to leave as empowered people, has not been thoroughly studied.

Lastly, the relevant terminology when discussing abuse against women are often used interchangeably. For instance, GBV is defined as any form of violence that is informed by gender inequalities in societal context, while Violence against Women (VAW) refers to GBV that is disproportionately geared towards women and girls (Safe Spaces, 2020). Thus, these two terms are often used to describe the same occurrence of violence. DV and IPV is a form of GBV, while IPV is often also referred to as a form of DV. DV refers to abuse in the home in a broader sense where any family member can experience violence or be the perpetrator of violence, while IPV refers to abuse specifically between current or former intimate partners (Safe Spaces, 2020). Thus, the DVA is not only applicable to individuals who experience DV but also individuals who experience IPV as IPV is viewed as a form of DV.

## **1.2 THE PROBLEM STATEMENT**

Although the studies mentioned are important to understanding how services are provided, they do not provide insight into the effectiveness of said services from the perspective of the user, nor do they document whether these services are utilized effectively by women to enable them to leave abusive relationships, as a result of the services available to them. Thus, analysing the experiences and opinions of women

survivors pertaining to effective resource provision, is not only meaningful but a crucial part of establishing whether state-funding has a considerable impact on shelter resource provision.

The focus of this research project is to compare the services offered by a state funded and a non-state funded shelter, to determine the influence that state funding has on shelters' ability to empower women, through resource provision, thereby enabling them to develop better life strategies. This research project is an empirical study aimed at establishing the differences and similarities in resource and service provision that state funded and non-state funded shelters offer. By establishing the abovementioned, this research gave insight into the effectiveness of minimal state funding through generating new information and in-depth insight into how shelters generate funds and acquire the resources needed to effectively empower women survivors of IPV. Consequentially, this study also aims to determine whether women survivors view the resources and services provided as a substantial means of escaping IPV. This in turn, contributes to understanding how possible shortfalls affect the empowerment of women survivors of IPV.

### **1.3 THE AIM, OBJECTIVES AND THE RESEARCH QUESTION OF THE STUDY**

This research project aims to determine whether state funding has an influence on the provision of resources and services by shelters who empower women survivors of IPV to establish safe future life strategies. This was done by comparing the intervention strategies and funding initiatives that state funded shelters and non-state funded shelters employ. The effectiveness of both types of shelter intervention strategies was measured by obtaining data from two separate populations that were both involved as key informants on shelter housing. Namely, the shelter managers and social workers who devise and implement intervention strategies, as well as the women who make use of the intervention strategies. This allowed the researcher to draw comparisons between the attitudes and opinions of the providers of services and the users of services in relation to the adequacy of the resources and services provided to survivors of IPV.

In order to achieve the above-mentioned aim, the researcher completed the following:

- Collected data in the form of questionnaires completed by survivors of IPV to establish whether they perceived the resources and services provided by their respective shelters, state-funded or non-state funded, as effective.
- Conducted key informant interviews to establish how state funding or the lack thereof, influences a shelter's ability to provide survivors of IPV with effective resources and services that empower survivors of IPV to establish better life strategies.

The research question is as follows:

- 1) What is the ability, of state funded shelters and privately funded shelters in enabling women to leave abusive relationships once they exit shelters?
- 2) How do women who use the shelters experience their services and resources?
- 3) Does it allow them to exit the shelter to a better life?
- 4) Does their stay in the shelter equip them with skills for a better life?

## **1.4 RESEARCH DESIGN AND APPROACH**

Due to the nature of the research question and the method of data collection, this research project applied a mixed-method methodology. Data was collected from two groups of key informants namely, a key informant group of shelter directors and social workers who supply resources and services, and a key informant group of women who utilise the previously mentioned resources and services. The qualitative research method utilised

was in-depth interviews with shelter managers and social workers; while the quantitative research method utilised was a structured self-completion questionnaire completed by women survivors at the shelters who were willing to participate. Thus, purposive sampling was used to identify participants in the qualitative interviews, while simple self-select purposive sampling was used to obtain participants for the quantitative questionnaires. As mentioned above, both samples were drawn from the respective shelters. The estimated sample size for the quantitative research sample was 10 participants. Quantitative participants were asked to complete the questionnaire through written responses. The ethical risks that were considered during this research project was moderate, as the researcher only conducted face-to-face interviews with the managers and social workers of the shelters; while the shelter clients, who were willing, was asked to complete a structured self-completion questionnaire. It is important to note that the estimate sample size of the quantitative sample was initially much larger (between 30 – 50 participants) but due to the global pandemic and the mandated restrictions put in place, the shelters had to limit capacity to comply with government regulations and non-essential work at the shelter had to be limited. When and how interviews were conducted was subject to the lockdown level active during the time when the shelters invited the researcher to conduct the study.

## **1.5 CONCLUSION**

The purpose of this research project is to generate new information and an in-depth insight into the effectiveness of the strategies and interventions adopted by state funded – and non-state funded shelters to empower women survivors of IPV with the necessary resources to break the cycle of violence and improve their future life strategies.

Evaluating whether the policies, policing, social welfare services and long-term intervention programmes that enable women to break the cycle of violence, will generate new information on the effectiveness of state and civil intervention in GBV. Howlett, Ramesh & Perl (2009:178) state that when various members of government bodies, as well as the general public evaluate a policy and the policy is found to be insufficient, the

cycle of policy formation is once again brought to life, with the aim of establishing a more effective and inclusive policy. This research project could stimulate a change in political thinking around the strategies used by government in relation to shelter funding in South Africa.

The femicide rate in South Africa is becoming a massive societal worry. Consequentially, it is this exposure to news reporting on GBV and femicide that sparked the interest of this researcher. Brodie explains that even though men have been killing women as long as they have been killing other men, labeling the killing of women by their husband or partner as femicide is a neologism (Brodie, 202:13). Accordingly, the word femicide articulates a specific understanding of VAW. Diana Russell used the term femicide during a testimony at the International Tribunal on Crimes against women as referring to a hate crime against women. She stated that women who are murdered because they are women are victims of femicide. Brodie refers to South African studies of interpersonal violence that found that injuries due to violence among South African men result from everyday life and most often involve strangers, while women are more often violently injured by someone they know (Brodie, 2020:14).

## **1.6 OUTLINE OF THE RESEARCH STUDY**

Chapter one of the research project is an introduction to the thesis, focussing on the background and rationale of the study, as well as the aims and the purpose of the study. Chapter two consists of an in-depth literature review determining the key concepts, theories, and the contextualisation of the role of shelters in South Africa and the shelter funding models implemented in South Africa while chapter three denotes a description of the research methodologies used during the study. Chapter four consists of a contextualisation and analysis of the data gathered. Lastly, chapter five consists of the discussion of the data gathered and the conclusions and recommendations that can be drawn from the findings in terms of how it relates to the research question.

## CHAPTER TWO

### A REVIEW OF THE LITERATURE:

### CONCEPTS, THEORIES, AND INTIMATE PARTNER VIOLENCE IN SOUTH AFRICAN CONTEXT

#### 2.1 INTRODUCTION

The World Health Organisation (World Health Organisation, 2021) states that IPV is a type of GBV that involves physical, psychological, or sexual abuse committed by an intimate partner or a former intimate partner. Globally, more than 25% of women between the ages of 15 to 49 have reported being physically or sexually abused by their partners. Moreover, it is estimated that 38% of all homicides of women were committed by an intimate partner (World Health Organisation, 2021). Vetten (2005:2) states that the prevalence of VAW in the post-Apartheid era led to the establishment of community-based activism and NGO intervention in South Africa. The ANC government also committed to deterring violent crimes at an early stage of its governance. In 1996, the National Crime Prevention Strategy (NCPS) was established and prioritised crimes against women and children in the national agenda (Vetten, 2005:2). Since the establishment of its democracy, South Africa has had a dichotomous approach in terms of public and private involvement to support women who experience violence. This relationship between public and private intervention has become so ingrained in the intervention strategies to support survivors of GBV that Lopes *et al.* (2018:17) referred to NGO shelters for abused women as a regulated branch of the state.

The conceptualisation and theorised cause of IPV should be established to understand the interventions implemented to curb the occurrence of IPV in South Africa. The following chapter will discuss the global and national conceptualisation of IPV and the relevant theoretical cause of IPV. Lastly, this chapter will discuss the role of shelters in South Africa, the shelter funding models that regulate intervention strategies, and how it is implemented in South Africa, emphasising its implementation by the Western Cape Department of Social Development (DSD).

## 2.2 THE OCCURRENCE OF IPV

### 2.2.1 A global perspective of IPV

There exists a definite consensus that anyone can fall victim to IPV. A study by the WHO found that IPV is not just a problem in developing countries. A regional study found that even in developed countries, a high incidence of IPV was reported (The World Health Organisation, 2013:18). Evidence suggested that culture, ethnicity, race, gender, and income were not mediating factors in IPV. However, the study found that the frequency in occurrence of IPV differed between regions, countries, and communities. The researchers argued that this variation expressed a need to concentrate on economic and socio-cultural factors that lead to GBV. The research done on IPV in 2012 and 2013 solely reflect the occurrence of IPV against women. This in turn, also makes cumulating studies to gain a better quantitative perspective difficult, as many statistics focus solely on the prevalence of IPV in the female population and not the whole population.

It is apparent that IPV results in adverse health issues. Ellsberg *et al.* (2008:1165) found that the experience of IPV results in a variety of physically and psychologically negative consequences and that every victim's experience is unique. The WHO, however, reports that 23-56% of women who ever reported IPV had suffered both physical and psychological injuries (The World Health Organisation, 2012:2). The primary focus of the WHO survey studies is to provide policy-makers and healthcare professionals with the best manner to assist victims of IPV.

Many researchers, however, argue that in order for women to leave abusive relationships, they need to build social networks that support and encourage them throughout the process. Young Larance & Porter (2004:676) observed the Jersey Battered Women's Service's Community Outreach Program (COP) and its efficiency in building supportive social networks. The women observed for the study either lived in the community or formed part of their transitional living program. The women were enrolled in a 52-week training and counselling seminar in the third-stage housing community. They found that



the COP allowed survivors of IPV to build a framework on which they could form future networks of trust (Young Larance & Porter, 2004:688). Kok (2001:180) also studied a program focused on economic independence in a third stage housing community. Accordingly, the Wisconsin Coalition Against Domestic Violence received a grant for its Economic Advocacy Project. The program focused on providing female survivors of IPV with the necessary resources to become economically independent from their abusers by incorporating culturally diverse services for survivors of abuse into the local welfare system. She found that the project provided many survivors with the necessary information and financial assistance that assisted survivors while they were rebuilding their lives, separate from their abuser (Kok, 2001:198).

It is important to note whether the perspectives of international researchers align with that of South African researchers regarding the circumstances under which IPV occurs. The following section will briefly discuss a South African perspective of the circumstances under which IPV occurs.

### **2.2.2 A South African perspective of IPV**

Similar to the research done by the WHO, some South African case studies found that societal structures can lead to domestic violence against women. For instance, Njezula (2006:24) states that patriarchy and its associated cultural customs exacerbate IPV against women in South Africa, while Van der Hoven similarly states that across all races, economic dependency is also one of the main factors that lead to IPV. Under this premise, women are taught to be submissive to men, and economic dependency makes them submissive. Accordingly, challenging a man's dominance by seeking economic independence makes a woman vulnerable to abuse. She also states that sometimes in coloured communities, contributing factors to IPV are aggression and alcohol abuse by coloured men (Van der Hoven, 2001:17). Both Njezula and Van der Hoven discuss a survey conducted in 1989 of 123 white women of lower and middle-income classes. The survey showed that more than 50% of the women held patriarchal beliefs. It was said that they thought women had to be submissive to their husbands and that being assertive in

their marriages would warrant abuse. Thus, blaming their husbands' violent tendencies on themselves (Van der Hoven, 2001:18).

In South Africa, many researchers are concerned with the adverse effects of IPV on the physical and psychological state of victims. Langa-Mlambo and Soma-Pillay (2014:20) have identified consequences of IPV such as limited sexual and reproductive control, depression and suicide, substance and alcohol abuse, non-communicable – and somatoform diseases, as well as Post Traumatic Stress Disorder (PTSD).

Moreover, IPV is a tremendous financial burden for the state. Njezula (2006:25) argues that women cannot labour to their full extent when suffering from injuries caused by IPV. In an explorative study, Hardnek also found that many of her respondents reported being hospitalised due to the injuries they suffered at the hands of their partners (Hardnek, 2003:24). In a report published by the auditing company, Klynveld Peat Marwick Goerdeler (KPMG, 2014:2) it was stated that the estimated cost of violence against women was between R28.4 billion and R42.4 billion for the year 2012/2013. Accordingly, the cost of violence against women can only be set at an estimation due to various limitations and gaps in the data available. These limitations and gaps include the lack of a national prevalence rate for GBV in South Africa. The fact that government spending on GBV is not specified and thus is not identifiable in the national expenditure is also viewed as a limitation to estimation the cost of GBV in South Africa. Another gap in the available data is that the estimate of pain and suffering are not included in the analysis (KPMG, 2014:2). Lastly, the figures that show the costs to civil society are not willingly available, which makes calculating the cost of GBV in South Africa a difficult task. Furthermore, the report specifies that GBV creates a loss in revenue that occurs throughout every sector of society and should therefore not be treated as a private matter.

In order to discuss the complexities surrounding IPV and DV, one must first establish an understanding of how it is defined and the certain actions and behaviours that constitutes IPV and DV. The following section will discuss the definition of IPV and DV both internationally and within South African context.

## 2.3 DEFINING DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE

### 2.3.1 The global definitions and insights on IPV

The World Health Organisation (WHO) defines IPV as an intimate relationship that results in physical, psychological or sexual injury for one of the partners. Van Zyl (2008:20) provides a simplistic explanation of domestic abuse as abuse that occurs at home. Kemp (1998:225), however, defines domestic violence as "a pattern of assaults and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners." Ron Wallace agrees that both IPV and domestic abuse are terms used interchangeably to describe the same criminal offence; however, the origin of these two terms differ (In Public Safety, 2015). He argues that domestic abuse is a term more traditionally used to refer to violence in a heterosexual, husband-wife relationship, while IPV is more frequently used to refer to violence in a relationship in a broader sense. It describes abuse as taking different forms and enlightens the fact that abuse can occur in any type of physical relation, despite gender, marital status, or sexual orientation. The WHO, however, states that domestic violence and IPV refer to different occurrences of abuse because domestic abuse could also refer to abuse between different family members and abuse of the elderly or children (World Health Organisation, 2012:1). It is thus, clear that a consensus surrounding the definition of IPV and domestic abuse does not exist. Ellsberg and her colleagues stated that comparing findings of quantitative studies were difficult as IPV did not have a standard definition, which made it troubling to discern what was being measured (Ellsberg *et al.*, 2008:1165).

### 2.3.2 The South African definition of Domestic Violence and Intimate Partner Violence

In South Africa, the definition of domestic abuse and IPV, as well as the distinction between the terms, remain vague (Njezula, 2006:8). However, the Domestic Violence Act (DVA) 116 of 1998 defines domestic violence as the following:

- a) physical abuse;
- b) sexual abuse;
- c) emotional, verbal and psychological abuse;
- d) economic abuse;
- e) intimidation;
- f) harassment;
- g) stalking;
- h) damage to property;
- i) entry to the complainant's residence without consent, where the parties do not share the same residence; or
- j) any other controlling or abusive behaviour towards the complainant, where such conduct harms or may cause harm to the safety, health, or well-being of the complainant (Van der Hoven, 2001:13).

The legal definition of domestic violence is, thus, holistic in that it addresses physical, psychological, and economic forms of abuse as well as provides the police with formal authority to enter a complainant's residence without trespassing. The DVA also clearly defines what type of relationship the complainant should be in, in order for the DVA to warrant prosecution. It states that whether the partners are married, residing together, or dating, any form of mistreatment is seen as abuse (Njezula, 2006:8). However, many scholars like Njezula have taken this Act as the protection of women against domestic abuse; by even using pronouns to illustrate that, "*mistreating the woman with whom this man is involved, is defined as domestic violence.*" Barkhuizen (2015:294) addresses this issue by stating that scholars, politicians, healthcare professionals and the media alike tend to place emphasis on the victimisation of women, which perpetuates the stereotype

that men should never expose their weaknesses (such as being victimised by their partner) in public. She states that in the South African society, patriarchy and gender stereotypes keep men from addressing domestic abuse.

Similarly, many researchers have found that South Africa's socio-political environment also leads to and exacerbates domestic violence against women. Lau (2009:1) stated that a feminist socio-political approach to IPV against women entailed "*the use of power and control to assert the values of male privilege, entitlement and domination over women.*" The statements made by researchers in previous studies illustrate that in order to legally define IPV and DV legislatures need to understand what causes the occurrence of IPV and DV, thereby creating inclusive and holistic legislation that can protect all persons experiencing IPV or DV. The following section will discuss theories concerning the cause of IPV and DV.

## **2.4 THEORIES CONCERNING THE CAUSE OF IPV**

To understand the occurrence of IPV, as well as how to protect those who are experiencing IPV, the driving forces behind it should be taken into consideration. Theories that denote the cause of IPV are abundant and found in various fields of study – ranging from psychology and economics to anthropology, sociology, and political science. Understanding the theorised causes of IPV highlights the societal constructs that facilitate the prevalence of IPV and consequentially illustrates what underlining factors should be taken into account when studying IPV. For the purpose of this study, an overview of the dominant political – and sociological theories of the causes of IPV will be included. These theories are relevant to the topic at hand because it underlines the theoretical rationalisation of how the state and civil society organisations develop intervention strategies to curb IPV. The following section will therefore discuss the relevant theories of the cause of IPV in the field of political science and sociology.

## **2.4.1 Political Theories that denote the cause of IPV**

Political thinkers such as Webster and Dunn, describe political theories that denote the cause of IPV as structural constraints that underlie many societal myths and beliefs that exacerbate the occurrence of IPV (Webster & Dunn, 2005:128). As politics is essentially the study of power (Heywood, 2007:4), the theories that seek to describe the cause of IPV also focus on the different power relationships in society and the existence of subsequent power imbalances. For instance, Atkins & Atkins claim that the historic remnant of colonialism is often the cause of abusive and self-abusive relationships in previously marginalised communities (Interfund, 2004:3). The following section will discuss the two main theories in the political sphere that denote the cause of IPV – namely, power and control, and patriarchy.

### **2.4.1.1 Power and Control**

Johnson, Leone and Xu state that for the past twenty years, feminist theorists have argued that gender is not only an individual characteristic, but it is also an institution (Johnson *et al.*, 2014:189). They claim that while other theorists, such as Ferree, have understood this statement as meaning that the acceptance of the notion that gender is an institution automatically results in the rejection of the notion that it is also an individual characteristic. Consequentially, Johnson, Leone and Xu rather adhere to a holistic understanding of gender. Accordingly, they incorporate a gender theory that expresses gender at both levels of individual characteristics and as an institution where gender is constructed by organisational and societal context (Johnson *et al.*, 2014:189). Johnson, Leone and Xu (2014:189) stated that the implementation of such a theory led to their hypothesis that within heterosexual relationships, men are primarily the culprit of intimate terrorism.

Similarly, Woodin and O'Leary posit that male violence is not solely caused by societal gender roles but also by a broader system of male privilege and dominance. Pence and Paymar utilised a model of batterer's treatment to define male violence as a system of

power and control as a method of dominating women (Woodin & O'Leary, 2009:44). This model, namely, the Duluth Minnesota Domestic Abuse model, describes the various forms of power and control that men use to dominate their partners (Corvo, Dutton & Chen, 2009:324). These forms of power and control include coercion and threats, economic abuse, intimidation, using children to manipulate their partners, isolating their partners, emotional abuse, male privilege, and minimising, denying and blaming their partners for their own abusive behaviour (Woodin & O'Leary, 2009:44). Since its establishment, this model, also known as the power wheel, has been used to ascribe intervention models within community-based counselling (CBT) in order to address the behaviour of abusive male partners, thereby not only protecting the female victims from future abuse but also modifying the behaviours of male abusers in order to stop the cycle entirely (Corvo *et al.*, 2009:324).

Although known as an effective global intervention strategy, the Duluth Minnesota Domestic Abuse model has received some criticism in terms of its theoretical approach to preventing and mediating IPV. Hoff, accordingly, argues that the model promotes a gender-polarised perception that is based on the notion that men consciously use partner abuse as a strategy to assert their power over women (Hoff, 2012:4). Although feasible, many researchers have criticised this perspective. Gondolf stated that the comments made by Dutton and Corvo in their research article, "*Transforming a flawed policy: A call to revive psychology and science in domestic violence in research and practice*", was never researched properly and that the researchers cherry-picked evidence and took it out of context in order to support the notion that the model is based on a gender biased theory (Gondolf, 2007:645). Contrary to his 2006 collaboration with Corvo, Dutton, along with his co-researcher, Starzomski also tested the power wheel in 1997 and found that men who were in batterers' treatment programmes embodied a considerably higher amount of behaviours linked to power and control than male test subjects whom they classified as non-batterers. Non-batterers were men who were not in any batterers' treatment programmes, nor did they have a history of IPV. Woodin and O'Leary posit that the outcome of this study and others similar to it indicates that men who feel as though they have less power in their relationship are more likely to resort to violence, thus

supporting the gendered theory that male perpetrators of IPV often use abuse as a method of countering a power imbalance within their intimate relationships (Woodin & O'leary, 2009:44). Kristner similarly concluded in a literature review of South African GBV that sexualised violence is a weapon used by perpetrators of IPV as a means of dominating an individual or a specific group by way of severe degradation (Kristner, 2003:15). He argues that this form of violence not only influences relationship dynamics on an individual level but also on a familial and communal level. Thus, sexualised violence and its assertion are closely linked to the social context in which it is perpetrated. He defines sexualised violence as encapsulating a modicum of violent and degrading acts, namely, rape, forced marriage, female genital mutilation and virginity testing, denial of sexual and reproductive rights, as well as coerced prostitution and sexual exploitation through trafficking (Kristner, 2003:15). It is thus, clear that feminist theorists do not only focus on power differentials within intimate relationships but also on power differences between genders within a broader societal context. The following section will discuss patriarchal institutions as a theory of the aetiology of IPV.

#### **2.4.1.2 Patriarchy**

Hunnicuttt argues that although many political and feminist theorists have written excessively about GBV, they have neglected the theoretical development of the issue (Hunnicuttt, 2009:553). When comparing the number of political theories concerning GBV against the psychological – and sociological theories, Hunnicutt's argument seems plausible. Thus, theories surrounding GBV and specifically IPV tend to be more psychological and sociological in nature.

Nevertheless, the scarcity of political theories about IPV does not mitigate the importance of these theories. Woodin and O'Leary (2009:45) describes the magnitude of patriarchy by defining it as a societal precursor that legitimises male dominance in all cultures, race, and class in that specific society, while simultaneously ensuring women's subordination. They argue that patriarchy allows men to monopolise the economy as well the education –, political – and legal system, which inevitably creates gender inequality (Woodin & O'



Leary, 2009:45). They state that gender violence is viewed as a tool to maintain gender inequalities in society. Tracy (2007:576) identifies patriarchy as the "ultimate cause" of GBV. Kristner (2003:14), however, views the theory of patriarchy as an ineffective measurement of GBV. He states that power inequalities between genders are far too complex to be explained by mere domination and submission and that these power imbalances are constantly being challenged, reconstructed, and renegotiated. To a certain degree, Hunnicutt (2009:554) concurs with his statement, but conditionally, she adds that the term patriarchy itself has become outdated and heavily criticised, but the basis of the construct has remained prominent in the theories surrounding the cause of GBV. She states that patriarchy as a term had become outdated as its critics argued that it was not evidence-based and thus "*undertheorised*." The term patriarchy was abandoned and consequentially substituted with terms like male-driven society and sexual-inequality theory.

Bowman (2007:852) consequentially discusses domestic violence in Africa under the theoretical term "*feminist explanation*." She exclaims that African customary law enforces and consequentially exacerbates gender inequality in African countries. She draws her conclusion from the initial study of DV in Africa, and specifically Ghana, in 1994 by Ofei-Aboagye. Interestingly, Ofei-Aboagye found that although there had been little public education surrounding DV, all fifty of the women interviewed during her study knew and described DV as "the beating of a wife by her husband" (Ofei-Aboagye, 1994:928). She discovered that beating one's wife was seen as a societal norm. Ofei-Aboagye (1994:930) also describes the Ghanaian society as a male-driven society that, through cultural appropriation, substantiates the dominant male roles and the submissive female roles in society.

Noge (2014:1) similarly found that up to this day, customary laws instil a patriarchal norm in the South African society. These patriarchal norms justify IPV as an appropriate reaction to a wife's misbehaviour (Noge, 2014:44). Although Ofei-Aboagye (1994:931) believed that Ghanaians, like most individuals, would not attempt to change behaviours and attitudes that go against the grain of what they were taught; the "*No means no*"

campaign in Kenya proved that at least when it came to the rape culture in Kenya, most Kenyans were willing to accept cultural changes. The "*No means no*" campaign is a worldwide NGO campaign that teaches consent classes to adolescents. Young girls are taught about self-defence, body independence and confidence, while young boys are taught about abolishing negative gender stereotypes, respecting women and how to intervene when witnessing a rape (Donovan *et al.*, 2018). Consequentially, the campaign successfully resulted in a 51% decrease in rape occurrences among participants. It should be noted, however, that the intervention was preventative as it targeted adolescents who were possibly still subject to changes in their attitude surrounding rape. It is also important to note that this was an outside initiative and not one condoned and presented by cultural figures in the community; thus, one cannot determine the exact influence the study had on cultural attitudes towards rape in a patriarchal society.

## **2.4.2 Sociological Theories that denote the cause of IPV**

### **2.4.2.1 Social learning theory**

Social learning theory has long since been at the precipice of rationalising the cause of many deviant behaviours (Wareham, Boots & Chavez, 2009:93). However, some researchers exclaim that applying social learning theory to understand the prevalence of IPV is a new endeavour. Woodin and O'Leary (2009:46) define social learning theory as referring to behaviours and attitudes that are passed on from generation to generation, through learning that transpires in accordance with direct observation of the experiences of others, as well as occurrences experienced by oneself. Wareham *et al.*, and Sellers *et al.* (2005:380) argue that there has been a scarce amount of "*theoretical scholarship*" interested in the causes of IPV with regards to social learning theory. They identify intergenerational transmission theory and male peer support theory as the only two significant applications of social learning theory to the cause of IPV. Consequentially, Powers *et al.* (2017:2) refer to intergenerational transmission theory as an established theoretical perspective of IPV. In accordance, Woodin and O'Leary (2009:46) state that several longitudinal studies found that children who experienced violence between their

parents had higher instances of IPV in young adulthood. Sellers *et al.* (2005:380) state that intergenerational transmission theory argues that children who witness or experience household violence are at an increased risk of either being violent or being victimised as adults. Powers *et al.* (2017:2) add to this perspective by stating that social learning theory does not account for increased risk of victimisation while intergenerational transmission theory does. They argue that intergenerational transmission theory accounts for various learned behaviours and attitudes, like "*extrafamilial socialisation, gender roles, violent masculinity, and the role of differential reinforcement,*" that children internalise by witnessing key role models such as their caregivers exemplifying these behaviours and attitudes (Powers *et al.*, 2017:2). Thus, they posit that intergenerational transmission theory is the basis for various other theories of the aetiology of IPV. Male peer support theory, on the other hand, is defined as the effect that patriarchy has on intimate heterosexual relationships. Sellers *et al.* (2005:380) maintain that when a man's authority has been challenged by his female counterpart, he seeks out the espousal of his male peers. His peers then proceed to validate patriarchal norms and attitudes, which effectively encourages physical aggression towards his female counterpart. However, Sellers *et al.* (2005:380) claim that not enough empirical studies have been executed to support this theory, while Powers *et al.* (2017:2) claim that male peer support theory would be more substantial if feminist theories were to explore its merits in cultural contexts.

## **2.5 THE IMPACT THAT IPV HAS ON WOMEN**

When analysing the cause of IPV, it becomes clear that there is not one sole cause of IPV. As such, research shows that there is also not only one sole consequence. The WHO states that IPV can have a physical and mental effect on a woman, which can have both direct and indirect pathways to injury (World Health Organisation, 2012:5). Direct pathways are defined as physical harm, and indirect pathways are defined as chronic health issues that stem from continuous and prolonged stress. Coker *et al.* (2002:261) claim that past researchers addressed the physical health effects of IPV exclusively while not taking the co-existing enduring psychological maltreatment that exists within abusive relationships into account. Campbell and Lewandowski (1997:1) accordingly argue that

most self-reported cases of coercive control entail emotional abuse, which has an adverse psychological effect; however, this effect on women's health has rarely been individually measured. Furthermore, many researchers such as Miller-Perrin, Perrin and Renzetti (Miller-Perrin *et al.*, 2018:211), and the CSVR state victims of IPV also suffer from adverse behavioural and economic effects. The following section will discuss the physical, emotional, behavioural and economic effects of IPV on female victims.

### **2.5.1 The physical impact of IPV on women**

Campbell *et al.* (2009:654) affirm that in the United States, approximately 1 200 women are killed by their intimate partner each year. Krug *et al.* (2002:89) and Campbell *et al.*, exclaim that physical injury is the most common effect of IPV and that it consists of both short-term and long-term consequences. Both Campbell *et al.* (2009:645) and the WHO (2012:5) subsequently describe the most common short-term effects of IPV as fractures, abrasions, ligament and tendon damage and lacerations to the upper body. Similarly, within South African context, The Centre for the Study of Violence and Reconciliation (CSVr) describes the immediate effects of physical injury by an intimate partner as head injuries, hearing loss, back injuries, injuries to one's internal organs, loss of eyesight and cardiovascular complications (The Centre for the Study of Violence and Reconciliation, 2016:15). Moreover, two very distinct forms of physical injury due to IPV was identified by various researchers, namely, sexual assault and injuries during pregnancy.

#### **2.5.1.1 Sexual Assault**

A study by Russell in 1982 found that twice as many women reported being sexually assaulted by their intimate partners than by strangers (Vincent & Jouriles, 2002:87). Preller (2013:4) defines sexual assault between intimate partners as forced or coerced sex or sexual acts against an individual's will, even if consensual sex has previously occurred between the two partners. He further describes marital rape as "*the most serious violation of a woman's bodily integrity*" (Preller, 2013:4). Kistner (2003:24) states that within South African context, gynaecological maladies were prominent among victims of

IPV, with the type of gynaecological malady usually correlating to the severity of the sexual violence experienced by the victim. These maladies ranged from vaginal bleeding and painful menstruation to pelvic inflammatory disease and sexual dysfunction. He continues by stating that sexual assault within South African context is commonly justified by the perpetrator as his right to coerce sex when he has already covertly spent money on a woman. Moreover, both Kistner and Campbell (2002:1332) espouse that the fear of a violent response also prevents women from controlling or negotiating safe sex, which makes preventing sexually transmitted infections (STIs) next to impossible. Campbell *et al.* (2009:645) consequentially state that female victims of IPV are two to four times more likely to contract an STI than women who are not in abusive relationships. In 2000, Coker and Sanderson *et al.* discovered that aggressive cervical neoplasia, commonly linked to the human papillomavirus (HPV), was four times more common among female victims of IPV (Campbell *et al.*, 2009:645). Moreover, in South Africa, Kistner (2003:7) states that IPV is a risk factor for contracting human immunodeficiency virus (HIV) and reciprocally, having HIV is a possible consequence of IPV.

### **2.5.1.2 Injuries during pregnancy as a consequence of IPV**

Stith and McMonigle (2009:73) argue that women who are abused during pregnancy stand a greater chance of being gravely injured or even murdered than women who are not pregnant when they are being abused. Accordingly, in 1995 McFarlane *et al.* found that pregnant women who were abused reported a shocking thirteen out of fourteen risk factors for murder (Stith & McMonigle, 2009:73). Krug *et al.* (2002:101) consequentially assert that IPV is not only harmful to the woman being abused but also to her unborn child. García-Moreno *et al.* (2006:66) concluded that women who are victims of IPV are more likely to have had at least one abortion and are also more likely to have had a miscarriage. The WHO (2012:6) also ascribes higher than usual rates of stillbirths, physical foetal injury, premature births coupled with a low birth weight with IPV during pregnancy. Subsequently, Krug *et al.* (2002:101) state that 90% of women who reported being physically abused during pregnancy also reported that they were abused by their unborn child's biological father.

Although there seems to be little debate surrounding the immediate effect of physical injury, it seems that various researchers place emphasis on different chronic effects of physical injury caused by IPV. The WHO (2012:5) and Miller-Perrin *et al.* (2018:211) refers to "*stress-related*" or "*functional conditions*" such as irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia and the exacerbation of asthma. Campbell *et al.* (2009:654) reports that neurological issues, undiagnosed traumatic brain injuries and chronic pain are but a few of the long-term consequences of IPV. Slabbert (2010:32) posits that current studies show that many IPV victims are simultaneously physically and psychologically abused. Thus, women who are physically abused are often psychologically hindered by panic attacks, anxiety, depression and suicidal thoughts (Slabbert, 2010:32). The following section will discuss the emotional and psychological impact of IPV.

### **2.5.2 The mental impact of IPV on women**

Preller (2013:5) describes emotional abuse as public or private humiliation of a victim in order to cause emotional distress. Similarly, Campbell *et al.* (2009:654) describes emotional abuse as a series of negative behaviours that is not singular in occurrence but persists and repeats itself over a certain period of time. This coincides with the stages of the cycle of violence, as previously mentioned. Moreover, Preller (2013:5) posits that emotional abuse is often marred with a string of contradicting statements, sometimes positive and sometimes negative, that creates various insecurities, which eventually leads to victims blaming themselves for the abuse or believing that the abuse is nothing more than imaginary.

Many researchers such as Golding, Hegarty, Gunn, Condros and Small have found corresponding data that proves female victims of IPV report a higher prevalence of depression and suicidal thoughts than the general female population (Campbell *et al.*, 2009:654). The CVSR (2016:15) found that psychologically distressed South African women were prone to suicidal ideation as a means to escape abusive relationships.

Campbell and Lewandowski (1997:3) reported that the most common psychological affliction that female victims of IPV reported to their primary health carer was depression. This statement is reiterated by many researchers. Pineless, Mineka and Zinbarg (2008:169), Vincent and Jouriles (2002:82), Slabbert (2010:32), as well as the WHO (2012:5) and the CSVR (2016:15) report that depression, anxiety, and posttraumatic stress symptomatology are the most common mental consequences of IPV. Another reoccurring theme within the literature is victim isolation as a cause of mental distress. Preller (2013:5) claims that victim isolation is a manipulative behaviour that cuts victims off from resources and supportive structures, such as family support, that might allow a victim to leave an abusive relationship. Mills, and Mitchell and Hodson, respectively, found that a correlation between IPV and social isolation among women who had made use of shelters for battered women (Vincent & Jouriles, 2002:88). However, Eisikovits *et al.* and Zlonnick *et al.* could not replicate these findings in community-based studies. Lanier and Maume (2009:1316) quoted Johnson and Raghaven's findings which supported their notion that social isolation is never a victim's choice but is rather coerced by their batterer. They based their hypothesis on the above-stated quote, in which they assumed that social isolation is a significant component of IPV across the rural/urban divide.

Their findings, however, proved that women in urban areas were less socially isolated, while women in rural areas tended to be both socially and geographically isolated. Brown *et al.*'s (2000:253) statement is in accordance with that of Preller. They state that social isolation detaches victims from positive social aspects like vicarious learning and social persuasion. This in turn, creates self-doubt and low self-efficiency that ultimately exacerbates the occurrence of IPV. Social isolation is thus, seen as a precursor for the exacerbation of IPV, as well as a consequence of IPV that leads to low self-esteem and low self-efficiency.

Many researchers have found that victims who suffer emotional and psychological distress because of IPV can also resort to negative behaviours as a coping strategy. Miller-Perrin *et al.* (2018:214) state that victims with depression and PTSD sometimes

self-medicate by smoking or abusing drugs and alcohol. In her South African study, Slabbert (2010:125) found that the women who participated in her study identified alcohol abuse as a means to cope with the abuse, as well as a means to forget the abuse. The CSVR (2016:15) report on GBV in South Africa accordingly stated that South African women victims of IPV use alcohol to numb the physical and psychological pain of traumatic incidences.

### **2.5.3 The economic impact of IPV on women**

The physical, psychological, emotional, and behavioural consequences of IPV is seemingly, intertwined. The CSVR (2016:15) claims that these consequences also have an economic impact on victims of IPV. Krug *et al.* (2002:100) state that women who are abused by their partners often times cannot effectively seek employment. They claim that IPV does not always affect the possibility of employment; studies found that IPV does affect income and a victim's ability to retain employment (Krug *et al.*, 2002:103). In 2014, KPMG wrote a report concerning the cost of GBV in South Africa. It stated that women who suffer the effects of IPV are more likely to take time off work or to be unproductive when they are at work (KPMG, 2014:10). Similarly, Miller-Perrin *et al.* (2018:214) state that women often miss work or resign altogether when dealing with the physical and psychological effects of IPV.

Moreover, Miller-Perrin *et al.* (2018:214) state that a decline in income due to IPV also leads to further victimisation, as women lack the economic resources to break free from their abusive circumstances. The discussion above stressed the impact that IPV has on the individual experiencing it. However, research has shown that IPV does not only affect those who experience it. Reports such as the one written by KPMG specifically focus on the economic effect that IPV has on the state and society at large. This topic will subsequently be addressed in a section to come, which focuses on the role of the state in mediating and preventing IPV, as well as the consequences that IPV has on the state. IPV entails severe consequences that seemingly only exacerbates victimisation. Focussing on how researchers define victims and survivors would thus be fitting, as it



highlights whether there exists a distinction between coping with abuse and physically breaking free from the abuse.

## 2.6 DEFINING A SURVIVOR

Within the realm of examining IPV, it has become apparent that a clear-cut definition of what it means to 'survive' IPV is yet to be established. Although a consensus has not been reached, a central point around which researchers base their participants is whether or not an individual has left the physical space within which the abuse occurs and/or their abuser. Consequentially, researchers, such as Davies *et al.* (2015:30), that comply with this notion, state that their participants are individuals who "*recently left abusive relationships.*" Davies *et al.* (2015:34) recruited women who effectively ended their abusive relationships no less than three years prior to the study. Thus, as a methodological measure, the criteria that they employed to attain data from '*survivors*' of IPV was to assure that they were not currently in an abusive relationship and that a significant time had passed between the conclusion of the abusive relationship and their study.

In a study concerning survivor advocacy, Murray *et al.* (2015:87) interviewed individuals who had been in an abusive relationship in the past. Thus, they employed a similar criterion as Davies and his colleagues by interviewing individuals who were no longer in abusive relationships. Similarly, Martinez and Wong (2009:460) interviewed women who were making use of shelter services during the time of the study. Thus, both researchers were interviewing participants who had left their abusers but was still in the process of becoming independent. Nonetheless, they defined their participants as survivors. It is thus, clear that although there does not exist a measurable definition of a survivor, many researchers use the concept of leaving one's abuser as a definition of a survivor.

The abovementioned studies are but a few which uses the concept of leaving an abuser as a way to determine eligibility for their studies. Zosky (2011:205), Pajak *et al.* (2014:2574) and Ford-Gilboe *et al.* (2009:1021) all applied the same criteria. In a South

African study of the denial of abuse and trauma theory, Hardnek (2010:14) specifically identified her participants as survivors, and her criteria for eligibility stated that the women in her study had to be able to reflect on the reasons why they left their abusive relationships. She also described certain social support constructs as helping individuals transition from a victim to a survivor by assisting them in the process of leaving an abusive relationship.

Although indirectly defining women who leave abusive relationships as survivors seem to be salient within various studies, many researchers also actively oppose the use of this terminology. Partners For Prevention (P4P), a United Nations initiative, alternatively, published an article regarding the favoured terminology when assessing IPV in Asia. They subsequently reasoned that by distinguishing between a victim and a survivor, a researcher is not only defining the experience of abuse but also a fragment of an individual's broader self-identity (Fulu *et al.*, 2013:3). They argued that such terminology is presumptuous in nature, as it insinuates an individual may not have the ability to experience change or to transform into a well-developed and empowered person (Fulu *et al.*, 2013:3). Accordingly, they advise that the phrase, "*A person who has experienced abuse*", be used when working with so-called '*survivors*' of IPV. Similarly, Dieneman *et al.* (2002:221), when measuring intervention for women who experience IPV, state that the typical measurement is perceived to be the termination of abuse by leaving a relationship. However, they argue that this approach is reminiscent of victim-blaming (Dieneman *et al.*, 2002:221). They posit that no single instrument of measurement can encapsulate the intricacy of a woman's life. Thus, they feel that establishing a more profound comprehension of an individual's decision-making process when seeking a safe and violence-free life is key.

In South African context, researchers who study the role of shelters in South Africa use the term '*survivor*' to describe women who left their abusive relationships. A survivor is, thus, a woman who leaves her abusive relationship and is residing in a shelter, which provides her with intervention strategies that empower her to escape the threat of DV. For the purpose of this study, the role of shelters in South Africa and the policies that

govern service provision needs to be addressed. The following sections will discuss the role of shelters for abused women in South Africa, the shelter funding models implemented and the policies that govern the provision of resources and services in said shelters.

## **2.7 THE ROLE OF SHELTERS FOR ABUSED WOMEN IN SOUTH AFRICA**

Bhana and Lopes (2019:3) argued that the most significant intervention shelters provide is the disruption of a continued cycle of violence. In 2019, the National Shelter Movement of South Africa (NAMSA) conducted 26 interviews with former shelter residents in the Eastern Cape, North West and Mpumalanga provinces (National Shelter Movement, 2020:6). NAMSA stated that for the majority (79%) of the interviewees, their shelter stays signified a significant turning point in their lives, as they were given the opportunity to create a better life. Moreover, they noted that the minority of interviewees who proceeded to go back to their abuser did so because they had no other option (National Shelter Movement, 2020:58). Bhana and Lopes (2019:8) attained similar results in their interviews with 40 former shelter residents in Gauteng, Mpumalanga and the Western Cape, with 70% of interviewees living free from abuse after their stay at a shelter.

Lopes *et al.* (2018:17) stated that the crux of service delivery rests on shelters. Accordingly, for over a century, shelters have been providing services to women and children that were not being provided by the state. Specifically, St. Anne's Home for Women and Children has been an established shelter since 1904 and is the oldest documented shelter of its kind (Lopes *et al.*, 2018:17). Lopes *et al.* (2018:17) argued that during the establishment of the post-apartheid era, the government did not possess the necessary expertise to support women and children who experience violence and thus, it outsourced and subsidised service provision to NGOs. Accordingly, shelters became a regulated branch of the state.

However, in a 2016 review of the White Paper for Social Welfare 1997, the DSD describes the relationship between the DSD and NPOs as a partnership that is crucial to the delivery

of social welfare services (Department of Social Development, 2016:335). It cited the DSD's annual report for 2014/2015 where it was stated that the partnership between the DSD and NPOs result in both positive and negative outcomes. For example, an Eastern Cape NPO stated that the assistance provided through their partnership with the DSD contributed to creating their business plan and strengthened their partnership, which resulted in a more open relationship (Department of Social Development, 2016:336). It was however, noted that the majority of comments made by NPOs from across the nation, were negative. These comments included a lack of communication between the DSD and NPOs and that DSD staff viewed their relationships with NPOs as holding power over NPOs instead of an equal partnership that is dedicated to delivering services (Department of Social Development, 2016: 336).

Furthermore, Vetten (2018:10) noted that shelters' approach to service delivery had been designed to be generic, under the Victim Empowerment Programme (VEP), with regards to supporting victims of violence; however, the National Strategy for Sheltering Services for Victims of Violent Crimes has made shelters subject to a variety of circumstances under which clients should be admitted. She stated that under the new policy, shelters were no longer explicitly geared towards supporting victims of abuse but rather to any victims of violent crimes (Vetten, 2018:10). This included victims who experienced rape or abuse from a family member, victims of forced labour, human trafficking or kidnapping, as well as lesbians who were victimised based on their gender identity or sexual orientation. Lopes *et al.* (2018:17) argued that the funding shelters received from the state are not adequate to support the comprehensive needs of victims of violence. In 2018, Vetten and Lopes (2018:34) noted that at shelters in the Eastern and Northern Cape, IPV was still the most common reason (53%) why women entered shelters.

Shelters also play a key role in providing a variety of resources and services. Vetten and Lopes (2018:49) identified six additional roles shelters play to women who experience violence in South Africa. Accordingly, shelters sometimes represent the primary source of care for children who enter shelters. Vetten and Lopes (2018:49) found that a small number of children in shelters were unaccompanied by adults and sought temporary

shelter because the adults in their lives were either incapable of caring for them at the time, i.e., working away from home or arrested, or they had been abused by a family member, and they needed to be protected from said family member. The primary services provided to these children was psychological counselling.

Furthermore, shelters are often used as temporary hostels (Vetten & Lopes, 2018:50). State departments often use shelters as temporary accommodation for women who are facing deportation or must testify in legal proceedings. Vetten and Lopes (2018:51) also stated that when women do not stay the recommended three-month period, it is often due to the fact that they came to the shelter for specific legal or psychological counselling, and once they resolved the matter that brought them there, they opted to leave.

With regards to IPV specifically, Vetten and Lopes (2018:52) stated that shelters are often sanctuaries designed to protect women from being continuously victimised by their abusers. Consequentially, an abuser will often threaten and intimidate not only the woman he victimises but also any individual who assists the victim in escaping her abusive circumstances. Vetten and Lopes (2018:52) recounted the stories of women who had their children and family members' lives threatened by their abuser, and to protect their loved ones; they chose to go to a shelter.

Vetten and Lopes (2018:53) stated that shelters are also sometimes regarded as a refuge from societal damnation. When women feel ashamed or embarrassed by the abuse they experience or need a safe space to renegotiate the terms of their relationships, they often turn to shelters for support. Moreover, shelters are often regarded as a retreat where women who have suffered abuse or loss can work on developing a new start to a happier and healthier life (Vetten & Lopes, 2018:53).

Lastly, Vetten and Lopes (2018:53) stated that shelters also serve as mental health facilities in many communities. Women who become combative with family members or destitute due to psychological disorders are often referred to shelters. Accordingly, shelters provide the necessary resources, such as access to medication or

hospitalisation, that assist women in establishing a sense of normalcy in their lives (Vetten & Lopes, 2018:53).

With regards to IPV, Bhana and Lopes (2019:8) argued that a shelter's ability to render services effectively and efficiently to clients is reliant on building adequate partnerships with other service providers in the health, social welfare, and justice sectors. These partnerships, in combination with the shelters' ability to provide adequate skills development programmes, are indicative of their ability to support women in finding employment (Bhana & Lopes, 2019:9). Accordingly, they found that employment is a determining factor with regards to whether a client breaks her cycle of violence by leaving her abuser. Overall service provision is governed by the South African funding models that the state implements to regulate how shelters support women survivors of IPV. The following section will discuss said shelter funding models.

## **2.8 SHELTER FUNDING MODELS IN SOUTH AFRICA**

In the National Strategic Plan on Gender Based Violence and Femicide in 2020, President Cyril Ramaphosa stated that South Africa maintains the shameful accolade of being one of the most dangerous places to be a woman globally. Subsequently, the President added that the establishment of the National Strategic Plan on Gender Based Violence and Femicide (NSPGBV) was a response to growing objections from civil society organisations and the public at large concerning the protection of women and children in South Africa against GBV (National Strategic Plan on Gender Based Violence and Femicide, 2020:2). The accessibility of shelters, as well as the quality of services provided at shelters, was identified as one of the leading intervention strategies to support survivors of DV and femicide. However, it was noted that inadequate funding places a strain on service delivery at shelters and consequentially undermines a shelter's ability to support survivors of DV and femicide (National Strategic Plan on Gender Based Violence and Femicide, 2020:32).

The National Strategic Plan on Gender Based Violence and Femicide is a budgeted three-year plan with a five-year outcome initiative aimed at implementing intervention strategies to better support women survivors of DV and femicide. In the five-year outcome initiative, the declaration aims to implement a nationally standardised approach to funding and service provision at shelters (National Strategic Plan on Gender Based Violence and Femicide, 2020:100). Consequently, the Victim Service Support Bill was submitted for public review and feedback in July of 2020 (Government Gazette, 2020:608). These policies, however, rest on a long history of legislated intervention put in place to protect South African women against GBV. For the purpose of this study, the policies and legislation specifically geared towards the funding of shelters that support women survivors of DV and IPV violence will be discussed. The following section will provide a history of gendered policy development with regards to DV and IPV, the current shelter funding model, state funding for shelters in the Western Cape and the role of women's shelters in South Africa.

### **2.8.1 A history of gendered policy with regards to domestic violence**

At the inauguration of South Africa's democratic regime in 1994, the government committed to resource allocation that would include gendered citations in national policies (Commission for Gender Equality, 2021:12). In 1996, the South African Parliament launched The South African Women's Budget Initiative (SAWBI), which aimed to raise awareness of specific themes such as gender and single parenthood (Parliamentary Monitoring Group, 2002). It was reasoned that significant change could only be enacted when supported by the necessary resource allocation to do so. To that end, in 1996, the Cabinet pledged to allocate fewer resources to the military and more to women-specific issues in the South African society. In 1999 the government committed to greater programme implementation in several government departments that would implement a gendered budget (Parliamentary Monitoring Group, 2002). According to the Bureau for Gender Equality (2006:3), gender-responsive budgeting is designed to collect budget revenues and distribute expenditures to address the inequalities that persist between women and men. SAWBI had a positive impact in terms of gender-sensitive government

requirements, such as integrating gender issues into the Ministry of Finance's documents and mandating that data be collected on the basis of gender by the national statistics office (Bureau for Gender Equality, 2006:3).

The Commission for Gender Equality (2021:12) stated that the SAWBI established the integration of gender-specific issues into national budget allocation; however, the initiative eventually dissolved in 1999 with the conclusion of the Commonwealth project. Moreover, it was said that gender-responsive budgeting was inadequate in the absence of gender-responsive planning and that policies should have been more precisely monitored, evaluated, and audited in order to successfully implement a gender-responsive budget (Commission for Gender Equality, 2021:6). More than two decades later, in 2018, the Gender Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing Framework (GRPBMEAF) was drafted to realign the government's commitment to gender-responsive budgeting and its operational implementation of said budget in a sustainable and inclusive manner (Commission for Gender Equality, 2021:6).

Moreover, DV has been regulated under the Domestic Violence Act (DVA) since 1998. The DVA also allows a victim of domestic violence to request an order of protection against his or her perpetrator without necessarily having filed a criminal charge against said perpetrator (Furusa & Limberg, 2015:3). Vetten (2014:2) also stated that domestic violence cannot be prosecuted as a crime. A victim of DV can lay charges such as assault or attempt to cause bodily harm. According to Furusa and Limberg (2015:5), the prevalence of DV remains statistically undetermined to a larger extent due to the fact that there is no such crime as Domestic Violence.

Accordingly, a complainant can also apply for an interim protection order until a final order of protection can be granted at a court proceeding where both parties need to be present (Republic of South Africa, 1998:7). The DVA also obligates any member of the police service to support a victim of domestic violence and assist him or her in finding a suitable shelter and, if needed, medical attention. A police member must also make the victim



aware of their rights in terms of the DVA and his or her ability to lay criminal charges against a perpetrator (Republic of South Africa, 1998:4).

Many researchers, however, have noted shortcomings in the DVA, specifically with regards to the role of police officers and the lack of resources in terms of supporting victims of domestic violence. Prinsloo (2007:25) stated that an analysis of the DVA in Johannesburg indicated that many women who report domestic violence were displeased with the service provided by the police. Taranto *et al.* (2013:2) also found that victim accounts indicated that the police were reluctant to serve protection orders or to arrest perpetrators that violate protection orders. Moreover, it was also noted that police often hold negative attitudes towards victims of DV and often fail to make victims aware of their rights in terms of the DVA. Notably, Vetten (2005:7) also stated that NGO's take on many of the police's responsibilities, such as advising victims of their rights and assisting in finding suitable accommodation in Alberton, Gauteng.

Recently, in 2020 amendments to the DVA were approved by parliament as it is currently awaiting presidential signature to be written into law. The Amendment stipulated that no prosecutor may refuse to institute an order of protection or withdraw an order of protection, given the parameters set by the DVA (Republic of South Africa, 2020:28). Moreover, any functionary, defined as any health care professional, educator, social worker, or caregiver, must report suspected instances of DV to a social worker or the South African Police Service (SAPS). A Peace Officer must and can arrest a suspected perpetrator of DV without a warrant when arriving upon a scene where DV is suspected of having taken place or is taking place (Republic of South Africa, 2020:11). Moreover, the proceedings regarding issuing an order of protection, as well as the removal of dangerous weapons from a perpetrator, has been amended. In terms of filing an urgent application for a protection order, notwithstanding ordinary court hours, an application can be submitted directly to the court. Furthermore, an application for an order of protection can be filed by any functionary or person with a material interest in the well-being of a complainant, when consented to do so by the complainant (Republic of South Africa, 2020:12). Complainants can also apply for protection orders online. The court must also

issue a final order of protection, based on the evidence previously provided, even if an alleged perpetrator does not appear on the stipulated court date for the finalisation of the protection order. If the complainant or both parties implicated in the protection order is absent at the stipulated court date, the court must extend the interim protection order (Republic of South Africa, 2020:15). Lastly, an alleged perpetrator of DV must relinquish all weapons deemed dangerous to SAPS as stipulated by the amendment. This includes firearms brandished during the occurrence of DV to threaten the life of the complainant (Republic of South Africa, 2020:25).

In 2001, the Department of Social Development (DSD) also released the Minimum Standards on Shelters for Abused Women, which established the obligated quality of service provision at shelters that support women survivors of DV and IPV (Minimum Standards on Shelters for Abused Women, 2001:1). The document placed the following regulations upon shelters for abused women:

The shelter must be registered at the DSD and should be associated with an accredited organisation. All staff are required to attend training and obtain the minimum standards as recognised by the DSD. The DSD will put monitoring and evaluation mechanisms in place to assure good quality service delivery, which aligns with the transformation goals and vision of social welfare service. Shelters are obligated to administer an adequate screening process with regards to assessment, based on a standardised intake sheet for placement and referrals, to each client upon arrival. An up-to-date list of nearby shelters and their contact details should be readily available at all shelters and police stations. Shelters are not to disclose the whereabouts of their clients. Individual attitudes, participation and respect for diverse cultures should be taken into consideration when placing women and children into assigned rooms. Shelters need to accommodate children and make the necessary provisions. A generic approach to client admission must be enforced to ensure that destitute women who have been a victim of violence or abuse can be accommodated (Minimum Standards on Shelters for Abused Women, 2001:6).

The Minimum Standards on Services for Victims of Crime was launched in 2002 and preceded the Victim's Charter of 2004 (National Policy Guidelines for Victim Empowerment, 2009:7). Both documents reiterated the government's commitment to consolidating all laws and policies related to the rights and services provided to the protection of victims of DV. Moreover, The Minimum Standards on Service for Victims of Crime ensured that service providers acknowledge their responsibilities when supporting survivors of DV. The Victim Empowerment Policy was launched in 2009 and aimed at restorative justice that lessens the occurrence of continued victimisation of individuals through the service provision geared at supporting them (National Policy Guidelines for Victim Empowerment, 2009:1). The Victim Empowerment Policy aimed to establish a holistic, standardised approach to victim service provision that are implemented in various departments and across multiple sectors.

Additionally, the Victim Empowerment Policy placed specific requirements on sectors in public and private spheres that provide service to victims of violence (National Policy Guidelines for Victim Empowerment, 2009:1). The Victim Empowerment Programme (VEP) was developed by the National DSD and implemented by the Provincial Departments of Social Development; however, the VEP is standardised and implemented uniformly throughout South Africa (Victim Empowerment Programme, 2021). The VEP placed specific requirements on Shelters that provide services to Victims of Violence. These requirements include:

Providing a safe space to reside; the provision of protection, food, clothing, and emotional support; raising awareness on skills development, training, and victim's rights; advisement on court proceedings and preparations necessary for court; perpetrator-specific programmes and GBV prevention programmes (Victim Empowerment Programme, 2021).

Most recently, the National Strategic Plan on Gender Based Violence and Femicide was launched, and the Victim Service Support Bill (VSS) was proposed in 2021 by the state to regulate the provision of service delivery in South Africa. The following section will

discuss the current funding model implemented by the state, as well as the commentary and criticism surrounding the model.

### **2.8.2 Current State Funding Model Implemented in South Africa**

As previously mentioned, shelters are held accountable for the quality of service provision by the provincial DSD. According to a study by the Heinrich Böll Foundation in 2011, the state distanced itself from the responsibility of solely providing funding for social welfare services (Lopes, 2013:2). Accordingly, the National DSD implemented a policy on funding distributions for Civil Society Organisations (CSOs), which indicated that shelters throughout South Africa would have to obtain the majority of its funding through private requisitions (Stone, Watson & Thorpe, 2013:1). This placed immense pressure on Non-Governmental Organisations (NGOs) and Non-Profit Organisations (NPOs) with regards to remaining sustainable. The state declared that NGOs and NPOs would have to vie for private funds to reach their budgetary goals (Lopes, 2013:2). The Commission for Gender Equality (CGE) reiterated these findings and stated that the state's inability to provide shelters with the necessary funding needed to provide adequate resources and services merely shifts the instance where funding is needed down the line (Stone, Watson & Thorpe, 2013:1). Consequentially, creating a greater need for funding amongst other systems that support survivors of DV and IPV. These systems include the legal system, the medical – and social systems, the educational system, as well as the public assistance offices (Stone, Watson & Thorpe, 2013:1). (This research was the outcome of a project by the Western Cape CGE Commissioner at the time, Prof Amanda Gouws).

During its 2011/2012 budget, the Western Cape DSD allocated less than 1% of its annual budget to the VEP, of which only 33.3% was allocated to shelter funding (Lopes, 2013:3). The National DSD applied for additional funding from the National treasury to increase funding for the VEP and succeeded to obtain an additional R 77 Million for their 2013/2014 budget. However, in 2013 Lopes (2013:3) stated that the funding allocated to shelters is not sufficient. Accordingly, when funding is not sufficient, shelters cease resource and service provision that does not cater to the basic needs of clients, such as housing and

food. Lopes (2013:3) noted that funding cuts also result in increased staff turnover due to the salary cuts made in order to keep the shelters sustainable. Consequently, Stone, Watson and Thorpe (2013:4) proclaimed that the DSD is required to accept full liability for the development of the policy platform and to establish a system that holds participants responsible through monitoring, evaluation and reporting of the VEP's influence on service provision to victims of violence. Along with several legislative pieces, such as the DVA, the state has a legal responsibility to provide shelters with the necessary funding for adequate resource and service provision. Stone, Watson and Thorpe (2013:4) argued that because shelters provide resources and services aimed at upholding the state's legal obligation to protect women against violence, the state must ensure that shelters receive the necessary funding to fulfil this obligation.

Stone, Watson and Thorpe (2013:4) stated that a key downfall of the DSD is that funding is not uniformly allocated. The allocation of funding from the National Treasury is not equally distributed amongst shelters. The Heinrich Böll Foundation analysed the state funding trends amongst eight shelters in South Africa and found that there was no set percentage of how much funding each shelter should receive (Lopes, 2013:3). Accordingly, some shelters received 96% of their annual budget from the state, while others received only 22% from the state. The then Member of the Executive Council (MEC) of the Western Cape DSD, Patricia de Lille, stated that the relationship between the DSD and service providers determines how successful the implementation of the VEP is (Stone, Watson & Thorpe, 2013:7). In the Western Cape, it was found that the provincial DSD releases sweeping statements regarding its obligation to provide shelter accessibility to women and children, as well as its obligation to ensure funding opportunities to service providers. However, without the implementation of an operational plan to ensure these obligations are met, these statements remain meaningless (Stone, Watson & Thorpe, 2013:4). Accordingly, the Western Cape DSD places the undue burden of implementing the undertakings of the DSD on the organisations to which it outsources said obligations. Stone, Watson and Thorpe (2013:8) argued that the DSD has subjugated the following obligations to shelters:

It obligated short-term interventions for survivors of violence. The provision of intervention strategies that support a client's basic needs as well as her emotional, psychological, and economic needs. A shelter needs to hold itself accountable in terms of being registered with the DSD and being in partnership with accredited organisations. Shelters also have to ensure that it is managed responsibly. Shelters need to ensure that their staff members meet the necessary training requirements to support the minimum standards on service delivery, as well as put the necessary measures in place to ensure quality service provision (Stone, Watson & Thorpe, 2013:8). Lastly, shelters need to hold themselves responsible for administering sufficient screening assessments to clients upon arrival and the development of referral and procedure manuals that illustrate how to manage DV (Stone, Watson & Thorpe, 2013:8).

All of the abovementioned obligations that the state outsource to shelters are legislative obligations awarded to the DSD by the VEP and thus, remains the DSD's responsibility. Dangor (2020:3) stated that currently, the DSD only funds up to 39% of a shelter's annual budget and subsequently, funds are still not equally allocated amongst shelters. She stated that while some shelters receive up to R71 per woman per day, others receive only R9 per woman per day in state funding (Dangor, 2020:3). Similarly, the Commission for Gender Equality released an investigative report into the state of shelters in 2020 and found concerning discrepancies in allocated budgets between the provincial DSDs. The following tables illustrate the number of state funded shelters in each province, as well as the allocation of state funding to shelters in seven provinces:

**Table 2.1: Number of state funded shelters in South Africa**

Province	Number of shelters
Gauteng	25
Western Cape	15
Mpumalanga	22
KwaZulu-Natal	20
North West	22
Eastern Cape	13
Northern Cape	08
Limpopo	02
Free State	07

**Source: Commission for Gender Equality, 2020**

**Provinces: 2015/2016 2016/2017 2017/2018 2018/2019**

**Table 2.2: the allocation of state funding to shelters in seven provinces.**

Provinces:	2015/2016	2016/2017	2017/2018	2018/2019
Mpumalanga	R 10 192 000	R 11 055 000	R 12 634 000	R 17 426 120
KwaZulu-Natal	R 14 122 000	R 17 331 000	R 17 340 000	R 62 022 000
Eastern Cape	R 12 289 641	R 9 162 385	R 8 472 295	R 9 857 748
North West	R 10 603 000	R 8 930 000	R 10 871 881.45	R 10 260 000
Free State	R 1 218 540	R 1 097 722.50	R 1 201 141.43	R 1 401 956.51
Northern Cape	R 3 281 996.96	R 3 451 000	R 2 750 320	R 4 998 142

**Source: Commission for Gender Equality, 2020**

The Commission found that provinces apply inconsistent budget allocation, administration, and standard minimum requirements for shelters. Moreover, this trend was also observed between different districts in the same province. The Commission stated that the DSD has a Sector Funding Policy that is governed by the principles upheld by the Constitution (Commission of Gender Equality, 2020:20). Accordingly, these principles are embedded in the South African government's commitment to unravelling the unequal distribution of opportunities and support created by the Apartheid regime. These principles obligate the DSD to consort with NGOs on the delivery of services and provide equitable access to said services in every community across South Africa. Moreover, the DSD is also obligated to establish effective monitoring mechanisms to ensure that NGOs and provincial DSDs are in compliance with the policy. Conversely, the Commission found that these mechanisms are inconsistently implemented regarding budget allocation, minimum standard requirements, and administrative services (Commission for Gender Equality, 2020:157). In the North West Province, for instance, the DSD could not justify why shelter funding had been decreased. In the Free State, the Commission found that shelters were not functioning optimally, and the number of shelters available was insufficient for the number of clients seeking support (Commission for Gender Equality, 2020:59). In the Western Cape, the Commission found that the policies regarding shelter funding and monitoring were comprehensive yet still insufficient in terms of actual funding allocation.

The following section will discuss the Western Cape DSD shelter funding model. The shelter funding policies implemented by the Western Cape DSD determines the amount of state funding received by the shelter participating in the study. St. Anne's is a state funded shelter located in the Western Cape; thus, the regulations and administrative obligations established by the Western Cape DSD determine service and resource provision. Understanding the Western Cape DSD shelter funding model will shed light on how funding allocation influences resource and service provision at St. Anne's.

### **2.8.3 Shelter funding in the Western Cape**

With regards to state funding allocation to shelters in the Western Cape, it was stated that roughly 50% of the provincial DSD budget is allocated to shelter funding. Shelter funding has increased from R 7 million in 2009 to approximately R 46 million in 2019 (Commission for Gender equality, 2020:60). The Commission commended the Western Cape for the percentage of funding allocated to shelters; however, it acknowledged that funding was still not being uniformly allocated. It was also stated that the Western Cape had the highest prevalence of households that experience abuse compared to other provinces and this, alluded to violence being prevalent across gender, race, religion, culture, and class (Commission of Gender Equality, 2020:69). Accordingly, the Western Cape DSD has an established funding process that culminates in the provincial DSD signing a Transfer Payment Agreement with every shelter that is approved for state funding. The funding process is outlined as follows:

The Western Cape DSD advertises an appeal for funding proposals in media outlets and shelters submit a business plan by a predetermined due date. The shelters must provide additional information with regards to their issued municipal population and fire certificates (Commission for Gender Equality, 2020:70). The shelters are required to be registered as a Non-Profit Company (NPC), NPO or a Trust in order to qualify for state funding. The shelters' business plans are assessed with regards to financial management, the shelters' ability to provide services and the state of governance at the shelters. Pre-funding visits are implemented, and a DSD social worker determines



whether the service provision conforms to the norms and standards set in place by the DSD. When a submission is outlined and approved by the Executive, a Transfer Payment Agreement between the Western Cape DSD and the shelter is signed. The shelters are required to submit standardised quarterly reports, which includes client admissions and the DSD Funding Unit determines whether funding will be approved (Commission for Gender Equality, 2020:70).

The Commission for Gender Equality (2020:74) found that the Western Cape DSD's policy regarding state funding for shelters is comprehensive. However, the lack of inter-departmental and inter-sectoral cooperation with regard to service provision and the limited permitted duration of stay at shelters was identified as a limitation to adequate policy implementation. Currently, clients at state funded shelters in the Western Cape are permitted to stay for three months or longer if the circumstance necessitates further intervention (Commission for Gender Equality, 2020:60).

## **2.9 CONCLUSION**

Previous literature has found that anyone can fall victim to IPV. Regardless of race, gender or class, individuals who fall victim to IPV are physically, psychologically, and economically abused – all of which is unique to each individual's experience. To escape said abusive circumstances, victims need supportive networks to rebuild their lives separate from their abusers. A standard definition of IPV and GBV does not exist among researchers; however, the South African government has stipulated what it defines as DV in the DVA. The DVA defines IPV as abuse between partners and is not determined by marriage or cohabitation. IPV can occur between any individuals who are in an intimate relationship. Furthermore, IPV is regarded as a financial burden on the state. State expenditure regarding GBV is predominantly focused on providing survivors of GBV with access to shelters and medical –, legal – and psychological care. However, the cost to civil society is not accounted for as many NGOs rely on private funding to remain sustainable. It was determined that IPV is one consequence of the patriarchal society of South Africa. The patriarchal society allows men the privilege of exerting power and

control over women, and gender violence is seen as a tool to maintain social control over women in South Africa. It is stated that customary laws instil a patriarchal norm that justifies IPV as an appropriate response to a wife's misconduct (Noge, 2014:1). The consequence of IPV is far-reaching and comprehensive. Women who experience abuse are said to suffer psychological, emotional, sexual, and economic distress. Although a consensus of how to define a survivor of IPV does not exist. Many researchers define a survivor in South African context as a woman who has left her abusive relationship and is in the process of becoming independent. The most significant intervention that shelters provide is the disruption of continued violence. Accordingly, during the post-apartheid era, the state did not have the resources to support survivors of GBV. Shelters bared the crux of the responsibility regarding support for survivors of GBV and still do so to this day. However, the support provided by shelters is stipulated by the regulations established by the state. Shelters are not merely safe havens for abused women. Shelters take on a variety of roles to support vulnerable individuals in society. Shelters often provide support to women and children who seek medical and mental health intervention, which would otherwise not be accessible to them. The state recognises the roles that shelters take on in society. Subsequently, it is legislated that the national DSD and provincial DSD's are obligated to provide shelters with the necessary resources, specifically funding, to adequately support survivors of GBV. Previous studies, such as the study conducted by the Commission for Gender Equality, found that in various provinces, funding remains insufficient and is not uniformly allocated amongst shelters. In the Western Cape, the Commission found that funding initiatives are comprehensive but lack a multi-sectoral approach to victim support. This study aims to determine whether shelter funding, specifically in the Western Cape, influences a shelter's ability to provide women survivors of IPV with the resources and services necessary to break free from their abusive circumstances. The following chapter will discuss the methodological approach of this undertaking.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The research method used for this project utilises instruments from both qualitative and quantitative approaches, respectively. This incorporation of a mixed-methods approach will be discussed in the chapter below. The first section of this chapter will expand on the rationale for implementing a mixed-methods approach and look at its ethical and practical implications. The second section will expand on the qualitative aspect of the research including, the semi-structured interviews conducted, its translation and transcription, the data analysis used and the validity and reliability of the semi-structured interviews. The third section will expand on the quantitative aspect of the research including, the collection of data, the questionnaire used during the study and the process of analysis used during the study.

#### **3.2 THE RATIONALE FOR IMPLEMENTING A MIXED-METHODS APPROACH**

The research project aimed to determine whether state funding impacts the provision of resources and services by shelters that empower women survivors of IPV to break free from their cycle of violence. This was done by comparing the intervention strategies and funding initiatives that state funded shelters and non-state funded shelters employ. The effectiveness of both types of shelters' intervention strategies was measured by obtaining data from two separate populations involved in the matter at hand. Namely, the shelter managers and social workers who devise and implement intervention strategies and the women who make use of these intervention strategies. This approach grounded the research in a holistic manner by drawing comparisons between the attitudes and opinions amongst both populations, as well as the attitudes and opinions held between the populations in the state funded – and non-state funded shelter, regarding the adequacy of the resources and services provided to survivors of IPV.

A key argument for implementing a mixed-methods approach was that when comparing the size of the two populations identified for the study, it was clear that one population was significantly larger than the other. Very few people are involved in creating and implementing shelters' intervention strategies compared to the number of people who use these shelters. For instance, on average, St. Anne's houses 21 survivors of DV and their dependents, under the age of five years old, for a maximum of 3 months at a time. Thus, the number of individuals who utilise the interventions strategies is in constant flux, while the individuals who devise and implement these interventions stay, for the most part, unvarying. Therefore, simply applying either a qualitative or quantitative approach to the research would have been challenging. Sandelowski (2013:4) stated that in mixed methods research, the aspects of quantitative and qualitative approaches are not merged but rather placed in the collocation of one another to determine whether they "confirm, refute, or otherwise extend or modify each other." This study aimed at achieving what Sandelowski described as an "*actual integration*" of quantitative – and qualitative aspects of research (Sandelowski, 2013:4). The analysed data collected from both the qualitative and quantitative samples in the study was not merged but instead used to determine whether the perceptions and attitudes of both the qualitative and quantitative samples confirmed, refuted or in some way extended one another when referring to the effectiveness of the intervention strategies implemented in state funded and non-state funded shelters, respectively.

Another key argument for using a mixed-methods approach in this study was the complex nature of the research question at hand. The methodology was selected based on the sensitive nature of the data collected from women survivors of abuse. The rationale behind this decision is supported by Bryman's (2012:635) notion of completeness. Completeness rationalises a mixed-method approach as a means of obtaining a more complete answer to a research question by filling in the gaps left by one method with another method. A mixed-methods strategy is usually employed when qualitative data collection in the form of interviews is made difficult by the sensitive nature of the population being studied. As conducting face-to-face interviews with women survivors of

IPV would result in possible ethical issues, this research project instead used a structured, quantitative self-completion questionnaire to obtain the necessary data about shelter resources and services from the previously mentioned population. Plano Clark (2017:305) also argued that when qualitative and quantitative approaches were viewed as complementary to one another instead of in opposition of one another, the combined strengths of these two approaches could create great opportunities for tackling complex research problems.

When considering all parties involved and the most efficient data needed to analyse the research question, it becomes clear that the attitudes of IPV survivors who utilise the services provided should be quantified and analysed. However, without insight into how state funding alters or supports the services provided, the results remain detached from the fundamental role that state funding plays in supporting and empowering women who survive IPV. In order to establish which resources provided by shelters are funded by the state and whether the funding is viewed as sufficient, managerial insight is needed. Thus, to study the effectiveness of state funding, the research requires a complex approach to data collection. Critical thought dictates that to fully understand the impact of state funding in shelters for survivors of IPV, one cannot simply analyse the attitudes and perceptions of individuals who receive funding from the state. A one-sided observation of facts is not substantial enough to highlight a complex phenomenon such as the research question at hand. In order to fully understand the influence of state funding in shelters for survivors of IPV the inverse should also be included i.e., the influence of not receiving state funding in shelters for survivors of IPV. Subsequently, it could provide empirical evidence for the research question.

With the establishment of the Mixed Method International Research Association (MMIRA) in 2013, the approach has had heightened support from the academic community, with many scholars advocating for the use of mixed methods methodologies in the human sciences (Merten, 2014:3). A key advantage of mixed methods methodology is highlighted by Plano Clark's argument that a sequential mixed-methods approach to research can address questions that relate to "*what*" and "*how many*". She argues that a

qualitative approach gives meaning to cultural or social experiences and phenomena however, it cannot address the prevalence or the predictive power of the observed constructs. When a quantitative approach is used as a sequential method of inquiry, the researcher can not only give meaning to the observed social and cultural experiences and phenomena but also calculate its prevalence and the predictive power of said construct (Plano Clark, 2017:306). Thus, a sequential mixed methods design could establish what the impact of state funding was on shelter resource provision and how many respondents were satisfied with the resources provided.

### **3.2.1 The mixed-methods approach applied in this study**

In this research project, the qualitative research method utilised was in-depth interviews with shelter managers and social workers, while the quantitative research method utilised was structured self-completion questionnaires completed by women survivors at the shelters who were willing to participate. Thus, purposive sampling was used to identify participants in the qualitative interviews and the participants for the quantitative questionnaires. Purposive sampling is a type of non-probability sampling that is used to determine which units (i.e. people, documents or groups) should be selected regarding the research questions being asked (Bryman, 2012: 416). The research questions determine which categories of people should be the focus of attention and which should be sampled. Therefore, a non-probability sampling method was used to determine who would participate in the quantitative research because, in order for the quantitative data to be relevant to the study at hand, a participant had to adhere to specific requirements, i.e., the participant had to be a resident of one of the two shelters that partook in the study. Thus, simple self-select purposive sampling was used to identify the quantitative sample group.

The researcher commenced by establishing the willingness of the shelter directors and social workers to participate in the research project. The researcher then enquired whether the structured questionnaires could be given to survivors who were willing to participate. The shelters were selected based on whether they receive funding from the

DSD, namely St. Anne's and whether they do not receive funding from the DSD, namely Huis Jabes.

### **3.3 ETHICAL AND PRACTICAL IMPLICATIONS OF THE STUDY**

The researcher obtained the approval of the Research and Ethics Committee of Stellenbosch University. Thus, all of the research instruments, data collection strategies, and data collection processes selected were assessed and approved for use in this study. Furthermore, formal letters requesting consent were sent to participating shelters in this study which granted the researcher permission to conduct the study at each respective shelter. The shelters also consented to include the names of both shelters in the study. Letters requesting informed consent and information sheets about the study were distributed to each individual who participated in the study, whether in the qualitative or quantitative sample. The following section will discuss the letters of informed consent and the information sheets provided to the respective qualitative – and quantitative sample groups.

#### **3.3.1 Informed consent for the qualitative sample group**

Informed consent was crucial for the Research and Ethics Committee of Stellenbosch's approval of the study. Mouton (2001:244) argues that a researcher is obligated to consider any repercussions of participating in a study and the implication of participating for the population being studied. Therefore, all participants should be informed of what will be asked of them during the study, and if they approve of the requirements, they can choose to sign a letter of informed consent and participate in the study (Mouton, 2001:244). Subsequently, any individual who does not feel comfortable with the study's parameters can also choose not to participate. The participants of the semi-structured qualitative interviews were provided with an information sheet that detailed what was to be expected during the interviews and a letter of informed consent. The information sheet was given to the participants to enable them to have a copy of the requirements, even after the study had been completed. This ensured that all participants knew that they still

had the right to withdraw from the study even after the research was conducted. The participants were made aware that if any line of questioning made them feel uncomfortable, they also had the right not to answer. The information sheet and letter of informed consent rationalise that as managerial staff members, most participants' names are already a matter of public record; however, if a participant wishes to remain anonymous, the researcher used a pseudonym when the research was analysed and written up. If the participant agreed to the terms ascribed by the information sheet and the letter of informed consent, the participant signed the letter of informed consent. The participants were also provided with the researcher's contact details as well as that of her supervisor, if any participant would have had any follow-up questions or remarks or if they wished to withdraw from the study after the interview had been conducted (**Refer to Addendum A**).

### **3.3.2 Recording qualitative interviews**

The participants of the semi-structured qualitative interviews were made aware that the researcher would record the interviews on an audio recording device. The participants were notified that the interviews would be recorded on the information sheet. The participants were informed that the recording would be saved on the researcher's personal laptop, to which only she has access, and deleted from the audio recording device. It was also established that all the data stored on her personal computer would be saved in a hidden folder, with an administrator password securing it. The researcher noted that she would personally transcribe the interviews, and once the data had been transcribed and analysed the data, as well as the original recordings, would be deleted from her computer and saved onto two individual memory drives (a memory stick and an SSD - Solid State Drive), which would be stored in a safe only she could access.

### **3.3.3 Informed consent for the quantitative sample group**

With regards to the ethical aspect of completing the questionnaire, the information sheets and letters of informed consent were given to the participants, and their signatures were



obtained. This established their willingness to participate in the completion of the questionnaires. The participants were not asked to provide any personal information that would establish their identity and ensured that the line of questioning was limited to only their experiences and attitudes towards service provision in the shelter. No probing questions regarding past personal experiences were added to the questionnaire, as it was not suitable for the study at hand and it could cause discomfort. Subsequently, only information surrounding the demographics of participants were ascertained from the questionnaires. This ensured the anonymity of the participants during the research project. The research report only contained the generalised opinions and attitudes that the participant had regarding the effectiveness of shelter resources and services. **(See Addendum B)**

### **3.4 THE QUALITATIVE ASPECT OF THE STUDY**

The following section will expand on all the practical implementations of the qualitative aspect of the research.

#### **3.4.1 Semi-structured interviews**

Semi-structured interviews were conducted to obtain in-depth data regarding the impact of state funding on the effectiveness of shelter resources. As mentioned previously, this was done in the hopes that the data gathered would add context to the complexity of the social phenomenon being studied – which could not be derived from solely applying a quantitative approach. The topics discussed during the interviews were similar to that of the questionnaire however, it aimed to derive additional insight into the topics as well as establish a better understanding in terms of how state funding influences the conception and implementation of intervention strategies and their accompanying resources. **(See Addendum C).**

The following topics covered the different themes, as determined by the literature review and are as follows:

1. Where shelter funding comes from.
2. Whether state funding is considered sufficient.
3. Whether current state involvement in the provision of resources at shelters is considered sufficient.
4. The challenges faced by shelters in terms of resource provision.
5. Whether the implementation of the VEP in police stations and hospitals is considered a priority.
6. The quality of the relationship that the shelter has with the DSD.
7. Whether shelters emphasise the implementation of exit strategies that provide women survivors of IPV the opportunity to break free from their abusive circumstances
8. The number of women that repeat their stay in the shelter.
9. The number of women who go back to their abuser after their stay at the shelter and the reasons for this occurrence.

### **3.4.2 The approach to interviews**

Due to the time-consuming nature of individual interviews, regarding both conducting and transcribing the interviews, the researcher conducted three interviews. The interviews were approximately 60 minutes each and were conducted with the shelter manager and social worker from the state funded shelter and the social worker from the non-state

funded shelter. The interviews were conducted at a time most suitable for each participant to not interfere with the participants' work schedules. Due to the technical nature of the topic at hand, I had to apply a fair amount of moderation when conducting the qualitative semi-structured interviews. Moderator involvement was necessary in order to probe for more detailed information. Follow-up questions, probing questions and specifying questions were used by the researcher in order to get participants to elaborate on their relevant statements (Bryman, 2012:476). As stated above, the topics discussed during the interview was derived from the same topic guide used to create the quantitative questionnaire; however, other topics pertinent to understanding the complexity of the impact of state funding on shelter resources were also examined. Open-ended questions were used to gain more insight into all questions relating to the topic guide and the additional interview questions.

### **3.4.3 Interview sample procurement**

The shelter director from St Anne's Home and the social worker from Huis Jabes were approached to obtain consent to conduct the study at their respective shelters. The social worker from Huis Jabes obtained consent from its board of directors to be involved in the study. During the meeting, they both also consented to be part of the qualitative key informant group, as they were identified as central in funding acquisition and distribution and the establishment of intervention strategies provided by their shelters. Purposive sampling was then used to identify any other key players who also met the previously mentioned criteria for this group. St. Anne's social worker was also identified as a key player to be interviewed, as she was part of the operational implementation of intervention strategies at St. Anne's. Huis Jabes's social worker was identified as the only key player to be interviewed, as she was not only at the forefront of funding acquisition, but also of the operational implementation of the shelter's intervention strategies.

The interview with St. Anne's manager and social worker was conducted in April 2021, while the interview with Huis Jabes' social worker was conducted in June 2021. Due to the unforeseen circumstances of the global Covid-19 pandemic, all qualitative interviews

had to be postponed until the necessary safety regulations were implemented and the national lockdown levels allowed non-essential business to be conducted. Regarding data saturation in qualitative research, Fusch & Ness (2015:1410) state that data saturation occurs when a researcher collects good quality or good quantity data. In this study, data saturation occurred when the same structured questions led to similar answers with regards to the predetermined themes of the research, and no new coding could be established.

#### **3.4.4 Data analysis**

The study made use of a grounded theory approach in order to analyse the qualitative data collected. Grounded theory is an inductive approach to research. It aims to generate theory based on the data gathered (Bryman, 2012:387). With the use of coding, this study compared the collected data to develop a hypothesis regarding the impact of state funding on the resource and intervention strategy provision by shelters to empower women survivors of IPV. Coding was done using NVivo, computer software designed for coding qualitative data (Bryman, 2012:591). A deductive approach determined the five major themes, based on prior research conducted and the subsequent literature examined in chapter two, throughout the data collected. The approach also established the components that need to be addressed in order to answer the research question.

While an inductive approach generated sixteen core concepts and twenty-two categories present in the five main themes. Word Frequencies, Coding Frequencies, Cluster Analysis, Group Queries, Matrix Coding, Cross Tabulations, Code Queries and Code Comparisons were used to generate the core concepts and categories. The results of this study were organised by the five main themes, then the core concepts that fall in the five main themes and lastly, by the categories. The core concepts address the most notable assertions made by all three participants regarding the themes discussed, while the categories highlight the factors that are unique experiences brought to light by the participants in these five themes.

### **3.4.5 Validity and reliability of the qualitative method**

Mouton (2001:1) argues that typically existing tools of measurement are used in order to collect data. However, when studying a new phenomenon that is yet to be studied in its specific socio-economic setting, it is crucial to create new tools of measurement. The measuring tool used during this study was designed specifically for the study. The measuring tool was created by the researcher, edited by her supervisor, and approved by the Ethics Committee. Thus, a consensus was reached regarding the efficacy of the measuring tool at hand, highlighting a sense of internal reliability or dependability (Bryman, 2012:390). The research questions were established and justified by the findings of the previous literature studied concerning funding and shelter regulation and the implications of these two concepts on resource and service provision at the two shelters participating in the case study. The answers provided by the participants of the qualitative sample were relevant to the themes being investigated. Thus, the measures at hand were considered stable and reflected a degree of internal validity or credibility (Bryman, 2012:390).

## **3.5 THE QUANTITATIVE ASPECT OF THE STUDY**

The following section will expand on all the practical implementations of the quantitative aspect of the research.

### **3.5.1 Self-administered questionnaire**

Given the time-consuming and intrusive nature of one-on-one interviews, a self-administered questionnaire was used to gather data from the participants who utilise the resources provided by the shelters. It, in turn, also allowed for a denser accumulation of data surrounding the matter – lending credibility to the findings as the opinions of the participants were based on a larger sample. Participants generally completed the questionnaires independently. The researcher explained the process of completing the

questionnaire to the participants before they completed it and answered any questionnaire-specific questions that occurred during the completion process. The questionnaire was presented in the three most commonly spoken languages in the Western Cape, namely, English, Afrikaans and isiXhosa. No verbal interviews were needed as all participants were literate. There was also no need for an isiXhosa interpreter as the researcher was fluent in English and Afrikaans, and none of the participants opted to communicate or answer the questionnaire in isiXhosa. Subsequently, half (n=5) of the questionnaires were completed in English, and the other half (n=5) of the questionnaires were completed in Afrikaans. The questionnaire was structured to identify the level of satisfaction participants had when referring to specific resources and services offered by the shelters. The items were structured as follows:

**Table 3.1: Breakdown of questionnaire per section**

Sections:	Description of sections
Section 1	Demographics
Section 2	General information regarding shelter stays
Section 3	Satisfaction with basic needs resource and service provision
Section 4	Satisfaction with legal counsel provision
Section 5	Satisfaction with psychological support provision
Section 6	Satisfaction with medical support provision
Section 7	Overall satisfaction with resource and service provision
Section 8	Employment
Section 9	Childcare
Section 10	Satisfaction with shelter social work services
Section 11	General perception of empowerment within the shelter
Section 12	General perception of exit strategies within the shelter
Section 13	Overall satisfaction with the shelter experience

The following section will discuss each section of the questionnaire and its relation to the research topic at hand. **(See Addendum D).**

### 3.5.2 Questionnaire items

The questionnaire and the questionnaire items stated above were chosen based on the literature examined in the previous chapter. The previous literature on shelters in the Western Cape identified these items as the most common points of interest when discussing the purpose and efficiency of shelters in the Western Cape. Questionnaire items relating to the satisfaction of basic needs was inspired by Dana Schmidt (2014:255), who stated that higher quality of life leads to a lowering of distress and the establishment of better future life strategies – of which basic needs satisfaction is at the centre. The questionnaire items relating to legal counsel and psychological support was inspired by study done in Western Cape shelters by the Heinrich Böll Foundation. The study found that many survivors in shelters seek legal counsel but can rarely afford anything more than the counsel of the staff members who work at the shelter and that the assigned social worker is solely responsible for all psychological counselling that survivors at the shelters may need (Bhana, Lopes and Massawe, 2013:20). The questionnaire items relating to the satisfaction with medical assistance was inspired by the work of Campbell *et al.* (2009:116) that found that the majority of women who survive IPV experience physical injury that results in short-term or chronic illness – illnesses that by necessity need to be treated while making use of a shelter, in order to ensure a better quality of life.

The questionnaire items relating to employment and the acquisition of employment was inspired by Kok's (2001:180) argument that economic independence while being housed by a shelter was a method of empowering survivors to establish better life strategies. The questionnaire items relating to childcare were inspired by the Heinrich Böll Foundation's study that found that most women who seek refuge at Western Cape shelters are accompanied by their children. Shelters need effective strategies to assist these children, as the study found that only 8% of mothers received child support grants (Bhana, Lopes and Massawe, 2013:52). Lastly, the questionnaire items relating to empowerment and overall satisfaction with the resources and services provided at Western Cape shelters were also derived for the Heinrich Böll Foundation's study that found insufficient funding

has led to the inferior implementation of the VEP, as well as place a significant restraint on the resources and services that can be implemented within shelters.

While conducting my preliminary research, I did not find evidence-based research regarding non-state funded shelters' quality of service and its perceived sufficiency by those who utilise them. Thus, the criteria set up for the measurement of state-funded shelters were used to examine how non-state funded shelters fared despite its lack of state funding. Participants were encouraged to answer close-ended questions by choosing the most suitable answer. The answers ranged from simplistic "yes/no" questions to a 5 point Likert Scales ranging from "strongly agree" to "strongly disagree"; with undecided as a middle ground and "very poor" to "very good" with fair as a middle ground. Some of the close-ended questions also utilised a 10 point scale with 1 being "very poor" and 10 being "very good", as well as one question where participants had to choose between 3 answers which best suited them. Two open-ended questions were inserted where participants could describe how they learned of the shelter that housed them and any commentary on what the shelter could have provided that would have made creating better life strategies a more viable reality. The following section will describe the aim of each questionnaire section, respectively.

The aim of obtaining demographics from participants was to formulate background information regarding the sample being studied. As noted in the previous chapters, with South Africa, IPV can affect any person of any socio-economic and racial standing. Thus, it was essential to gain insight into the diversity of shelter residents. The demographics provided by participants were coded into a set of variables that could be cross-examined to distinguish whether their satisfaction with the resources and services provided by shelters differed along racial and economic lines. It was also necessary to determine whether the abovementioned criteria differed between women of different age groups.

Age groups were categorised into four groups, namely, "18-30, 31-40, 41-50 and older and 50." The first age group was categorised as the young adult group. Generally, young adults are still developing their future life strategies regarding the family structures they



develop. These family structures consist of partner selection and establishing their family units. The second group was comprised of adults who are typically in the beginning stages of their life strategies, while the fourth group was comprised of adults who presumably had already settled in their life strategies in terms of their family structures. The final group was comprised of adults who had presumably longstanding family structures that had developed over their adult life. The categories selected were based on Erik Erikson's Stages of Human Development (Psychologist World, 2020).

Furthermore, race was categorised by the standard South African categorisation of race, namely, "Black, Coloured, White, Indian and other." Although this categorisation is controversial and many people no longer accept it, it is still the categorisation of race used by the South African government. Monthly household income was categorised by data gathered by Statistics South Africa in 2015. The median household income in 2015 was R 13 546, while the mean was R 39 747 (Stats SA, 2017:14). Monthly income was thus, categorised as follows: "less than R 10 000, less than R 20 000, less than R 30 000, less than R 40 000 and more than R 40 000."

Section 2 aimed to gain information regarding the participants' use of shelters. This section includes a question that determines whether participants have used shelters before, with a scale consisting of: "Never, Once, Twice and More than twice." The question was motivated by the Heinrich Böll Foundation's study that found in all three shelters that they had studied, some of the participants had made use of a shelter before. Their findings showed that 32% of the participants in the study were either repeat clients, or the data surrounding their use of shelters were not documented (Bhana, Lopes and Massawe, 2013:51). Another question relating to residency asked whether the participants of the study had lived with their abuser prior to entering the shelter. The question was accompanied by a scale stating: "Never, Less than a year, More than a year, Less than five years and More than Five years." The reasoning behind this question was that many women who entered shelters in the Western Cape needed legal assistance in finalising their divorces. Thus, many were married, yet how many participants lived with their abuser was unclear (Bhana, Lopes and Massawe, 2013:54).

Moreover, estimating how many women lived with their abusers before the study could also indicate how many women would need to find alternative housing once they left the shelter.

Section 2 also enquires whether the participants have children and whether they brought their children to the shelter with them. In order to indicate whether shelters are equipped with the necessary resources to cater to the needs of the children who accompanied their mothers to a shelter, one must obtain a tangible answer as to how many children are brought to the shelters. The 39 women who participated in the Heinrich Böll Foundations' study had a total of 95 children. However, only 46 children accompanied their mothers to the shelters.

Section 3 enquired how women came to hear about the shelter and whether they felt that the staff had supported them to the best of their abilities. The former question was designed as an open-ended question in order to capture a detailed understanding of how shelter awareness had been raised, without constricting participants to only choosing between the most common sources of referrals, namely, the police, medical personnel, church organisations, friends and family, as well as self-referrals (Bhana, Lopes and Massawe, 2013:21). The latter was a close-ended question that made use of a Likert Scale ranging from: "Strongly disagree, Disagree, Undecided, Agree to Strongly agree." This question was designed to determine the participants' general sense of support during their stay at the shelter. The following four sections divide the level of satisfaction participants felt regarding the support provided into the different categories of services and resources provided, namely, the provision of basic needs, legal counsel, psychological support and medical assistance.

Section 7 aimed to determine whether participants were satisfied with the assistance provided by shelters during their stay. While, section 8 was based on the study's literature review findings, which indicated that economic dependency and unemployment are two of the pivotal factors that deter women survivors of IPV from creating better life strategies. Bhana, Lopes and Massawe found that 44% of the participants in Western Cape shelters

had no form of income and that only 16% were employed during their stay at the shelter (Bhana, Lopes and Massawe, 2013:53). Furthermore, section 9 was intended to determine the quality of childcare provided by shelters.

Many services provided by shelters rests on the shoulders of the social workers at the shelters. Services ranging from legal and psychological counselling to childcare are all provided mainly by social workers. Thus, section 10 aimed to determine the quality of assistance that social workers provided to shelter residents. Subsequently, as shelters fall under the auspice of the VEP, a primary determining factor of the quality and effectiveness of resources and services provided by shelters is whether they empower women to break free from their abusive relationships. Section 11 aimed to establish participants' general perception of empowerment at the shelter, while section 12 focussed on the participants' general perception of the exit strategies provided at the shelter. Lastly, section 13 aimed at determining whether participants were overall pleased with their experiences at the shelter.

### **3.5.3 Response rate and questionnaire completion**

The response rate of the participants in the qualitative sample that resided in the non-state funded shelter was 75%. At the time of this study, only four women resided in the non-state funded shelter, and three of the four agreed to participate in the study. The response rate at the state funded shelter was 100%. All seven women who resided in the shelter during the study agreed to participate in the study. As the moderator, I was present while the questionnaires were being completed however, she was only there to explain to the participants how to complete the questionnaire and to offer assistance if a participant needed more clarity in terms of how to answer specific questions.

### **3.5.4 Data analysis**

The questionnaire data were analysed using the statistical package IBM SPSS 28. An in-depth discussion of data analysis is stated in chapter 4, where the results are analysed.

Subsequently, the general principles adhered to are as follows: the data captured was coded and converted into distinct variables, namely, nominal, categorical and ordinal variables. Descriptive statistics were generated for each studied variable by using frequency distribution. However, the statistics generated were too small to be viewed as relevant to the study given the number of quantitative participants who were able to participate in the study. The statistical package IBM SPSS 28 was only used to analyse comparisons in and between the answers given by the participants from the state funded – and non-state funded shelters, respectively.

### **3.6 CONCLUSION**

An exploratory and descriptive design was selected that utilised a mixed-method approach to gather information that was insightful and knowledgeable regarding how state funding influences resource and service provision in shelters for abused women. One state funded shelter and one non-state funded shelter that was willing to participate in the study was contacted, to gain access to the two population groups necessary to conduct the research. The first population being the staff members at the shelter in charge of funding acquisition and resource and service provision, and the second population being the women survivors of IPV that utilised the resources and services provided in the shelters. The staff members were selected through purposive sampling to form part of the qualitative sample group, while the women survivors of IPV were selected through simple self-select purposive sampling to form part of the quantitative sample group. Data was gathered through semi-structured interviews in the qualitative sample and a structured questionnaire in the quantitative sample.

## **CHAPTER FOUR**

### **DATA ANALYSIS**

#### **4. 1 INTRODUCTION**

The following chapter documents the findings from the fieldwork for the study and is organised in terms of relevance into the identified five themes, as described below.

This research study focused on the following central research question and the subsequent clarifying questions:

1. Does state funding have a substantial impact on the provision of resources and services by shelters that empower women survivors of IPV to break free from their cycle of violence?
2. How do women who use the shelters experience the services and resources?
3. Does it allow them to exit the shelter to a better life?

The data collected during the qualitative interviews were analysed with the Qualitative Research Analysis Software, Nvivo. A deductive approach was primarily used to determine the five main themes throughout the data collected. These five themes were based on prior research conducted and its subsequent literature examined in chapter two, as well as the components that need to be addressed in order to answer the research question. The five main themes are Funding, Government Involvement, Intervention Strategies, Empowerment and Exit Strategies.

While an inductive approach, using Word Frequencies, Coding Frequencies, Cluster Analysis, Group Queries, Matrix Coding, Cross Tabulations, Code Queries and Code Comparisons, generated sixteen core concepts and twenty-two categories that were present in the five main themes. The results of this study are primarily organised by the

five main themes, then the core concepts that fall in the five main themes and lastly, by the categories. The core concepts address the most notable assertions made by all three participants regarding the themes discussed, while the categories highlight the factors that are unique experiences brought to light by the participants in these five themes. Quotes from the qualitative data are used to emphasise the relevant experiences to the five main themes. As a supplementary means of broadening the research to better ascribe meaning to the comments made by the participants in the qualitative sample, a quantitative questionnaire was provided to 10 participants, who represented the clients of St. Anne's and Huis Jabes. All 10 participants in the quantitative sample were current residents, with seven (n=7) residing in St. Anne's and three (n=3) residing in Huis Jabes. The questionnaire was structured to analyse the attitudes held by residents regarding the resources and services provided by the shelter and how effectively they felt the shelter empowered them to be independent.

#### **4.2 RELEVANT ATTRIBUTES OF THE PARTICIPANTS**

The three individuals who participated in the qualitative research study were selected because they were significant participants in obtaining funding, resources and services in shelters that aspire to empower women survivors of IPV to break free from their abusive circumstances. Two of the participants were social workers at the shelters, while the third participant was the shelter manager at one of the shelters. All three participants could provide insights into the procedural and administrative aspects of managing a shelter and the relationships with other organisations, individuals, and government institutions necessary for shelters to provide quality service to women who stay at these shelters. All three participants in the qualitative sample provided insights into the five main themes and how they relate to each other.

The ten participants in the quantitative sample were selected because the study required information on shelter clients' attitudes toward shelter services. One could not know beforehand their attitudes, which fosters independence and a commitment to safe future life strategies. Of the 10 participants in the quantitative sample who participated in the

study, two were black, four were coloured, and four were white. In terms of age, a majority of the participants were between the ages of 18 – 30 (n=7), with one between the age of 30 – 40 and two between the age of 40 – 50. Similarly, in terms of income, seven of the participants in the qualitative sample stated that they make less than R 10 000 per month (n=7), one indicated that they make less than R 30 000 per month, while two indicated that the parameters of income do not apply to them, as they are not receiving any form of income. The data collected from the quantitative research generated insightful findings regarding resource and service provision, child support, safety in the shelter, empowerment, and independence. The following section will discuss the findings of both the qualitative – and quantitative findings at length.

### **4.3 FUNDING**

Discovering how state funding influences a shelter's ability to provide resources and services to women survivors of IPV is a focal point in the research study. Funding is the basis on which it is determined what type of services can be provided and what resources are available in shelters. It is important to note that the participants in the quantitative sample could not contribute to the topic of funding, as they are not privy to the administrative aspects of shelter management. Thus, the following section will only discuss the findings of the qualitative research of this study. When analysing the data, it became apparent that there exist differences and similarities in how state funded – and non-state funded shelters acquire funding. The two core concepts that arose during the qualitative interviews were state funding and private funding, emphasising both the opportunities and restrictions associated with state funding and private funding.

#### **4.3.1 State Funding**

St. Anne's currently receives 39% of its overall funding from the DSD. Therefore, St. Anne's is still required to campaign for 61% of its overall funding via private donations to remain sustainable. The manager of St. Anne's stated that the National Treasury assigns the funding received from the government to the individual provinces via the DSD, which

in turn assigns funding through what is known as "equitable share" to shelters through the Victim Empowerment Programme (VEP). She described the process of funding procurement via the DSD as follows:

But within The Department of Social Development, they have six or seven other programmes, so The Victim Empowerment Programme has always been labelled as the stepchild. And because there is no policy around it, it always gets the least funding.

However, she also stated that in South Africa, the Western Cape DSD is best in practice in terms of funding allocation. She explained that comparatively, shelters in the Western Cape are allocated more funding than shelters in the other provinces. In general, Shelters in the Western Cape are given roughly R 73.00 per woman per day as opposed to a province like the Free State, where only a few years ago, shelters were receiving approximately R 9.00 per woman per day. These significant disparities can be attributed to how the DSD in the various provinces prioritise the allocation of funding for shelters via their VEP. This, in turn, supports her claim regarding the lack of policy surrounding how funding is allocated to shelters in the VEP. The statistics provided by a report published by The Commission on Gender Equality in 2020 also supported this claim. The DSD in each province was asked to provide a list of the shelters that receive funding for the financial years 2017/2018, 2018/2019 and 2019/2020 (Commission on Gender Equality, 2020:11). When comparing two shelters in two different provinces, which house approximately the same number of women and children, it is clear that there are disparities in funding allocation. The Saartjie Baartman Centre for Women and Children in the Western Cape received funding to the tune of R 5 236 190.00 in 2020 and received an increase of R 1 121 137.00 between the 2017/2018 and 2018/2019 financial year, and an increase of R 481 936.00 between the 2018/2019 and 2019/2020 financial year (Commission on Gender Equality, 2020:14). In comparison, The Mali Martin Polokegong Centre in Gauteng received funding in the amount of R 1 240 091.00 in the 2019/2020 financial year. Subsequently, funding decreased, with the shelter receiving R 233 091.00 less in the 2019/2020 financial year than it did in the previous financial year and also



receiving R 85 076.00 less in the 2018/2019 financial year than it received in the 2017/2018 financial year (Commission on Gender Equality, 2020:14).

The manager of St. Anne's also stated that because they engage more frequently with the DSD, participate in research studies, like the one conducted by the Heinrich Böll Foundation and joined the National Shelter Movement (NSM), their funding has increased significantly. This engagement and mutually beneficial relationship have also led to St. Anne's receiving more than their annually allocated funding. The manager states:

At the end of the financial year, which is the end of March, if they have unspent funding, they would give us once-off funding. And before giving it to us, they would say: "Okay, what is it that you need? We have once-off funding." So that's how we've gotten at St. Anne's; I am talking for my shelter specifically; I said that we wanted a water harvesting system.

She also asserted that the DSD had requested they submit a proposal of what kind of assistance was needed around the shelter. She submitted a proposal that stated that St. Anne's required additional safety and security precautions like electric fencing and smoke detectors. At the end of the financial year, St. Anne's will receive an additional R 250 000 that the DSD categorised as unspent funds.

However, when asked whether the funding received from the government was thought to be enough, both the shelter manager and social worker of St. Anne's said that it was not sufficient. The social worker stated that if the funding were enough, St. Anne's would not have to vie for funds and donations elsewhere. The manager stated that the optimal ratio of state funding versus private funding at St. Anne's would be 80% state funding and 20% private funding.

A prominent notion that arose when discussing state funding is its foreseeable restriction on service provision, specifically when discussing the duration of stay that clients were allowed in state funded shelters. When discussing a shelter's ability to financially empower women survivors of IPV to become independent, St. Anne's' social worker noted

that it is just not possible. Her reason being that they are not granted enough time with their clients. She stated that the government only provides enough funding for a client to stay at the shelter for a maximum of three months and that St. Anne's sponsors an additional month to every client via private donations. She expressed that if they were to receive more funding, they would hope to have their clients stay at the shelter for at least six months. St. Anne's' shelter manager also stated that once a woman leaves the shelter, it remains the shelter's responsibility to provide after-care services like home visits and follow-up interviews for at least three months after leaving the shelter. However, the government only pays for the services rendered during a woman's initial three-month stay at the shelter. Moreover, there are no effective government programmes implemented to help women adjust to their new life strategies. She explained how the system fails abused women:

And that's where very, very often where our women end up. In the backyard or in a shack. So, when I say the system fails our women when women come in here, we actually send them, we provide the finances for them to go to the Department of Housing to register themselves on the housing list. And why I said the system fails is because it takes 20 to 28 years to get a house.

Conversely, Huis Jabes' guidelines state that a client is allowed to stay between three to six months. These guidelines are, however, flexible and often changed to fit the need of each client. The social worker added that the shelter had extended its timeframe to eight months to a year per client due to the global pandemic and its impact on employment opportunities. Her reasoning was as follows:

We do not put anyone out on the street. And because we want to do our job thoroughly and really make a difference in that woman and her children's lives; we prefer to take a little longer, and we get results rather than us having had a high turnover and she leave here the same as she came in or even worse.

Another notion, though disconcerting yet pertinent, was the wage gap between NGO employed - and government-employed social workers. St. Anne's' shelter manager stated

that she had lost approximately seven staff members to the DSD over the past eleven years. This results, despite the fact that in the transfer payment agreement signed by shelters in the Western Cape, social work posts at the shelters are funded by the DSD. St. Anne's' social worker expressed the following sentiment:

We do the same work, you know; we have the same qualification.[...] And that's also why most social workers leave the NGO sector for the government because of salaries, you know, because of benefits. Because we don't have the same benefits as they do. They get paid; for instance, they get paid maternity leave; we don't. [...] We have to claim for UIF. [...] You can decide to cut you maternity leave short and come back to work you know, to in order for you to have a salary.

St. Anne's' social worker stated that she makes on average R 8 000 less at St. Anne's than she did when she worked for the DSD. She added that social workers in the NGO sector have been fighting for years to get the same salary as the DSD social workers, but no changes have been made. The following section will discuss private funding and what it entails in greater detail.

#### **4.3.2 Private Funding**

As previously mentioned, St. Anne's has to vie for 61% of its overall funding. According to the shelter manager, private funding is raised via donors, foundations, overseas funders, regional supporters, corporations, and fundraising events organised by the shelter itself. The social worker also noted that St. Anne's has a charity shop on the premises, and all proceeds are used to fund the shelter. Furthermore, the social worker stated that private donors do not only donate funds but also commodities such as kettles and microwaves as well as food, toiletries, and clothing. However, Huis Jabes' social worker noted that there is one perceivable difference between how St. Anne's generates private funds and how Huis Jabes generates private funds. The shelter manager and the social worker noted that they receive funds from overseas donors, while Huis Jabes is entirely funded by local private donors. Furthermore, the strategy employed to procure funding by Huis Jabes relies heavily on exposure. Huis Jabes' social worker explained

that exposure on media outlets like television shows, radio stations and in newspapers are a crucial part of finding donors to provide funding to remain sustainable. She stated that to raise funds; she cannot just sit still and hope and pray that the goods will come to them.

For example, Huis Jabes was nominated as a beneficiary on the KykNet show, Hallo Lottoland and subsequently received R 200 000 in funding. Moreover, Huis Jabes hosts fundraising events and auction off items for income. Members of the public also bequeath them funds in their testaments. Furthermore, Huis Jabes also receives donations from large corporations, and many of these donations are made continuously. The social worker stated that the Woolworths in Tyger Valley donates food and non-perishables like washing powder and soap on a weekly basis.

Both the shelter manager at St. Anne's and the social worker at Huis Jabes stated that often, donations are procured due to the advocacy of women who were clients at their shelter. When speaking about a former resident of St. Anne's, the shelter manager explained how she was employed, during her stay at the shelter, as a server at the buffet section of the Grand Western Hotel, where she worked to become a member of their sales department. The shelter manager added:

And so today, she comes back and brings volunteers and when they do Madiba Day, St. Anne's is obviously on their list. When we have our AGM. She's put us in contact with the chef and he bakes this massive AGM 110th, AGM cake.

Huis Jabes' social worker also added that they are receiving donations from Ackermans in the form of clothing and underwear for the women residing in the shelter because a previous client who works for Ackermans recommend that when Ackermans felt the need to donate to a charity, that Huis Jabes should be considered. She stated:

People say, "You know, it is the good work we do, can I recommend that you donate that to House Jabes? " [...] We have to do a good job, if it were not for that, because otherwise people would not have given us money and helped and to continue to exist

sustainably. [...] We exclusively make use of the volunteering of people and the public to help us get through difficult times.

Huis Jabes' social worker also described how members of the public donate their time, services, and expertise to support their clients. She added that approximately three-quarters of the services provided by the public are done pro bono. She added:

The psychologist we have, the clinical psychologist, she also does not charge a fee at all. There are only fees involved, for example, with specialists like gynaecologists, neurologists, that type, people who have studied very far. Then they will also say, "Okay, good." Or it's a dentist. They will say, "I will give my labour for free. Just pay me for the material. " [...] Or the gynaecologist will say, "Okay, I'll do my job for free." She will see the woman for free. "You just have to please pay for the blood tests. "[...] And our gynaecologist is so fantastic that she pays out, gives out of her pocket, she gives out the medication too.

St. Anne's shelter manager explained that they rely more frequently on the connections made in the NGO network in order to cater to the needs of their clients. She stated that when a client requires support in terms of substance abuse, they usually recommend counselling at Cape Town Drug Counselling, while the social worker stated that if a client requires legal support they will refer them to Legal Aid.

When asked if the funding received through private donation is sufficient, Huis Jabes' social worker stated that it is enough to remain sustainable; however, donation procurement is based on the notion that reserve funds are necessary. She added:

We cannot just sit back and say it's enough now, because there's always running expenses. Things break, washing machines break, stoves break. The other day, due to the loadshedding, our television broke. Then we have insurance, but you have to make a co-payment. So, you cannot just say, "It's enough," you have to, you have to have a reserve fund for emergencies.

## **4.4 GOVERNMENT INVOLVEMENT**

Government involvement was identified during the preliminary review of existing literature. The theme refers to how the state supports survivors of IPV – specifically through policy and programmes implementation in various government departments and the legislation that addresses the issue of IPV. Four core concepts came to light during data analysis, namely, the VEP and how it affects service provision in shelters, hospitals and police stations, the role of government social workers in supporting women survivors of IPV, the type of relationships shelters have with the DSD, and the effectiveness of the police force and legislative bodies to support women survivors of IPV.

### **4.4.1 The Victim Empowerment Programmes and its effect on service provision in shelters, hospitals, and police stations**

When discussing the implementation of the VEP in shelters, St. Anne's' social worker described the core of victim empowerment as focusing on the client's therapeutic needs. The shelter manager of St. Anne's contributed to this notion by adding that St. Anne's has an empowerment programme that focuses on therapeutic intervention and skills empowerment, with the social worker being the driving force behind implementing the empowerment programme. As part of St. Anne's empowerment programme, each client receives eight one-to-one sessions with a psychologist and numerous counselling sessions with the social worker. Moreover, the social worker is responsible for the overall needs of each client. The Shelter manager stated:

So, they take the case, and they take care of the women, whether it is court support that they need or support with legal advice and so on. They would make the connections with outside organisations where it is helping them get through substance abuse, connecting them to Cape Town Drug Counselling. [...] And so, there's various workshops and stuff that happens, the social worker does healing and restoration.

Conversely, as Huis Jabes is not a state funded shelter, the VEP is not explicitly implemented in the shelter. Despite not implementing the VEP, Huis Jabes' objectives align with what St. Anne's social worker described as the core of empowerment.

It's trauma relief, a programme we have to run with the people since they came here, because they cannot just come in here and nothing is done for them. So, they need coping skills to not find themselves in the same situation again in 6 months. One must try to teach them insight, insight in terms of choices they have to make. In other words, it's social, it's psychological, it's holistically founded in the sense that we also use psychologists, we also make use of pastoral psychologists; we have people who come to give bible studies, so the spiritual aspect of the people also paid attention to.

When asked whether the implementation of the VEP in hospitals and police stations is essential in supporting women survivors of IPV, the participants in the qualitative sample agreed that it is essential but not consistently effective. The most notable comment from all three participants was that the VEP is necessary but not consistently appropriately implemented or even implemented throughout the various hospitals and police stations. St. Anne's social worker said that when the VEP is adequately implemented, it helps her as a social worker to support the needs of women survivors of IPV more efficiently. She stated that when staff at hospitals and police stations know and understand the policies around the VEP, it makes the process smoother. Almost half (n=3) of the participants in the quantitative sample from St. Anne's noted that they needed medical assistance when they arrived at the shelter and stated that the quality of service provided ranged from fair to very good. Two out of the three of the participants in the quantitative sample from Huis Jabes also noted that they needed medical assistance when arriving at the shelter and that the service provided to them was fair and good, respectively. St. Anne's manager said that 80% of the implementation of the VEP in police stations is a great idea. She stated:

I know who the facilitators are and I know that Lieutenant Colonel Kolse, he's a VP here for SAPS and he pushes that. But at the same time, I also know that in some

police stations, it's actually just a white elephant. [...] But it depends on the human capital and the willpower to bring about the change and to offer quality service.

Considering that when asked how they came to find St. Anne's, five of the participants in the quantitative sample who resided at St. Anne's stated that they were either referred by a DSD – or BADISA social worker or by a police officer; it seems to support St. Anne's' social worker's statement that the proper implementation of the VEP lead to many women finding the support they need at St. Anne's. Conversely, St. Anne's manager noted that the implementation of the VEP is a metaphorical double edge sword, where some police officers do not follow up on reports of domestic violence and the public at large do not know how to report domestic violence to the police correctly. Accordingly, the public needs to be educated on reporting instances of domestic violence, while there should also be greater accountability in implementing the VEP in police stations.

When addressing the implementation of the VEP in police stations and hospitals, Huis Jabes' social worker noted that she does not have a formal relationship with hospitals specifically; however, the police often interact with her to spread awareness and for assistance.

Many of the police make great use of us; for example, if programmes are launched nationwide like those 20 days of activism against women and child abuse, then the police will come here a lot of the time and have talks or the police, we will talk on the radio together, or the station commander will ask us to man a stall for publicity; so we work very closely with the police to launch, in terms of gender violence, intimate partner crime awareness campaigns. It is more about acting proactively and not just reactive. [...] And the police will also often ask me if they have a victim and they do not have someone immediately at victim support if I can just come and help them and do the trauma relief.

She added that she does not work with hospitals specifically on victim empowerment in terms of domestic violence but subsequently works closely with the Thuthuzela Care Centre at Karl Bremer, where trauma counselling is needed. Huis Jabes does not operate



autonomously but works as a support structure for the police departments and Karl Bremer hospital. She stated that when Huis Jabes receives an excess in donations of, for instance, sanitary products, detergents and soaps, they make gift packages which they deliver to the police stations and hospitals.

We also give, and what we have left, we also share with the community. [...] Our gifts go to other women out there who are also victims of domestic violence, but they are not necessarily embraced under the guidance of House Jabes.

When asked whether they feel the VEP is effective in terms of empowering women to escape their abusive circumstance, all three participants in the qualitative sample agreed that is effective, however, how effective it is, is based on the individual's willingness to accept the support provided by the VEP, as well as how the VEP is implemented. Both the social worker at St. Anne's and Huis Jabes stated that the VEP can only be effective if the client decides to accept the support given to them and actively work to enact meaningful changes. Huis Jabes' social worker stated that the awareness campaigns are highly effective, and they can support women to the best of their abilities, but it boils down to the women wanting to change their circumstances. St. Anne's social worker explained how these interventions sometimes fail to enact change.

I think they feel the pressure. Sometimes when they're in that abusive relationship or that in that environment at that time, they feel the pressure and they feel that they need to for their kids. Maybe. [...] A parent or someone wants them to get the help they need. Then they get here and they think of what they need. And they think of the perpetrator and they get the idea in their head that the perpetrator has changed.

The manager of St. Anne's stated that the VEP is saving lives and reducing the femicide rate; however, it could be more effective if the VEP was implemented more holistically. She described how she viewed a holistic approach to implementing the VEP:

And so, my thinking, my recommendation would be that as shelters, we need to work with government, and they have the BEP forum. They almost need to have a person

from the Department of Health or a small team from the Department of Health, that will service the woman in the shelters. Like, they would have a small team from the Department of Education that will service the women, the women's children in the shelters. [...] And the same applies for the Department of Labour to help with training women, upskilling them to getting them into CETA accredit jobs. And the same applies to housing.

#### **4.4.2 The role of government social workers in supporting women survivors of IPV**

In the National Policy Guidelines for Victim Empowerment, it is stated that social workers who work for the DSD are service providers in terms of the VEP. (National Policy Guidelines for Victim Empowerment, 2009:17). However, when discussing the role of government-employed social workers in supporting women survivors of IPV, who use state funded - and non-state funded shelters, it became apparent that these roles were not well defined.

St. Anne's social worker stated that government-employed social workers cater to a broad spectrum of clients, for instance, the elderly, individuals who struggle with substance abuse, families and children. Accordingly, the services provided by social workers employed by the state are exempted from the work in the victim empowerment sector. She referred to the service that social workers in shelters provide as specialised. When asked if social workers from the DSD break contact with clients after they refer them to a shelter, she explained that the DSD social workers assume the role of external social worker, while she assumes the role of internal social worker and the services provided are divided accordingly. Thus, when a service is needed that cannot be catered to by the shelter, for instance, communicating with the police or assisting with a court case, she can contact a social worker from the DSD for assistance. However, she described a relationship that necessitated personal acquaintance. When asked if social workers from the DSD fulfil these services, she expressed that they do when you have a good working relationship with them. She stated that most social workers would help readily; however, a few would only offer assistance after multiple emails and phone calls. Huis Jabes' social worker reiterated this sentiment. She added that when clients request care after their stay

at the shelter, and she cannot immediately assist them, she refers them to the government social worker in their area. She stated:

They will call back the next day, 90% of the time, they will say to me: "They cannot help me. They don't even want to, they can't even do a home visit, because their cars do not have petrol. " Or there is always, there is always something. Never, I have never had a client who said to me: "Great service. Always there for me. Did a home visit. I did not have food, they brought me food. " No. It's rather non-existent. So, this is just my experience of what clients say to me.

Conversely, when discussing social workers employed by the DSD, St. Anne's manager stated that in the Western Cape specifically, their services are brilliant.

You can send an email or pick up the phone and say that you have taken someone in and they have papers, a refugee, but the papers are expiring. [...] Social development will then take that email send it through to the Department of Home Affairs, copy you in say that we need paperwork. So, there's that kind of support. So, we struggle with getting a child into school and we copied it in and you know the ball starts rolling.

She described St. Anne's as the training ground for DSD social workers. As previously mentioned, the wage disparity between social workers employed by the government and social workers employed by shelters has a significant impact on social workers migrating from the NGO sector to government posts. Her statement is validated by the fact that in the 11 years that she has been managing the shelter, eight staff members who worked at St. Anne's, have left their position to work for the DSD. Despite an increase in staff turnover, she added that this migration was beneficial to the shelter. When social workers migrate out of the NGO sector to work for the government, they accordingly have an inherently better understanding of the purpose of a shelter.

#### **4.4.3 The type of relationships shelters has with the DSD**

Huis Jabes' social worker stated that as a non-state funded shelter, they have very little contact with the DSD. She elaborated by saying that her contact with the DSD is merely reactive. The DSD would only contact her when they needed assistance supporting a woman who had already been abused. She stated that Huis Jabes is not included in awareness campaigns, and the DSD operates separately from Huis Jabes. However, if needed, she does refer clients to the DSD when she cannot provide them with the necessary care and support. Conversely, St. Anne's manager described her relationship with the DSD as a healthy, mutually respectful relationship. St. Anne's social worker echoed this statement by adding that they communicate what is requested from them as a state funded shelter with the DSD.

#### **4.4.4 The effectiveness of the police force and legislative bodies to support women survivors of IPV.**

Huis Jabes' social worker stated that the legal system fails abused women regarding the protection it provides victims and the freedoms it allows the perpetrators. She cited that when a woman applies for a domestic violence protection order, the perpetrator will often break the conditions of this protection order and follow or harass the victim. St. Anne's manager added that women had lost their lives at the hands of their perpetrators while having a protection order against him. She went on to say that if a woman, for example, goes back to her place of residence after staying at the shelter and her abuser finds out about her whereabouts and starts to harass her; often time the police will express that they do not want to get involved because it is viewed as a family affair. She explained that one of the women residing in the shelter had a court case that had been pending for almost two years. It took almost two years for this specific client to receive a protection order. She explained that she and her client knew the perpetrator had connections in the police force and that her docket would disappear when she appeared in court. The shelter manager stated that once she raised this issue with the magistrate, the docket reappeared. Subsequently, women experience secondary abuse. She stated that when

the legal system fails a woman, she is forced to relive the abuse multiple times. Furthermore, St. Anne's social worker also stated that the police would only become involved if a client opens a case against the perpetrator and goes to court. She stated that the most common response given by the police is that they have a lot of work and, therefore, they won't actively pursue cases of domestic violence. St. Anne's manager expressed that the shelter has had to establish court support, where members of the public volunteer to escort women to their court proceedings to deter continued harassment by the perpetrator at the courthouse.

Huis Jabes' social worker also raised the issue of having perpetrators with domestic violence protection orders against them relinquish their firearms to the police.

Because they (the police) are so involved in other types of crime such as murder and manslaughter that they think it is not a priority to take someone's weapon away. So, we have had one such case here in House Jabes, where, I pleaded with the police because the woman had an interdict, the man's revolver was never taken away and when she walked out of here one day, he shot her dead.

She expressed that this is yet another instance of the legal system failing women. Lastly, when discussing the legal system and its impact on the well-being of women survivors of IPV, St. Anne's' manager elaborated on the legal procedures that she witnessed at the world conference on court systems in terms of GBV in Kaohsiung in Taiwan in 2019. She had the opportunity to tour their court system and described it as follows:

I was flabbergasted. You come into the court system; there's a social work person, there's police, there's a housing person, there's everyone. You, as the survivor, you don't even enter, when, when it's your court date, you don't even enter at the same entrance. You enter from a different entrance. You never go face to face with the perpetrator. You talk via electronic device into the court. There's preparation for you, court preparation for your child as well in terms of preparing you and your child, say it's a rape victim, of what is actually going to transpire. And when you leave, you leave in separate entrances. So, so there's a yellow line through the entire building, where

you now go out into the garden. There's a space for you to even sit there and then the perpetrator goes another way.

She stated that in comparison, our system is very clinical and shows no empathy towards the women who have to make use of it. In both quantitative samples from the state funded – and non-state funded shelter, respectively, two participants noted that they were provided with legal counsel during their stay. Both participants from St. Anne's stated that the legal services provided to them were very good, while the two participants from Huis Jabes stated that the legal service provided to them was fair and good, separately.

#### **4.5 INTERVENTION STRATEGIES**

The intervention strategies implemented by shelters are intended to empower women to become independent and break free from the violent circumstances they found themselves in prior to staying at the shelter. These intervention strategies are designed to be holistic. The strategies encompass a majority of concepts such as counselling, parental training, skills development, employment, family preservation, legal service – and medical service acquisition. In both the state funded and the non-state funded shelter, the rudimentary services provided are sheltering and essential such as food, toiletries, and hygiene products. When asked what basic necessities, aside from shelter, were provided to them at the shelter, all of the state funded shelter participants (n=7) stated that the shelter provided them with food, toiletries and clothing; while two of the non-state funded participants also confirmed that the shelter provided them with the abovementioned basic necessities. Only one of the non-state funded participants stated that the shelter only provided her with food and toiletries. When asked to rate the material provided to take care of their basic needs on a scale from 1 to 10, with 1 being poor and 10 being very good, a mean of 8.20 results of the participants in the quantitative sample. This section will discuss findings regarding counselling, parental training, skills development, employment, family preservation, legal service – and medical service acquisition. Lastly, in this section the challenges to service provision will be discussed.

#### 4.5.1 Counselling

The most prominent and highly regarded intervention provided is counselling. Huis Jabes' social worker stated that trauma relief is an intervention provided from day one in the hopes of teaching women coping skills that will allow them to break free from their abusive circumstances. She added that these coping skills provide women insight into the necessary changes and choices they will have to make. When asked whether they had received psychological counselling during their stay, only one of the three participants in the quantitative sample from Huis Jabes stated that she had received psychological counselling. However, when asked whether Huis Jabes' social worker had counselled them for the reason they came to the shelter, two of the three participants in the quantitative sample stated that they had received counselling from the social worker. When asked to rate the counselling provided from very poor, poor, fair, good to very good, both participants in the quantitative sample stated that the counselling received from Huis Jabes' social worker was very good.

St. Anne's social worker reiterated this sentiment. She noted that the first thing she does as the social worker is try to establish a trusting relationship with every new client to assure that they get the necessary counselling. Accordingly, women who enter shelters first need to trust whoever provides them with counselling before they are willing to discuss their abusive circumstances. When asked whether they had received psychological counselling during their stay at St. Anne's, all seven participants in the quantitative sample stated that they had received psychological counselling during their stay. When asked to rate the psychological counselling provided from very poor, poor, fair, good to very good, all seven participants stated that the quality of psychological counselling was very good. When asked whether they received counselling from the social worker for the reason they came to the shelter, the majority of the participants (n=6) in the quantitative sample from the state funded shelter stated that they had received counselling from the shelter's social worker. When asked to rate the counselling provided from very poor, poor, fair, good to very good, three of the participants stated that the service was very good, two participants stated that the service was good, while one

participant stated that the service provided was fair. Both shelters make use of a psychologist that provide psychological intervention in addition to the counselling provided by staff members, at no cost to the client. Huis Jabes' social worker added that they do not stand for victimhood; they stand for survival, which is exactly the kind of perspective they try to instil in their clients. Moreover, she added that as a counsellor, one must be able to adapt to different forms of trauma. Subsequently, every client experiences trauma differently and your ability to adapt to said trauma determines the impact that counselling will have on each individual's trauma. Lastly, the manager of St. Anne's added that if she could request additional assistance in counselling from the government, she would have a psychiatrist rotate between nearby shelters to support clients with psychiatric needs as well.

#### **4.5.2 Skills Development**

Another service provided by both shelters is skills development. However, their approach to skills development differs. The non-state funded shelter mainly caters to middle to high income clients; thus, many of their clients have some form of work experience. Whether a client has work experience or not, however, does not influence their approach to employment procurement. They use a recruitment agency that assists clients with creating or updating their resumes and preparing them for job interviews. The shelter also operates in a network that allows them to send their clients' resumes to potential employers. Huis Jabes' social worker stated that when women are unemployed, they use all their resources to help them find employment, and usually, clients find employment quite quickly. When asked whether they were employed when they entered the shelter, all three participants in the quantitative sample from Huis Jabes stated that they were employed. Moreover, when asked if they were provided with services that would increase their chances of employment, one participant stated that she was given access to new skills acquisition. When asked to measure how well they coped financially during their stay on a scale from 1 to 10, with 1 being very poorly and 10 being very well, the overall mean of their score was 8.00.



The manager of St. Anne's stated that they also have a high success rate when finding employment for their clients. She stated that when compared to the national unemployment rate, employment in the shelter is relatively high. When hosting fundraisers, St. Anne's will often also engage their support network to seek employment for current residents. However, St. Anne's social worker stated that clients are struggling to find employment due to the global pandemic. She added that they feel limited in terms of physically leaving the shelter to find employment, and currently, they rely on finding employment via the internet. She explained their current role in employment procurement as follows:

And it's not our responsibility to find a job for them. We can only assist them. We can only help them to get their CV in order. To, you know, give them the, the access to our computer room and say, "Here's the internet. You can search for jobs. You can apply. We can get you ready for when entering the working place." You know. "What do you do in an interview?" All of those kind of things that concerns job readiness.

In addition, she also stated that most of the clients that do find employment are employed as low skilled, minimum wage employees, which does not afford them the opportunity to become financially independent. St. Anne's, however, also actively engages in skills development in the form of accredited skills acquisition. St. Anne's manager explained that recently they were approached by the former CEO of Woolworths, who connected her with a funder abroad who donated funds to allow clients to further their academic studies. She stated that ten women got the opportunity to further their studies, and four either completed matric or completed a literacy and numeracy course, which allowed them to become more employable. Both the social worker and the manager of St. Anne's cited a program that the shelter was recruited for by the City of Cape Town named, The Women for Change Program. It is an expanded public works program that employs women in Woodstock, and six of St. Anne's clients were recruited to the program. The City of Cape Town pays the women a stipend to work for St. Anne's and six months of work experience, which, accordingly, will also make it easier for them to find permanent employment. Due to the four-month timeframe during which clients are allowed to stay at the shelter, at the time of the interview, St. Anne's social worker stated that out of the

seven women employed through this program, only two were left. She explained that once a client's four months in the shelter had expired, she was no longer eligible to work in the shelter through The Women for Change Program. When asked whether they were employed before entering the shelter, all seven participants in the quantitative sample from St. Anne's stated that they were not employed. When asked to measure how well they coped financially during their stay on a scale from 1 to 10, with 1 being very poorly and 10 being very well, the overall mean of their score was 5.57, with a standard deviation of 3.409. When asked whether they were given access to services that could increase their chances of employment, three participants in the quantitative sample stated that St. Anne's gave them access to a job opportunity and the ability to learn a new skill; one stated that she was given access to only new skills acquisition; one participant stated that she was given access to a learning programme and new skills acquisition; while two participants stated that they were granted access to all three of the abovementioned services namely, a job opportunity, the acquisition of a new skill and a learning programme. Lastly, when asked to evaluate the statement that if they did not find employment, they would go back to their abuser with 1 being strongly disagree, 2 being agree, 3 being undecided, 4 being agree and 5 being strongly agree; the results had a mean of 1.86.

#### **4.5.3 Family Centred Interventions**

In both the state funded – and non-state funded shelters, an emphasis is placed on family preservation. The ethos of St. Anne's is to preserve the family unit and to ensure that the bond between mother and child remain sacred. St. Anne's has a crèche, The Wonderland Crèche Children's Program, with an accredited ECD curriculum for children under six. In addition to providing children with basic services such as shelter, food and hygiene products, St. Anne's also provides services such as swimming lessons through Swimmatics, play therapy with a licensed Play Therapist, as well as music therapy. Similarly, Huis Jabes's social worker stated that she too has a psychologist and an occupational therapist who volunteers to work with children when they are struggling in school. Another service she often provides is to write reports for governing school bodies

to ask for the forgiveness or reduction of school fees when a mother can no longer afford to pay her child's school fees. In the state-funded shelter, children, specifically male children under the age of six, are allowed to accompany their mothers to stay in the shelter, while in the non-state funded shelter, children younger than 12, specifically male children, are allowed to stay in the shelter with their mother. All three participants in the qualitative sample stated that when a child cannot accompany their mother to the shelter, they are placed with family or friends and never, has a child been left with the mother's abuser while she stays at the shelter. Huis Jabes' social worker added that even if a child cannot accompany his mother to the shelter, she ensures that they have full access to each other. She added that if, for instance, a mother does not have transport to visit her child, she personally transports the mother for visits over the weekends. She cited that Huis Jabes places a high priority on not breaking family ties. She added that a child needs both parents, even if those parents are in an abusive relationship. She expressed the following:

Even if the child comes in here and the mother is abused, but the child is not, I will always arrange through a lawyer, if there is a lot of antagonism between father and mother, that the father can still see the children. Even though the relationship between the mother and the father led to a breakup, your father remains your father and your mother remains your mother. And what I can see in many of these children, is that they are glad there is someone like me, who can do that mediation, because many times dad and mom can no longer communicate with each other at all, but when I mediate in between the things that went wrong between father and children, again, that we can restore that relationship again. Because I do not want it on my conscience that a child should one day come to me and say, "But [you were] the reason I could not have a relationship with my father."

The table below illustrates the number of children per participant that also resided in the state funded – and non-state funded shelter, respectively.

**Table 4.1: The number of children per shelter**

**State funded shelter or Non-state funded shelter \* Number of Children at the Shelter Crosstabulation**

Count

		Number of Children at the Shelter				Total
		4	0	2	1	
State funded shelter or Non-state funded shelter	State Funded	4	0	2	1	7
	Non-State Funded	2	1	0	0	3
Total		6	1	2	1	10

When asked to rate the service provided in terms of supporting and caring for their children from very poor, poor, fair, good to very good, a total of six out of the ten participants stated that the service was very good; while two of the participants stated that the service was good. In both the state funded – and the non-state funded shelter, the majority of participants agreed that the service provision aimed at child support was very good, with only one participant in each group stating that the service was good. Seven of participants whose children accompanied them to the shelter indicated that they did receive support from the social worker regarding caring for their children, with only one participant stating that they had not received support from the social worker. When asked to rate the service provided by the social worker regarding child support from very poor, poor, fair, good to very good, three of the participants in the state funded shelter specified that the care was very good; with two stating that the service was good. Half of the participants (n=1) in the non-state funded shelter stated that the service was fair, while the other half (n=1) stated that the service was very good.

St. Anne's social worker stated that they had a few women leave the shelter before their exit date during the hard lockdowns because they could not come to grips with not having physical contact with their family and loved ones due to the pandemic. In terms of mending family bonds, both the manager of St. Anne's and Huis Jabes' social worker stated that during an abusive relationship, a woman would become isolated from her family. They stated that if a woman expresses the need to restore these family ties, they

assist through group counselling. Huis Jabes' social worker added that they do not work in isolation but rather work with individuals in terms of how they relate to the society they exist in.

When discussing the current services that their shelters provide in order to preserve the family unit, Huis Jabes' social worker also stated that she often engages with a family lawyer in order to schedule visitations between her client's children and their father when the father was said client's abuser. She explained that even when dealing with a perpetrator, there should be a level of dignity and humanity awarded to him. This includes the right to see his children. She added that when the father abused his children, as well as their client, certain measures are put in place in order to minimise the likelihood of re-victimisation. The family lawyer will appoint a secondary social worker to oversee all visitations. Similarly, the manager of St. Anne's stated that they advise fathers who abused their partner to seek assistance from an external social worker with regard to child visitations. She added that St. Anne's social worker would then organise visitations between the father and his children through said external social worker. In terms of the involvement that a perpetrator is allowed to have with the clients of St. Anne's, their manager declared that whether or not the perpetrator is allowed to partake in any form of intervention is based on the severity of abuse in each case. In the 12 years that she has been the manager of St. Anne's, they have had instances where they engaged with the perpetrator. She explained this engagement as follows:

He understands and has remorse because of what he did. He understands that his partner has walked out on him and now he wants help to change that behaviour and so we've been referring to FAMSA, who is the closest to us and we then said to him, "This is your, this is the number, this is the details, you make the phone call.

Lastly, both the social worker at Huis Jabes and the manager of St. Anne's acknowledged the idea of intergenerational abuse. They stated that IPV is ingrained in society. Huis Jabes' social worker explained that when abuse between partners is seen as the norm in a family, that mindset can be engrained throughout generations. Similarly, St. Anne's manager stated that men and women who are not fathered properly because they grew

up in a dysfunctional family share a generational perception that abuse is a normal part of the family dynamic. She stated that currently, they are in discussions with their board of directors about facilitating a *Men and Boy Program*, which will focus on family well-being, intimate partner relationships, diversity in cultures in terms of partners. Specifically, the male role and the female role in society and the myths surrounding cultural norms that are still practised. Conclusively, breaking down the societal structures that allow abuse to become intergenerational. Huis Jabes' social worker also stated that intergenerational abuse could be deterred by raising awareness through social awareness campaigns.

#### **4.5.4 Holistic service provision**

When asked whether the shelter they are employed at should be viewed as a one-stop shop in terms of service provision, the respondents from the state funded and non-state funded shelters gave oppositional answers. In the state funded shelter, both the manager and social workers said that St. Anne's should not be viewed as a one-stop shop. They stated that being viewed as a one-stop shop would exclude many of the organisations that they work in collaboration with to support survivors of IPV like, for instance, the Thuthuzela Care Centres and the Cape Town Drug Counselling Centre. St. Anne's social worker stated that additionally, the funding they receive does not allow them to be a one-stop shop. The manager also explained that in terms of their infrastructure, it is not possible for St. Anne's to be a one-stop shop in terms of service provision. She concluded that if they were to be viewed as a one-stop shop, the government could provide services that are pooled in terms of five shelters in one cluster which receives dedicated service from the Department of Justice and the Department of Health. However, Huis Jabes' social worker stated that the shelter where she is employed should be viewed as a one-stop shop. She said that they provide a holistic service. Consequently, the services they provide not only caters to clients' basic needs but also focus on their human dignity, body, soul and spirit. She described the social work that she does as being on a spectrum:

It's not just about new people need to be admitted, and now it's stopping there. A person must be taught to become independent again.

However, when asked to rate the overall provision of legal -, medical - and psychological services on a scale of 1 to 10, with 1 being very poor and 10 being very good, the results ranged from 5 to 10. The chart below illustrates the difference in attitude regarding overall service provision and starts at the lowest score provided by a participant.

**Table 4.2: Attitudes regarding overall service provision**

		State funded shelter or Non-state funded shelter		Total
		State Funded	Non-State Funded	
On a scale of 1 – 10, how would you rate your overall experience of the legal, psychological and medical services provided to you by the shelter?	5	1	1	2
	7	2	1	3
	9	1	1	2
	10 Very Good	3	0	3
Total		7	3	10

#### 4.5.5 Challenges to service provision

The challenges currently restricting service provision in state funded shelters pertain to funding and the current global pandemic. The two challenges coincide since the shelter has to purchase personal protective equipment (PPE) for the staff and every client. Moreover, St. Anne's manager stated that they could not provide services without adequate funding. The social worker at St. Anne's explained that service delivery is also being obstructed due to clients leaving before their exit date. She added that due to the pandemic, the shelter is not allowing in-house visitation and many clients leave before their exit date because they cannot come to terms with being completely isolated from their family and friends.

Similarly, the social worker of the non-state funded shelter said that the biggest challenge they face is remaining sustainable. She added that they have mostly overcome this challenge. Accordingly, a big issue they had to overcome was renting a residence to house the facility. When their lease would expire, they would have to change their address for billing, donations and admission. About two years ago a donor bought their current residence and registered it under the SOS Trust, which meant that they now have a permanent residence. Furthermore, she stated that making sure they always have enough donors is a challenge as well. Consequently, their service provision must be exceptional to keep donors interested in donating to the cause. When asked whether she thought that the progress that clients make in the shelter determines how much and how often people donate, she stated that it does.

They look at the success stories. Someone is not going to give money and time, and donations if he knows or sees it falls into a hole. [...] People are not going to give money or give time if they know that the work we do is not of high quality.

#### **4.6 EMPOWERMENT**

Empowerment relates to independence post-shelter stay. As defined by the participants in the qualitative sample, empowerment is defined as providing women survivors with the support needed during their stay at the shelter, which will allow them to become independent after their stay. All of the participants in the quantitative sample declared that they believe shelters empower women survivors of IPV to become independent. Accordingly, economic empowerment grants women the ability to break ties with their abusers. The following section will discuss the type of support that leads to economic empowerment, as well as how independence is achieved. Lastly, the section will discuss what the participants in the qualitative sample think the government should do to empower women economically.



#### 4.6.1 Shelter support that leads to financial independence

Huis Jabes' social worker stated that the goal of empowerment is to help women realise that they can function autonomously. She elaborated by saying that instilling insight is a key component of empowerment. Having her clients realise that they are not dependent on a man and their happiness and worth are not tied to their relationship. By helping women from falling into, what she referred to as a "*victim syndrome*", she guides her clients to safer life strategies. She stated that Huis Jabes dispels the stigma surrounding IPV. She added the following:

You survived until now, but you will not survive any longer; you will start living now.

Similarly, St. Anne's manager stated that they empower women through inspiration; by showing them what is possible once they leave the shelter. She explained that often former residents would be invited to speak to the current residents and provide them with insight into what their lives could be like once they leave the shelter.

Accordingly, economic empowerment is largely determined by employment. As mentioned in the previous section, "*Intervention Strategies*", employment is an integral part of skills development in the shelter. She provided two instances where women in the shelter acquired a skill or used a resource provided by the shelter that allowed them to gain independence through economic empowerment. As part of skills development, St. Anne's hosted jewellery – and candle making programs. One of their clients showed a natural affinity for jewellery making, and before she was due to exit, the staff bought her a jewellery making kit and arranged for a financial consultant from ABSA to advise her on how to start and manage a small business. The client went on to start her own business, which allowed her to become financially independent. Another client was employed, with support from the shelter at a catering company and through hard work, eventually was promoted to the sales department. She stated they have two other stories like this, where women have gone on to purchase houses. However, she stated that they would like to have at least 80% of all their cases turn into stories of economic empowerment, but they

are constantly disillusioned by the system of governance in South Africa. She stated that even when women find employment, basic living costs are astronomical, and without support from family and friends, women frequently end up in low-cost housing, like living in a shack in someone's backyard. She stated that there is no dignity in that. Consequentially, St. Anne's social worker stated that they are not afforded enough time with their clients to enact economic empowerment. She explained that during the first month of a client's stay, they work to rebuild her sense of identity and confidence. She added that you could not look for employment opportunities if you have no confidence in your own skills. Once a woman is emotionally and psychologically stable, they are encouraged to look for job opportunities.

Conversely, the duration of stay at Huis Jabes seems to allow women the ability to become economically empowered. Women often stay until they can be independent. Huis Jabes' social worker stated that the shelter is financially stable enough to support women when housing is an obstacle to independence. When a client wants to rent a house but needs to give three months' rent as a deposit, the shelter will loan them the necessary amount, which they can repay on their own time. She stated that they tell clients not to let their finances stand in the way of exiting the shelter because if they need support, Huis Jabes will support them to the very end.

#### **4.6.2 Perceptions on how the government can economically empower women**

When asked what the government could do to help women survivors of IPV to become financially independent, Huis Jabes' social worker stated that making people dependent on a grant system is detrimental to economic empowerment. She explained that this system negatively impacts women while they are being abused and after they leave their abuser. She stated that most domestic violence incidents occur on the weekend after a mother receives a child grant. She explained that often these grants are used to subsidise the drug-dependent tendencies of the father, which leads to conflict in the home. Working for your wages thus teaches a woman responsibility not only for her own life but for the lives of her children. She stated that the government should implement stricter guidelines

in terms of what grant money can be used for. Furthermore, she would provide vouchers that clearly show the grant is intended for childcare, and cashiers could make sure that no alcohol or cigarettes are bought with the grant but rather food, milk, diapers, and sanitary items.

When discussing what the state could do to economically empower women survivors of IPV, two major interventions were cited by the social worker and manager of St. Anne's. Accordingly, job creation and holistic service provision would assist women in becoming economically empowered. The social worker stated that the shelter does not have the funds to help women become financially independent; however, the state has the ability to stimulate job creation that would benefit women survivors of IPV. She added that the government could grant special internships or training programs for the women in shelters to upskill them and make economic empowerment more achievable. The manager stated that the state should implement a multi-sectoral service delivery initiative. She recommended that shelters should not only work with the DSD but also have an open line of communication with The Department of Labour, The Department of Education, The Department of Health and The Department of Housing. Thus, issues concerning employment, education, well-being and housing can be brought to the attention of the proper authorities. She stated that housing support post shelter stay is also imperative to economic empowerment. She added that transitional housing for women who exit the shelter would allow them to become financially independent.

#### **4.7 EXIT STRATEGIES**

Exit strategies in terms of the study refer to an established operational plan customised to each client individual needs that allow them to exit the shelter and develop safe life strategies that discourage the reoccurrence of abuse. During analysis, five main concepts were discovered. These concepts are the emphasis shelters place on exit strategies, the support provided to women survivors of IPV after they exit a shelter, community re-entry, the reoccurrence of abuse and the impact of a budgetless operational plan.

#### 4.7.1 The emphasis shelters place on Exit Strategies

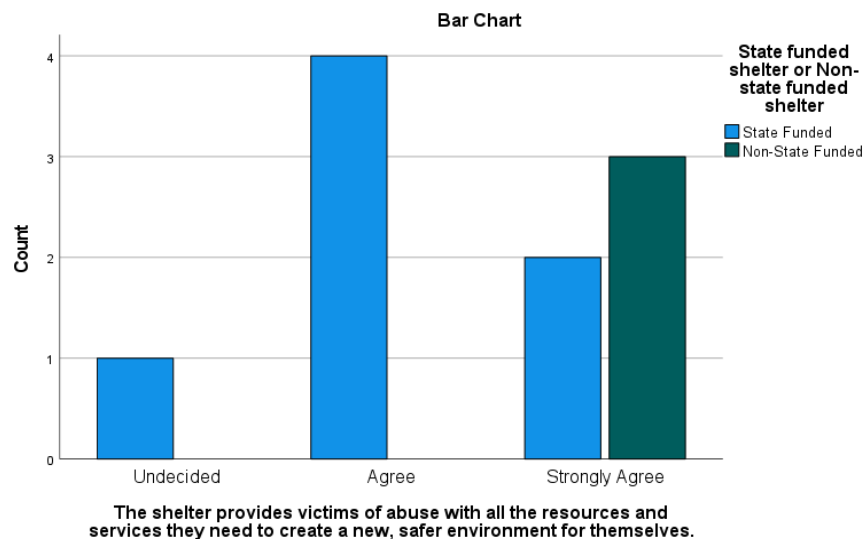
When asked whether enough emphasis is placed on exit strategies in shelters, the social worker at Huis Jabes confirmed that they do place a significant emphasis on exit strategies and in their initial assessment of a client, they begin the discussion about the conditions surrounding their exit. She explains to their clients that staying in the shelter is a temporary solution and that they are just the tools and resources they use to heal from their trauma and become independent. She added that as a therapist, one needs to set firm boundaries with the clients and continuously remind them of the plans for the termination of stay. While, when asked the same question, the answers given by St. Anne's manager and social worker were ambivalent. The manager stated that the biggest challenge they face when women exit the shelter is housing. She added that the state nor individual shelters place enough emphasis on housing post shelter stay. Moreover, the challenge of housing stems from inadequate employment. She stated that economic empowerment in terms of full-time employment or establishing a small enterprise that grants a woman the ability to take care of her family should be an integral part of the exit strategies provided to clients in shelters. Additionally, she stated that teaching accountability is an essential element of forming exit strategies for clients. She stated that at St. Anne's, you are given a hand up, not a handout. St. Anne's social worker stated that their entry assessments also include a goal-oriented approach to treatment and service delivery. She stated:

In the beginning of the third or the beginning of the fourth month we, we really try to, you know, get to that point with the client where we sit and say: "Okay, this is what you planned initially." When they come here, and we do a therapeutic needs assessment with them; we also ask the: "What's your goals? What do you want to achieve when you leave the shelter?" [...] And most of them they would like a job. They would like to be able to afford their own place to stay. But if they don't find a job in the time, they're here it's not possible, you know.

However, as she previously mentioned, it is not their responsibility to find each client employment. They can only provide their clients with the resources needed to find

employment on their own. The vast majority of respondents agreed with the statement that the shelter provides women survivors with the resources and services needed to establish a safer living environment after they exit the shelter. The following chart displays the variation in answers provided by participants in state funded and non-state funded shelters, respectively.

**Figure 4.1: Perception of the emphasis on exit strategies through resource and service provision**



#### 4.7.2 The support provided to women survivors of IPV after they exit a shelter

When discussing the support provided to women after she exits the shelter, all three participants in the qualitative sample stated that the shelter remains in contact with clients. St. Anne's social worker indicated that she initiates contact with clients who exit the shelter for at least three months after their departure. The manager added an anecdote in which she explained that during the pandemic, the social worker contacted many of their previous clients to provide them with food parcels if they were struggling financially. They also host an annual Christmas party, where they invite all their former residents to attend. St. Anne's manager stated that the former residents view it as a fun event to socialise, while the shelter views it as an opportunity to reconnect and assess the well-being of their former residents. She detailed their assessment as follows:

Where are they living now; are they still at the same job and are they still renting or do they have a house and you know, what has changed for them?

Huis Jabes' social worker also indicated that the shelter's doors are always open to former residents. Additionally, when clients leave the shelter, she provides them with her contact details, the board members' contact details and the necessary resources they will need if she cannot psychically help them. She explained that recently, they had a client repeat her stay. As per the guidelines of Huis Jabes, typically, when a woman reinstates their relationship with their abuser, they are not allowed to repeat their stay. However, in this instance, she decided that it would be in the best interest of the child to have his mother repeat her stay. Thus, even though they set certain restrictions, they do make exceptions when the situation warrants it.

#### **4.7.3 Community Re-entry**

Community re-entry refers to how women reintegrate into their communities once they exit the shelter. St. Anne's social worker and manager gave a similar response when asked if women survivors of IPV do not want to go back to the communities they came from once they leave the shelter. Both claimed that many women do not want to go back because some feel they will fall back into the same negative life cycle, while others feel they do not have another choice other than to go back to their communities. The manager also stated that some women want to go back to their community if they have a support system, like family and friends in the community; others want to go back to the community if their employment is close to their previous residence. Huis Jabes' social worker said that she has never experienced an occurrence where a client did not want to return to the community from which they came once they exited the shelter. She added that she thinks they re-assimilate with caution. Many have interdicts against their abusers, and they are more cautious about the situations they allow themselves to be in and the new interpersonal relationships they develop. Moreover, she provides them with the necessary resources to keep them safe. She stated:

I will always say to them, "You are going out here now, now you are going to stay in, say you are going to stay in Durbanville now. This is the police's telephone number or this the station commander's name and this is his telephone number and do not be afraid; if you think you are being pursued, call that number. "

#### **4.7.4 The Reoccurrence of Abuse**

The reoccurrence of abuse in the study refers to when women survivors of IPV experience abuse after they have completed their stay at a shelter. St. Anne's manager cited that in the past five years, an estimated seven women have repeated their stay in the shelter after they decided to resume their relationship with their abuser after their initial stay. She stated that between 70% to 80% of their clients do not go back to their abuser after they exit the shelter. Accordingly, the women who repeated their stay was not ready to break ties with their abuser. She gave the following anecdote:

So, we had a woman, for example, who came and she was married. She was born Christian but married Muslim. And really was in a difficult situation and we actually extended her stay because she was completing a course on hotel management [...] and we kept her with us to complete the course because she was here like two months already then, the course started. So, she had her exit date, but we said, "No, we're going to extend your stay until you complete the course." Because we wanted her to have her certificate. Part of getting the certificate was also that she needed to get a five-week hotel placement, which the training institution was also going to do. So, we also said to her, "You can stay and do that." But then obviously they got to talking and when she completed the course she actually said that she was going to do her own learnership with the institution. [...] And she went back to him. That was in December, couple of years ago. I remember it was in December. In the first week of February of the following year she was back, and she was stabbed in the face.

She added that the client felt a sense of loyalty because her abuser was the father of the children. St. Anne's social worker stated that she felt the reason the clients repeated their stay was because their circumstances did not change once they left the shelter and that they did not effectively utilise the tools they were given while at the shelter. When asked

if all the women who repeated their stay were revictimised by the same perpetrator, she specified that the three women who repeated their stay in the current year were all victimised by a different perpetrator. Moreover, when asked why she thought these clients were revictimised she reiterated that the permitted four-month stay in the shelter is not enough time to make a meaningful impact in the lives of these clients. Two participants in the quantitative sample from both Huis Jabes and St. Anne's stated that they have stayed in a shelter for abused women once before. One quantitative participant from St. Anne's noted that she had stayed in a shelter once before, while the other participant stated that she had stayed in a shelter more than twice before her current stay. Both participants from Huis Jabes stated that they had stayed in a shelter once before. The majority of participants (n=9) noted that they lived with their abuser prior to their stay at the shelter. The following histogram illustrates the pattern of cohabitation prior to shelter stay between participants in the quantitative sample from the state funded - and non-state funded shelter, respectively.

**Figure 4.2: Cohabitation with abuser prior to entering the shelter**



However, when asked whether clients repeat their stay at the non-state funded shelter, Huis Jabes' social worker stated that in the past 13 years, only three women had repeated their stay.



#### 4.7.5 A Budgetless Operational Plan

When discussing what their input would be if an operational plan that was not constrained by budget was created, four main constructs were conveyed by the participants in the qualitative sample, namely, proactive prevention, stricter prosecution, affordable accommodations and increased mental health support. Huis Jabes' social worker indicated that if money was no option, she would launch various awareness campaigns in every community across the nation. She stated that people have a misguided perception that IPV only happens with certain income brackets. Accordingly, people think that IPV does not occur in affluent neighbourhoods and that it is only prevalent in low-income communities. She said that she would establish campaigns to make women across the country aware of their rights and the rights of their children, thereby dispelling the stigma surrounding abuse. Moreover, she added that there is a generational misconception that IPV is a normal part of the family dynamic, and her goal would be to dispel the myth throughout all communities. Consequentially, she would have celebrities participate in advertisement campaigns and have these campaigns air throughout the year, not just in Women's Month.

Both the social worker and manager of St. Anne's stated that they would establish subsidised housing for women who leave the shelter. The social worker explained the following:

Yes, I think that is really an important aspect from them because sometimes they really don't have a choice you know, as to go into back to the community where the perpetrator is, not necessarily to go back to the home of the perpetrator but in the same community because they maybe have a family member there or something. But if they had the decision to get their own home or alternative accommodation in another community.

Moreover, the manager said that she would also establish a longer duration of stay from three months to six – or eight months and more significant mental health support. Both the manager of St. Anne's and the social worker of Huis Jabes stated that they would

lobby for stricter punishment for perpetrators of IPV. Huis Jabes' social worker said that she would establish a register for perpetrators of domestic abuse, while the manager of St. Anne's stated that she would establish better judicial support for women who lay criminal charges against their perpetrators. She explained that she would have a system in place like the one previously described as exhibited in Kaohsiung in Taiwan in 2019. The following chapter will discuss the results described during this chapter as well as provide the final remarks with regards to whether the findings above contributed meaningfully in order to resolve the research question.

## **4.8 CONCLUSION**

The goal of this study was to achieve a greater understanding of how state funding influences resource and service provision in state funded shelter by comparing the interventions offered in a state funded shelter to that of a non-state funded shelter. This chapter provided a discussion of the findings regarding the study. In the first section the relevant attributes of the participants were discussed. A description of the three participants in the qualitative sample were provided as well as the reasoning behind their participation in the study. A description of the demographics of the participants in the quantitative sample was provided which included age and income.

The second section discussed the findings regarding funding in shelters in terms of state funding and private funding. The third section provided a discussion regarding government involvement in terms of supporting women survivors of IPV through the implementation of the VEP, the relationship shelters have with the DSD, the role of DSD social workers when supporting women who make use of shelters, and the effectiveness of the police force and legislative bodies that support women survivors of IPV. The fourth section provided findings and a discussion regarding the intervention strategies implemented in the state funded and non-state funded shelter, namely, counselling, skills development, family-centred interventions, holistic service provision and the challenges to service provision. The fifth section discussed the findings regarding the empowerment of women survivors of IPV who reside in shelters through financial independence and the

perceptions held on how the government can economically empower women. The last section focused on a discussion of the findings regarding exit strategies provided by shelters to survivors of IPV. The section discussed the emphasis shelters place on exit strategies, the support provided to women survivors of IPV after they exit a shelter, the perception of the nature of how clients re-enter their communities after their stay at a shelter, and the reoccurrence of abuse after a client exits the shelter. Lastly, the participants in the qualitative sample gave insights into what kind of operational plan they would establish to support women survivors of IPV in shelters if they were not limited by a budget.

## **CHAPTER FIVE**

### **SUMMARY AND DISCUSSION**

#### **5.1 INTRODUCTION**

The purpose of this study was to determine whether state funding has a substantial influence on the provision of resources and services by shelters that empower women survivors of IPV to break free from their cycle of violence. The key initiative of a shelter is to empower women to create a safe and independent living strategy that allows them to live a life free from abuse and the resources and services provided to them at shelters are viewed as steppingstones to such an existence. However, the quality and quantity of these resources and services are determined by the amount of funding needed by a shelter to remain not only effective in their goal of empowerment but also to remain sustainable. Due to the importance of funding and how it affects a shelters' ability to empower women survivors of IPV and the dearth of research on this issue, an investigation of the consequence of state funding for shelters for women survivors of IPV was necessary. An overview of existing literature guided the exploratory research questions that led to the development of this study's interview protocol. The following chapter will discuss the results reported in the previous chapter. As well as make recommendations based on the results of the study and recommendations for future research studies.

Three in-depth qualitative interviews were conducted with key players at two shelters in the Western Cape. St. Anne's was the state funded shelter that agreed to participate in the study, and Huis Jabes was the non-state funded shelter that agreed to participate in the study. Two of the participants worked at the state-funded shelter, the first participant was the manager of St. Anne's, and the second was the primary social worker at St. Anne's. The third participant was the social worker of the non-state funded shelter, Huis Jabes. Furthermore, a quantitative questionnaire was used to determine the attitudes and perceptions of clients of the abovementioned shelters in order to determine whether the

resources and services provided to them were sufficient in terms of empowering them to become independent and break free from their abusive environment. The following section will discuss the findings noted in the previous chapter as it relates to the research question and the clarifying questions posed at the commencement of this study.

## **5.2 FUNDING AND STATE INVOLVEMENT IN THE PROVISION OF RESOURCES AND SERVICES**

The primary goal of the research is to determine whether state funding has a substantial impact on the provision of services and resources at shelters that empower women survivors of IPV to break free from their abusive environment. The impact that state funding has on the provision of resources and services at shelters is determined by comparing and contrasting how the state funded - and non-state funded shelter provide resources and services to their clients.

It became clear that state funding does influence the provision of resources and services at state funded shelters – predominantly in a restrictive manner. State funded shelters are obligated to adhere to set guidelines regarding duration of stay and annual client turnover to remain eligible for government funding. Moreover, the distribution of funding is unequal. Although St. Anne's receives 39% of its annual funding from the state, many shelters in South Africa do not receive the necessary state funding. Equitable share is implemented in the various DSD's throughout the provinces of South Africa; however, equitable share does not equate to equitable share amongst shelters. Equitable share relates to how the various DSD's distribute the funding it receives throughout the programmes it runs annually. This leads to many shelters not receiving adequate funding from the state in order to, not only remain sustainable but to provide the necessary resources and services that empower women survivors of IPV to break free from their abusive environment. Therefore, the success achieved by St. Anne's is not reflective of the overall success achieved by all state funded shelters. The analysis of previously written literature determined that the frequent occurrence of IPV is a serious issue facing South Africa, and not having clear parameters that dictate the allocation of funding for

shelters that support women survivors of IPV in every DSD in South Africa could be viewed as an oversight in policy development. Establishing precise funding tiers which calculate the amount of funding needed in terms of the number of annual clients served, could allow shelters the financial security to remain sustainable, while disallowing each provincial DSD the luxury of allocating funding on a shelter-to-shelter basis.

It was also determined that funding opportunities are linked to the type of relationship a state funded shelter has with its DSD. St. Anne's manager alluded that when shelters participate in certain studies and are aligned with specific movements, their opportunity to receive excess funding increases. Thus, a state funded shelter needs to maintain a mutually beneficial relationship with the DSD in its province to obtain additional funding. The most notable constraint placed on state funded shelters by the guidelines of the VEP is that the state only provides funding for each client to stay at the shelter for a maximum of three months. At St. Anne's, the shelter subsidises an additional month's stay for each client with supplementary funding they acquire via private donations. However, both the shelter manager and social worker stated that even four months is not enough time to enact significant change in each client's life. They noted that individual trauma could not be quantified, and some clients need more support than others to create safe life strategies after they leave the shelter. Therefore, the restriction on duration of stay at the state funded shelter impacts the results they achieve in terms of reducing the likelihood of the re-occurrence of abuse, as well as the quality of life a client can achieve after her stay.

At Huis Jabes, the non-state funded shelter, the guidelines established by the board of directors are flexible, and when an argument can be made to extend a client's stay, often, such an exemption will be made. Currently, clients are allowed to stay in the shelter for up to eight months to a year. When comparing how the staff at St. Anne's and the staff member at Huis Jabes describes the living conditions of their clients after they leave the shelter, it is evident that relying on state funding limits how effective resource and service provision is, and it certainly impacts the circumstances under which clients leave the shelter.

The manager at St. Anne's stated that the majority of their clients end up living in shacks in someone else's backyard, while Huis Jabes's social worker stated that once a woman is emotionally and financially ready to leave the shelter, they will often lend their clients the money needed to pay the deposit on their apartment or house to rent. Even when considering the participants in the quantitative sample's monthly income, from both the state funded and non-state funded shelter, the achievements made by Huis Jabes remains significant – as two of the three participants from Huis Jabes was also earning less than R 10 000 per month.

Moreover, the staff at the state funded shelter stated that no state funded interventions are established to support women survivors of IPV after they leave the shelter. St. Anne's shelter manager noted that what would be advantageous is a government funded programme that focuses on subsidised housing and employment opportunities for women leaving the shelter. The current waiting list for subsidised housing spans almost 30 years which is not conducive to creating the necessary change women survivors of IPV currently need to establish safer life strategies. Consequentially, state funded shelters are still required to provide after-care services but are not compensated for these actions by the government.

### **5.3 DISPROPORTIONATE PAY BETWEEN DSD SOCIAL WORKERS AND SHELTER SOCIAL WORKERS**

The findings in the previous chapter alluded to a crucial disadvantage that the state funded shelter experiences in terms of the deficit in the salary of their social worker compared to that of the DSD social workers' salary. The payment agreement signed by the DSD and shelters states that shelters' social workers are paid by the state, yet they receive considerably less monetary compensation than DSD social workers. Subsequently, they also do not receive any form of government benefits such as maternity leave. St. Anne's social worker stated that if a staff member wanted to go on maternity leave, she essentially needed to be let go in order to receive unemployment and upon returning hope that her position had not yet been filled. Consequentially, the

disproportionate pay leads to a high staff turnover at St. Anne's and the manager stated that in the past eleven years, the shelter had had approximately seven staff members transfer to the DSD. When comparing the length of employment between St. Anne's social worker and Huis Jabes' social worker, it is evident that the high staff turnover differs between the state funded and non-state funded shelters. St. Anne's social worker has been employed as the shelter's social worker for a little over a year, while Huis Jabes' social worker has been employed at Huis Jabes for over thirteen years.

#### **5.4 PRIVATE FUNDING ACQUISITION AS A MEANS OF RESOURCE AND SERVICE PROVISION**

St. Anne's must raise the majority (61%) of its funding privately while still adhering to the guidelines stipulated by the Western Cape DSD. This results in a high intake of clients, as clients are only supposed to stay in the shelter for a maximum of three months. Consequentially, St. Anne's must achieve the time-consuming task of vying for the majority of the funds necessary to sustain this mandated high intake of clients. Conversely, Huis Jabes' funds are acquired through 100% private donations and the guidelines that dictate client intake, as well as the duration of stay is established based on the needs of the individual client and the shelter's capacity to provide adequate support. There is an apparent discrepancy between the expected goal that St. Anne's strives to achieve and the limited amount of control they are given over how the shelter is managed due to the guidelines placed upon state funded shelters. Moreover, Huis Jabes prides itself on always preserving funds for emergency use or additional supportive measures, while St. Anne's eligibility for more or less funding is based on an annual budget review and performance report. St. Anne's manager stated that reserve funds are not provided upon request but if and when the DSD's total annual budgetary breakdown indicates that an excess of funds is available.



## **5.5 PARTICIPANTS IN THE QUALITATIVE SAMPLE'S PERCEPTION OF THE ADEQUACY OF CURRENT STATE INVOLVEMENT IN RESOURCE AND SERVICE PROVISION TO WOMEN SURVIVORS OF IPV**

St. Anne's manager stated that ideally, the ratio of state funding to private funding at St. Anne's would be 80% state funding and 20% private funding. Both the manager and social worker of St. Anne's held the perception that state funding was not sufficient in the shelter and that the limitations constructed by state funding negatively impact the shelter's ability to empower women both psychologically and financially. This specifically refers to the limitation placed on the duration of stay of each client.

The VEP is viewed as a meaningful policy; however, the implementation is thought to be subject to human error. Subsequently, the overall perception of both the staff at the state funded – and non-state funded shelter is that the effectiveness of the VEP in hospitals and police stations is determined by the staff at said facilities and whether each staff member deems it a priority. Accordingly, two main issues arise due to this perceived human error, namely, lack of accountability and lack of public awareness on reporting procedure. There are no consequences to the mismanagement of the VEP implementation, and staff are not held accountable, be it by the state or their employer, when the VEP is not adequately implemented. The public is also not knowledgeable regarding how domestic violence should be reported at hospitals or police stations, nor do they know how to follow up on reports of domestic violence. Overall, the participants in the qualitative sample view the VEP as significant in reducing the rate of femicide and saving lives, but this statement is based on how effectively the VEP is implemented at grassroots level.

Furthermore, the VEP seemingly focuses on a specific facet of empowerment, namely, initial support and finding a suitable placement for women survivors of IPV; however, it does not operate as a holistic mechanism to empowerment. St. Anne's manager stated that survivors of IPV should not only be given access to shelter placement under the VEP but also given opportunities that would allow them to remain independent when they exit

the shelter. She noted that the VEP should extend to various government departments like the Department of Housing, the Department of Labour and the Department of Education and not solely be the responsibility of the DSD.

Consequentially, there is also a perceived lack of legislation and law enforcement to protect women from their abusers. Obtaining protection orders, as well as the enforcement of protection orders by police, is an issue that affects the service and resource provision at both the state funded – and non-state funded shelters. In both instances, staff members stated that women had lost their lives while having protection orders against their abuser, and most legislation can only prosecute an abuser after either physical violence or homicide has already occurred. Moreover, how the state defines abuse and what is punishable by law is misaligned. For instance, economic abuse is defined as a form of abuse by the VEP; however, abusers are rarely prosecuted for this type of abuse and not to the extent to which physical abusers are prosecuted. The recent amendments to the DVA, which is yet to be written into law, addresses the perceived lack of legislation and law enforcement, specifically regarding the issuing and enforcement of protection orders and protection of complainants after an instance of DV. Moreover, complainants can also apply for protection orders online. The amendments should provide more efficient enforcement of protection orders. Subsequently, an alleged perpetrator can now be arrested on sight, without a warrant, when an officer suspects an instance of DV occurred. Moreover, alleged perpetrators of DV are required to relinquish any weapons deemed dangerous by SAPS. This is a crucial amendment regarding protecting survivors of DV and IPV from the threat of serious harm when they choose to leave their abuser. As described by Huis Jabes' social worker, in the past, SAPS' inability to confiscate a perpetrators firearm has led to the death of a woman while residing in the shelter.

## 5.6 THE CURRENT CHALLENGES FACED BY SHELTERS IN TERMS OF SERVICE PROVISION

The resources and services provided at both the state funded – and non-state funded shelter was perceived as predominantly of good quality by the participants in the quantitative sample who partook in this study. With attitudes regarding counselling and psychological support ranging from fair to very good at St. Anne's and also being perceived as good at Huis Jabes. Accordingly, no negative perceptions regarding overall service and resource provision were captured during the interviews with women who were currently using the resources and services at the state funded – and non-state funded shelter, respectively. There was also no notable difference with regards to how effectively state funded – and non-state funded shelters provide clients with the relevant resources and services. Although the manner in which some resources and services are acquired differ, for instance, Huis Jabes' legal services are provided by lawyers who donate their time and expertise, while St. Anne's legal services are provided in collaboration with the NGO, Legal Aid; it does not disproportionately skew the quality of services provided to clients in a significant way.

However, in terms of skills development, there does seem to be a perceivable difference in the ability of the shelter to present clients with the opportunity to find employment. Finding adequate employment for clients seems to be a more obtainable goal at Huis Jabes than at St. Anne's. The reason for this is two-fold:

- Many clients at Huis Jabes already have some form of accreditation or work experience when entering the shelter, whereas clients at St. Anne's also have some form of accreditation or work experience, but it is at a lower standard. St. Anne's manager stated that clients partake in literacy and numeracy accreditations, and the social worker noted that many clients have work experience in low skilled, minimum wage labour.

- The permitted duration of stay at Huis Jabes is more than double the permissible duration of stay at St. Anne's and allows clients more time to find employment that would allow them to remain empowered and independent when they exit the shelter.

A notable challenge for St. Anne's is to allow clients the opportunity to find employment that is not low skilled, minimum wage labour. In terms of skills development, the duration of permitted stay impedes the amount of work experience or level of accreditation that each client can achieve during their stay. The *Women for Change Programme* that was funded by the City of Cape Town is such an example, where clients were given the opportunity to better their chances of obtaining adequate employment through work experience; however, only two of the seven women remained in the programme for the entire duration of its implementation because when clients exited the shelter, they were no longer eligible to partake in the programme. Moreover, implementing a six-month programme with eligibility restrictions such as the one mentioned previously shows a lack of insight and understanding by the City of Cape Town of the restriction on duration of stay that are placed on state funded shelters by the Western Cape DSD. There seems to be no correlation between the challenge of finding employment and clients ultimately returning to their abusive environment in both shelters.

However, this lack of societal awareness is also echoed in terms of intergenerational abuse and how it is viewed as the norm instead of the exception in South African society. Both Huis Jabes' social worker and St. Anne's social worker reiterated that proactive measures need to be put in place to curb abuse on a larger societal level. St. Anne's manager stated that they are working on raising awareness through social programmes aimed at educating men and boys on how healthy relationships should function thereby, teaching men and boys not to abuse women, instead of only supporting women after they have been abused. Moreover, this would lessen the need for intervention altogether.

The participants in the quantitative sample viewed the provision of family-centred interventions as positive and overall very good in both shelters. However, St. Anne's is

currently faced with the challenge of clients terminating their stay early due to feelings of isolation during the pandemic. Huis Jabes' social worker noted that she goes to great lengths to preserve family bonds by taking clients to see the children, who are not eligible to stay in the shelter, when necessary. Once more, the guidelines in terms of service provision appear to be more flexible at the non-state funded shelter. Its staff members can afford to adapt more easily to cater to the needs of their clients.

Lastly, the two leading challenges currently impeding resource and service provision at St. Anne's is funding, as discussed at length in previous sections, and the global Covid-19 pandemic. Clients are leaving before their termination date due to further isolation caused by the guidelines in place due to lockdown regulations. For Huis Jabes, the leading challenge impeding resource and service provision is remaining sustainable and having enough donors to support their sustainability. Nevertheless, when analysing what has been achieved without state funding, it seems that sustainability is a consistent occurrence while viewing sustainability as a challenge is a precaution. Having the ability to house clients for eight months to a year; having enough reserve funds to pay for clients' deposit on rentals and owning their residence are significant milestones that positively affects resource and service provision.

## **5.7 THE OCCURRENCE OF WOMEN SURVIVORS OF IPV REPEATING THEIR STAY AT A SHELTER**

According to the participants in the qualitative samples, women who can become independent through the empowerment provided by shelters rarely repeat their stay at a shelter. All of the participants in the quantitative sample (n=10) agreed that shelters provide women with the resources and services needed to become independent after their stay. However, in both the state funded – and non-state funded shelter, two participants (n=4) are currently repeating their stay at a shelter, respectively. In both types of shelters, the reasoning for repeated shelter stay is that independence through empowerment is a state of mind that can only be achieved through counselling, insight and understanding. Another facet of independence is economic empowerment. St.

Anne's social worker stated that they are not given enough time to enact economic empowerment for each client.

In terms of exit strategies, the state funded – and non-state funded shelters have two different approaches. Huis Jabes focuses on preparing clients mentally and emotionally for the day they leave the shelter, while St. Anne's focuses on the physical objectives necessary for successfully exiting the shelter. These objectives include housing and full-time employment. Accordingly, Huis Jabes can focus on the mental and emotional state of their clients because they are financially stable enough to allow clients to stay until they find adequate employment and affordable housing.

According to the participants in the qualitative sample from the state funded shelter, community re-entry is also a determining factor in terms of whether women repeat their stay. When clients are not financially empowered, they often fall back into their abusive relationship as a means of survival. Frankly, they cannot afford to live independently from their abusers because they do not have adequate employment and affordable housing options when exiting the shelter. Conversely, Huis Jabes' social worker stated that she believes community re-entry does not influence a client's independence negatively but, in actuality, makes clients more cautious of the danger they could potentially find themselves in.

Finally, the majority of clients in both the state funded – and non-state funded shelters do not go back to their abuser once they exit the shelter. Consequentially, when they do go back to their abuser, it is primarily due to their circumstances not changing once they leave the shelter. Most of the participants (n=9) in the quantitative sample resided with their abuser before entering the shelter; however, seven of said participants stated that they would not go back to their abuser if they were not able to find employment.

## 5.8 CONCLUSION

State funding does impact resource and service provision in state funded shelters that empower women survivors of IPV to break free from their abusive cycles and develop better life strategies. However, this impact is not discerningly vital to resource and service provision when compared to the resource and service provision achieved by a non-state funded shelter in the same province. State funding determines the manner in which shelters provide resources and services, sometimes to the detriment of the client. Resource and service provision is perceived to be of good quality by the participants in the quantitative sample in both the state funded - and non-state funded shelters yet, the results achieved and the challenges faced by these two shelters differ. With regards to employment and housing, staff at the state funded shelter noted that their clients rarely have the opportunity to become empowered and independent due to the circumstances under which they exit the shelter. It was suggested that the VEP should extend to several government departments and not only be implemented by the DSD. This would allow clients the opportunity to find adequate employment and affordable housing with support from government departments like the Department of Labour, the Department of Housing, and the Department of Education. Another aspect of receiving state funding that influences the circumstances under which clients exit the state funded shelter is the permitted duration of stay. Staff at St. Anne's reiterated that they are not given enough time with their clients to enact meaningful change that will empower them to break free from their abusive circumstances. This notion is confirmed by the fact that at Huis Jabes, women are permitted to stay as long as needed to find adequate employment and affordable housing, which ultimately leads to fewer clients falling back into their abusive circumstances. In conclusion, remaining sustainable is a challenge for both the state funded – and non-state funded shelter that partook in this study. However, the state funded shelter's ability to remain sustainable is tied to guidelines that ultimately impede their ability to provide the necessary resources and services that empower women survivors of IPV to break free from their cycle of violence.

### **5.8.1 Recommendations**

Based on the findings of this study, the South African government should reconsider the rigid timeframe of the permitted duration of stay at state funded shelters, as well as restructure their implementation of the VEP into a multi-departmental undertaking. As evidenced by statements made by the participants in the qualitative sample, the VEP is effective in providing women survivors of IPV temporary empowerment, which allows them to leave abusive relationships but do not empower them to break free completely. For women survivors of IPV to break free from abusive circumstances, economic independence and suitable housing are crucial to building safer life strategies. If the VEP were amended to also provide survivors of IPV with employment opportunities and subsidised housing via the Department of Labour and the Department of Housing, it would create an environment where women could build a life independent from their abuser, without the limitation placed on their progress with regards to the permitted duration of stay at state funded shelters.

### **5.8.2 Recommendations for future research**

It is this researcher's opinion that future research studies should try to replicate this study and assess the results with regard to exit strategies. Moreover, whether the VEP could be a multi-departmental undertaking should be studied with regards to the current housing and employment legislation set in place by the South African government.



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## **ADDENDUM A**

### **Qualitative sample**

### **Letter of Informed Consent**



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### **STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH**

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You are invited to take part in a study conducted by Leandri Minnie, from the Department of Political Science at Stellenbosch University. You were approached as a possible participant because you have been identified as an individual that plays a key role in supporting victims of abuse, specifically victims of Intimate Partner Violence (IPV) and could potentially hold key insights in funding acquisitions and shelter services provided to victims of IPV as well as their reintegration into society, after their stay at a shelter.

#### **1. PURPOSE OF THE STUDY**

This study aims study to determine whether state funding has a vital impact on the provision of resources and services by shelters who empower women survivors of IPV to break free from their cycle of violence. The study will focus on both funding acquisition and the type of services provided at shelters, with an emphasis placed on financial independence and the exit strategies provided to survivors when they leave the shelter.

#### **2. WHAT WILL BE ASKED OF ME?**

If you agree to take part in this study, you will be asked to participate in a one-on-one interview, where you will be asked a series of open-ended questions. The interview should not last longer than 45 - 60 minutes and will be conducted at your place of work, at a time that is convenient for you. You will only have to participate in one interview as follow-up interviews are not necessary for this study.

#### **3. POSSIBLE RISKS AND DISCOMFORTS**

As a key informant the line of questioning within the study should not be uncomfortable for you, as it pertains to a professional viewpoint and not a personal one. However, if the questions make you uncomfortable it should be noted that you may withdraw from the study at any time.

#### **4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY**

As a participant you will not benefit directly from the study however, the study has the potential to influence the establishment of developing better intervention strategies for women who experience abuse in their interpersonal relationships. This study thus, has the potential to benefit women who enter shelters in the future, by helping shelters develop better service strategies and hopefully acquire more effective state funding.

#### **5. PAYMENT FOR PARTICIPATION**

Refreshments and snacks will be available during the completion of the questionnaires.

#### **6. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY**

As a key informant who is involved in the establishment of funding and intervention strategies your name will be made public in the research report. However, as an employee of the shelter you represent, any information made public in the report will be part of the existing public record. If you wish to keep any opinions or attitudes expressed during the interview anonymous, the use of a pseudonym in the research report can be discussed with the researcher and subsequently applied.

The interview conducted with you will be recorded on a digital audio device. The recordings will be saved on my personal computer to which only I have access to and will then be deleted from the recording device. Moreover, all the data stored on my personal computer will be saved in a hidden folder, with an administrator password securing it. I will personally transcribe the interviews and once the data has been transcribed and analysed it, as well as the original recordings, will be deleted from my computer and saved to two individual memory drives (a memory stick and an SSD - Solid State Drive), which will be stored in my home safe.

#### **7. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this study if I feel that the current line of questioning is causing you psychological distress that could be detrimental to your health.

#### **8. RESEARCHERS' CONTACT INFORMATION**

If you have any questions or concerns about this study, please feel free to contact Leandri Minnie at [lea.minnie93@gmail.com](mailto:lea.minnie93@gmail.com) / 084 691 6810 and/or the supervisor Professor Amanda Gouws at [ag1@sun.ac.za](mailto:ag1@sun.ac.za).

**DECLARATION OF CONSENT BY THE PARTICIPANT**

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I \_\_\_\_\_ agree to take part in this research study, as conducted by \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**DECLARATION BY THE PRINCIPAL INVESTIGATOR**

As the **principal investigator**, I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**

**ADDENDUM B**  
**Quantitative Sample**  
**Letter of Informed Consent**



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**STELLENBOSCH UNIVERSITY**  
**CONSENT TO PARTICIPATE IN RESEARCH**

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You are invited to take part in a study conducted by Leandri Minnie, from the Department of Political Science at Stellenbosch University. You were approached as a possible participant, if you are willing to participate, because you as a survivor of Intimate Partner Violence made use of shelter resources and services while staying at a shelter for abused women.

**1. PURPOSE OF THE STUDY**

This study aims to identify whether the resources and services provided by the shelter you stayed with was effective in empowering you to create a safer living environment for yourself when you left. The study will focus on the type of services you received while at the shelter. The study will also focus on what services you would have liked to have available to you at the shelter in order to make your life after the abusive relationship easier.

**2. WHAT WILL BE ASKED OF ME?**

If you agree to take part in this study, you will be asked to complete a questionnaire. Completing the questionnaire should not take longer than 30 minutes and will be completed in the shelter where you are a client.

**3. POSSIBLE RISKS AND DISCOMFORTS**

As the topic of Intimate Partner Violence is a sensitive and personal topic for you, the researcher acknowledges that completing the questionnaire might make you uncomfortable. However, the researcher wishes to assure you that the questionnaire only consists of questions related to the experiences and services you experienced during your stay at the shelter. No probing personal questions of past experiences or the reasons as to why you entered the shelter will be asked of you.

**4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY**

This study could potentially start a discussion about developing better intervention strategies for women who experience abuse in their interpersonal relationships. This study thus, has the potential to benefit women who enter shelters in the future, by helping shelters develop better service strategies and hopefully acquire more effective state funding.

## **5. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY**

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by not asking for your name on the questionnaire as well as not discussing any specific personal information during the findings. Your questionnaire will not be shared with anyone who is not involved in the study or with any of the other participants. Only names of the shelters where the interviews were conducted will be released in the final report. The questionnaires used to collect data from you and your signed consent forms will be kept in a home safe until it needs to be processed and analysed, after which it will also be placed back into the safe.

## **6. PAYMENT FOR PARTICIPATION**

Refreshments and snacks will be available during the completion of the questionnaires.

## **7. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this study if I feel that the current line of questioning is causing you psychological distress that could be detrimental to your health.

## **8. RESEARCHERS' CONTACT INFORMATION**

If you have any questions or concerns about this study, please feel free to contact Leandri Minnie at [lea.minnie93@gmail.com](mailto:lea.minnie93@gmail.com) / 084 691 6810 and/or the supervisor Professor Amanda Gouws at [ag1@sun.ac.za](mailto:ag1@sun.ac.za).

## **9. RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); 021 808 4622] at the Division for Research Development.

**DECLARATION OF CONSENT BY THE PARTICIPANT**

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I \_\_\_\_\_ agree to take part in this research study, as conducted by \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**DECLARATION BY THE PRINCIPAL INVESTIGATOR**

As the **principal investigator**, I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**



## **ADDENDUM C**

### **Qualitative Sample**

#### **Semi-structured Interview Questions**



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#### **INTERVIEW QUESTIONS FOR KEY INFORMANTS**

1. As a state funded shelter (or) non-state funded shelter, where does all the funding come from?
2. As a state funded shelter (or) non-state funded shelter, would you say you receive enough funding?
3. What services do you currently provide?
4. What are the biggest issues/challenges that shelters face in terms of service delivery?
5. Would you say that shelters should be viewed as a one-stop shop for providing victims of abuse with all the necessary services and support that they need?
6. Do you think the state's current involvement in the service provision for victims of abuse is satisfactory?
7. How would you describe the service provided by state social workers?
8. Do you think that shelters have the ability to financially empower survivors of IPV to become independent?
9. What recommendations would you make to shelters and to the state in terms of the provision of services that enable survivors to become financially independent?
10. Since there is a restriction on the age of male children that are allowed to live in the shelter; what happens the teenage sons of the mothers who come to the shelter?
11. Which current services, if any, do you feel enable survivors of IPV to preserve and mend the family unit after they leave their abuser?
12. Would you recommend any type of program implementations that focus on family-centered interventions?

13. Do you think that shelters place enough emphasis on the exit strategies of survivors of IPV?
14. Would you say that survivors of IPV receive enough support after they leave the shelter?
15. Would you say that women survivors of IPV do not want to go back to the communities from which they came, when they leave the shelter?
16. Is the implementation of the Victim Empowerment Programme (VEP) within police stations and hospitals a priority for you and why?
17. Is the VEP being implemented in your shelter?
18. Would you say that the VEP is effective in terms of helping survivors escape their abusive circumstances?
19. Would you say that *The Minimum Standards on Shelters for Abused Women* is sufficient in catering to the needs of survivors or would you say that a better communicated operational plan should be devised?
20. If you were to deliver input on an operational plan that was not constricted by budget, what would your main focus point be?
21. Can you describe your relationship with the Department of Social Development?
22. How many women repeat their stay at the shelter? Why?
23. How many women go back to their abuser when they leave the shelter?
24. Why do you think so many (or) so little women go back to their abusers after their stay?

**ADDENDUM D**  
**Quantitative Sample**  
**Questionnaire**

Participant no\_\_

**A study is being conducted to established whether resource and service provision is viewed as effective by those who make use of them. Please complete the questionnaire below by ticking the best suited answers for you. Please write down your answer using sentences where indicate.**

Age:

18-30	31-40	41-50	Older than 50
-------	-------	-------	------------------

Race:

Black	Coloured	White	Indian	Other
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Household income per month:

Less than R 10 000	Less than R 20 000	Less than R 30 000	Less than R 40 000	More than R 40 000
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I have been to a shelter before:

Never	Once	Twice	More the twice
-------	------	-------	----------------

Before entering the shelter, I lived with my abuser:

Never	Less than a year	More than a year	Less than five years	More than five years
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Number of children:

1	2	3	4	5	More than 5
---	---	---	---	---	-------------

Number of children with you at the shelter:

1	2	3	4	5	More than 5
---	---	---	---	---	-------------

How did you hear about the shelter?


The staff at the shelter supported you to the best of their abilities.

Strongly disagree	disagree	Undecided	Agree	Strongly agree
-------------------	----------	-----------	-------	----------------

Did the shelter care for your basic needs by providing any of the following?

Clothing	Food	Toiletries	Money
----------	------	------------	-------

On a scale of 1 – 10, how would you rate the material provided to take care of your basic needs?

1 Very poor	2	3	4	5	6	7	8	9	10 Very good
----------------	---	---	---	---	---	---	---	---	-----------------

Were you provided with access to legal counsel if needed?

Yes	No
-----	----

If yes, how would you rate the legal services provided to you?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

Was there any form of psychological counselling provided to you?

Yes	No
-----	----

If yes, how would you rate the psychological counselling provided to you?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

Did you need any medical assistance when you came to the shelter?

Yes	No
-----	----

If yes, how would you rate the medical service provided to you?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

On a scale of 1 – 10, how would you rate your overall experience of the legal, psychological and medical services provided to you by the shelter?

1 Very poor	2	3	4	5	6	7	8	9	10 Very good
----------------	---	---	---	---	---	---	---	---	-----------------

The services listed above helped you adjust to life in the shelter

Strongly disagree	disagree	Undecided	Agree	Strongly agree
-------------------	----------	-----------	-------	----------------

Were you employed when you entered the shelter?

Yes	No
-----	----

If no, did the shelter staff help you by providing you with any of the following services?

A job opportunity.	Access to learning a new skill that could help you find a job.	Access to a learning programme that could help you improve your chance of finding a job.
--------------------	--	--

On a scale of 1 – 10, how well did you cope financially while living at the shelter?

1 Very poorly	2	3	4	5	6	7	8	9	10 Very well
---------------------	---	---	---	---	---	---	---	---	--------------------

If you do not find work, you will go back to your abuser.

Strongly disagree	disagree	Undecided	Agree	Strongly agree
----------------------	----------	-----------	-------	----------------

Did you have a child or children when came to the shelter?

Yes	No
-----	----

If yes, how would rate the assistance provided by the shelter to you with regards to the care of you child/children?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

Did you receive help from a social worker with regards to the care of your child/children?

Yes	No
-----	----

If yes, how you rate his/her service?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

Did you receive help from a social worker with regards to the reason you came to the shelter?

Yes	No
-----	----

If yes, how would you rate his/her service?

Very poor	Poor	Fair	Good	Very good
-----------	------	------	------	-----------

On a scale of 1 – 10, how protected from you abuser did you feel at the shelter?

1 Not at all	2	3	4	5	6	7	8	9	10 Very much
--------------------	---	---	---	---	---	---	---	---	--------------------

Do you feel that the shelter empowered you to be more independent?

Yes	No
-----	----

The shelter provides victims of abuse with all the resources and services they need to create a new, safer environment for themselves.

Strongly disagree	disagree	Undecided	Agree	Strongly agree
----------------------	----------	-----------	-------	----------------

On a scale of 1 – 10, how would you rate your overall experience at the shelter?

1 Very bad	2	3	4	5	6	7	8	9	10 excellent
------------------	---	---	---	---	---	---	---	---	-----------------

Is there anything that you feel the shelter could have given you that would help you create a new, safer environment for yourself?
