



# **INVESTIGATIVE REPORT**

State of Shelters<sup>1</sup> in South Africa



**INVESTIGATIVE REPORT**  
State of Shelters<sup>1</sup> in South Africa

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<sup>1</sup> The definition of shelter and its expanded version will be delineated and discussed within the investigative report.

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## ACRONYMS

<b>Aids</b>	Acquired immunodeficiency syndrome
<b>APP</b>	Annual Performance Plan
<b>ARVs</b>	Antiretrovirals
<b>CCTV</b>	Closed-circuit television
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CGE</b>	Commission for Gender Equality
<b>CSSP</b>	Council for Social Service Professions
<b>DoH</b>	Department of Health
<b>DoJCD</b>	Department of Justice and Constitutional Development
<b>DSD</b>	Department of Social Development
<b>DV</b>	Domestic violence
<b>DVA</b>	Domestic Violence Act
<b>EC</b>	Eastern Cape province
<b>FSP</b>	Free State province
<b>GP</b>	Gauteng province
<b>GBV</b>	Gender-based violence
<b>GR</b>	General Recommendation
<b>HBF</b>	Heinrich Böll Foundation
<b>HIV</b>	Human immunodeficiency virus
<b>IKL</b>	Ikhaya Lethemba
<b>LGBTIQA+</b>	Lesbian, gay, bisexual, transgender, intersex, queer, asexual <sup>2</sup> and other diverse sexual orientations and gender identities
<b>LP</b>	Limpopo province
<b>LO</b>	Legal officer
<b>KZN</b>	KwaZulu-Natal province
<b>MEC</b>	Member of the Executive Council
<b>MP</b>	Mpumalanga province

<sup>2</sup> May also denote a gender, "What does LGBTIQA+ stand for" <https://lgbtiqa.greenparty.org.uk/acronym/> [Accessed on 5 March 2019].

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<b>NC</b>	Northern Cape province
<b>NDP</b>	National Development Plan
<b>NSM</b>	National Shelter Movement
<b>NSP</b>	National Strategic Plan
<b>NPA</b>	National Prosecuting Authority
<b>NPO</b>	Non-profit organisation
<b>NW</b>	North West province
<b>PEPUDA</b>	Promotion of Equality and Prevention of Unfair Discrimination Act
<b>PWD</b>	Persons with disabilities
<b>SA</b>	South Africa(n)
<b>SADC</b>	South African Development Community
<b>SAPS</b>	South African Police Services
<b>SDG</b>	Sustainable Development Goals
<b>SSA</b>	Statistics South Africa
<b>STIs</b>	Sexually transmitted infections
<b>TV</b>	Television
<b>UDHR</b>	Universal Declaration of Human Rights
<b>VEC</b>	Victim Empowerment Centre
<b>VEP</b>	Victim Empowerment Programme
<b>VESSB</b>	Victim Empowerment Support Services Bill
<b>WLC</b>	Women's Legal Centre
<b>WC</b>	Western Cape province

## 1. INTRODUCTION

- 1.1 The Commission for Gender Equality (CGE<sup>3</sup>) is an institution established in terms of section 181 of the Constitution, 1996 (the Constitution).
- 1.2 In terms of section 187(1) of the Constitution, the CGE is specifically mandated to:
- 1.2.1 Promote respect for gender equality and the protection, development and attainment of gender equality.
  - 1.2.2 Monitor, investigate, research, educate, lobby, advise and report on issues concerning gender equality.
  - 1.2.3 Assess the observance of gender equality.
- 1.3 The Commission for Gender Equality Act 39 of 1996, as amended (CGE Act<sup>4</sup>), further supplements the powers of the CGE to fulfil its constitutional mandate.
- 1.4 The power to investigate is further amplified as per section 11(1) (e) of the CGE Act: -
- The Commission shall investigate **any gender-related issue of its own accord**<sup>5</sup> or on receipt of a complaint.*
- 1.5 Section 12 (4) (b) of the CGE Act further provides that the CGE may:
- Require any person by notice in writing under the hand of a member of the Commission, addressed and delivered by a sheriff, to appear before it at a time and place specified in such notice and to produce to it specified articles or documents in the possession or custody or under the control of any such person: Provided that such notice shall contain the reasons why such person's presence is needed and why any such article or document should be produced.*
- 1.6 This investigative report will avoid being voluminous and overwhelming in nature and shall ensure brevity in order to focus on the salient findings and recommendations. Accordingly, this report's key focus is to ameliorate and address the pre-stated objectives of the investigation as follows:
- 1.6.1 To ascertain the key gendered issues from a shelter's perspective.
  - 1.6.2 To ascertain the general level of non-compliance by shelters to comply with policies and legislation.

<sup>3</sup> The abbreviated term "CGE" is utilised as opposed to "Commission" for purposes of brevity.

<sup>4</sup> Also referred to as CGE's enabling Act.

<sup>5</sup> Own emphasis added. It is noted that the systemic investigation is out of the CGE's own accord.

- 1.6.3 Failure and/or neglect by the Department of Social Development (DSD) to ensure proper policies and the implementation thereof, including inconsistent funding methods.
- 1.6.4 Ascertain why survivors struggle to adapt to normal living conditions again.
- 1.6.5 Identify relevant gender equality provisions in international instruments which have not been mainstreamed into existing and proposed legislation relating to services rendered by shelters.
- 1.6.6 Identify how DSD allocates resources to shelters.
- 1.6.7 Identify how members of the lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQA+) communities are accommodated and/or assisted.

## 2. NATURE AND BACKGROUND TO THE INVESTIGATION

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>6</sup> and as further amplified in terms of General Recommendation 19<sup>7</sup> defines Gender-based violence (GBV) as “violence that is directed against a woman because she is a woman or that affects women disproportionately”<sup>8</sup>. This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of freedom of movement. Together with “sexual violence” and “violence against women”, “gender-based violence” is used interchangeably<sup>9</sup>.

In respect of recommendations<sup>10</sup> to State Parties, section 24 (b) places the following obligation:

*“(b) States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women and respect their integrity and dignity. **Appropriate protective and support services should be provided for victims**<sup>11</sup>. Gender-sensitive training of judicial and law enforcement officers and other public officials are essential for the effective implementation of the Convention”.*

It is well documented that South Africa (SA) has one of the highest rates of GBV in the world. In 2014, accounting firm, KMPG<sup>12</sup> published a report providing a conservative estimate on the economic cost to society due GBV in South Africa. The report criticised the State's reactive approach to the harrowing violence perpetuated against women and estimated, GBV costs SA between R28.4 billion and R42.4 billion – or between 0.9% and 1.3% of GDP annually<sup>13</sup>.

Statistics South Africa (SSA)<sup>14</sup> details in its report titled Crime Against Women in South Africa data and trends indicating the brutality of violence against women and children. It further provides insight into society's perceptions and beliefs regarding

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<sup>6</sup> SA ratified CEDAW in 1995 and its operation protocol in 2005 without reservation.

<sup>7</sup> 11<sup>th</sup> session, 1992

<sup>8</sup> The common definition of GBV is not gendered, however given statistics and the high rate of domestic violence, sexual offences and violence against women, GBV in SA is mainly perpetrated against women.

<sup>9</sup> Gender-based violence <http://iawg.net/wp-content/uploads/2019/01/IAFM-10-GBV.pdf> [Accessed on 20 February 2019].

<sup>10</sup> As per General Recommendation 19.

<sup>11</sup> Own emphasis added.

<sup>12</sup> 2014.

<sup>13</sup> KMPG report too Costly to Ignore <https://home.kpmg/za/en/home/insights/2014/09/too-costly-to-ignore.html> [Accessed on 5 February 2019].

<sup>14</sup> “Stats SA,” Crime Against Women in South Africa, 2018 <http://www.statssa.gov.za/publications/Report-03-40-05/Report-03-40-05June2018.pdf> [Accessed on 5 February 2019].



GBV. For example, Respondents<sup>15</sup> to the study indicated that in certain situations it is more acceptable for a husband to beat his wife such as if she argues with him or goes out without telling him. It's recorded that in 2015/2016, the number of applications for protection orders as provided for the Domestic

Violence Act totalled 275 536<sup>16</sup>.

In 2017, the Centre for the Study of Violence and Reconciliation released a research study titled Violence Against Women in South Africa, a Country in Crisis which provided worrying insight into the gendered nature of violence and detailed that one in five women have experienced physical violence<sup>17</sup> within their lifetimes.

The State has taken cognisance of the high levels of GBV and included it in Chapter 12 of the National Development Plan (NDP), acknowledging that "gender-based violence in South Africa is unacceptably high". As cited above, SA as a member state to CEDAW and in its fight against GBV needs to have adequate support structures in place to survivors of such abuse. SSA aforementioned report details a further estimation that only 9 % of households in SA are aware of the existence of shelters or a place of safety for survivors of domestic violence<sup>18</sup>.

In 2018, President Cyril Ramaphosa convened a national Presidential Summit addressing the scourge of GBV within SA. Consequently, a declaration was penned citing the resolutions of the summit:

- (1) *Political and community leadership must support and champion the cause of eradicating gender-based violence and femicide.*
- (2) *Political, community, family and business leadership should be held accountable through, amongst others, a Code of Conduct.*
- (3) *Immediately set up an Interim Structure, which is funded, with the eventual objective of establishing a national, multi-stakeholder Council. The composition of the Council must be inclusive and representative with consideration of at least 51% civil society and appointments must be transparent. The interim structure should establish a functional Council within six months, the President should champion it and adequate resourcing should be in place for its optimal functioning. Subsequent legislation will govern its operations.*

<sup>15</sup> Both men and women.

<sup>16</sup> Vetten, L. "What is rightfully due: Costing the operations of domestic violence shelters" (2018), page 3. It is noted that the research study identifies a possible explanation for the 43.6 % increase in the number of applications from the 2015/2016 to the 2016/2017 period, as within the latter period the Department of Justice and Constitutional Development (DOJCD) utilised the number of particular types of abuse as opposed to the actual number of applications. Vetten advocates that it may be due that different types of abuse often co-occur, i.e. physical and verbal abuse, in turn causing the types to be counted twice thus increasing the numbers reported. However, the CGE notes that the aforementioned finding cannot be applied as the findings in the DOJCD's *Annual Report for 2017/2018 the Annual Report* cites "... a 47% decrease in abuse cases was reported, with emotional, verbal and psychological abuse as the most prevalent forms of domestic violence, contributing 50% to the overall number of cases received". <http://www.justice.gov.za/reportfiles/anr2017-18.pdf> [page 34]. Albeit, within Version 2 of the Draft Strategy against Femicide as presented in the Eastern Cape on 26 February 2019, the DOJCD cites that such a decrease of reported abuse from 2016/2017 to 2017/2018 may be attributed to persons not reporting incidents of abuse.

<sup>17</sup> Sibanda-Moyo, N., Khonje, E. and Kyerewaa Brobbey, M. Violence Against Women in South Africa, a Country in Crisis. <https://www.csvr.org.za/pdf/CSVr-Violence-Against-Women-in-SA.pdf> [Accessed on 5 February 2019].

<sup>18</sup> Stats SA, Crime Against Women in South Africa, 2018. <http://www.statssa.gov.za/publications/Report-03-40-05/Report-03-40-05June2018.pdf>

- (4) Adequate resourcing of Thuthuzela Care Centres, sexual offences courts and shelters that respond to the needs of all people including people with disabilities and LGBTQIA+<sup>19</sup>.**
- (5) A National Strategic Plan (NSP) on gender -based violence and femicide is developed within the next six months. The NSP should be resourced, implemented and monitored and evaluated on a regular basis.
- (6) Ensure that all laws and policies, programmes and interventions are adequately planned, costed and resourced in line within a gender-responsive planning, budgeting and monitoring evaluation framework, across government.
- (7) Retain, resource, strengthen and reinvigorate the institutional mechanisms including the national gender machinery.
- (8) Promote woman-centred economic development.
- (9) Continuously strengthen the information and research base to develop effective, coordinated evidence-based policy and programming.
- (10) A targeted, social behaviour change programme to address patriarchal values and norms and structural drivers of gender-based violence is developed and implemented. This should be targeted at all sectors, including individuals, families, communities, civil servants, religious and traditional leaders, the private sector, the media community and others that are strategically placed to influence attitudes, behaviours and practices, supported by an effective, resourced communication strategy. These should meet the needs of those with disability.
- (11) Evaluate existing education interventions with a view to strengthen them to ensure a comprehensive response at all levels of education.
- (12) Convene a meeting of all communicators on GBV to adopt ethical guidelines, to cover language used, approaches for sensitivity (social media package) and social context training for the media sector.
- (13) Ensure service optimisation through ongoing capacity building, specialisation, strengthened coordination informed by legislation, norms, standards and protocols on gender-based violence.
- (14) Fast track the review of existing laws and policies on gender-based violence to be victim-centred and ensure all other relevant laws respond to GBV.
- (15) Implement the recommendations that have been identified from reviews and address legislative gaps.

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<sup>19</sup> Despite all resolutions being relevant to the protection of women from oppression, violence and abuse, the highlighted item is relevant to the subject matter and the key concern raised in research findings, CGE's proposal and resultant findings of this investigative report.

(16) Consider creating a regulatory framework for religious institutions to curb sexual abuses and crimes under the guises of religion.

(17) Revisit and fast track all outstanding laws and bills that relate to GBV and femicide, including the decriminalisation of sex work<sup>20</sup>.

In 2013, the CGE submitted a proposal for law reform to DSD national, DSD Western Cape (WC) and the Department of Treasury titled *Combatting Domestic Violence Against Women and Children in the Western Cape by increasing Access to Shelters and improving the Quality of Services*<sup>21</sup>.

Encapsulated in the proposal and resultant policy brief, the CGE identified the benefits of shelters to the State in that the structures reduce the impact of GBV to the **survivor**<sup>22</sup> from an economic and social perspective. Moreover, it affords survivors mechanisms to escape the cycle of abuse and to avoid self-destructive harm. Through skills development, survivors have greater access to possible job opportunities, increasing financial independence from the abuser. The sanctuary offered by shelters further extend to protecting the rights of minor children who are offered therapy to minimise the impact of abuse in the household<sup>23</sup>.

In support of an effective sheltering system and with the aim of rectifying the reported issues faced by shelters, the CGE's proposal listed the plethora of challenges facing shelters within the WC, with the main detrimental issue pinpointed as the inappropriate funding model deployed by the State:

“The State currently only provides a small percentage, (in most instances less than a third) of the cost per head per day of each woman and her children at a shelter. There is a need to engage in a cost-benefit analysis in this regard. As part of this exercise, government should conduct quantitative and qualitative research into the economic cost of domestic violence to the State. In addition, there is a need to ensure that adequate resources are appropriated for infrastructure, facilities, human resources with appropriate skills and training, the creation of supportive contexts and structures and all forms of practical support provided to survivors in the form of counselling, access to health care, etc.

Currently, the appropriation of resources to survivor support, specifically the support provided by shelters, is generally inadequate and serious intervention is required if government is committed to addressing gender-based violence. To

<sup>20</sup> <https://www.gov.za/speeches/declaration-presidential-summit-against-gender-based-violence-and-femicide-2-nov-2018-0000> [Accessed on 5 February 2019].

<sup>21</sup> Stone, K., Watson, J., Thorpe, J. (2013). *Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided*. Cape Town: Commission for Gender Equality.

<sup>22</sup> Own emphasis added. It is highlighted that the CGE supports the use of the word “survivor” as opposed to “victim”. However, much of the written discourse, policies, standards and shelters responses cite victim hence the word victim is often used in the report.

<sup>23</sup> *Supra*, page ii.

this end, there is a need to factor the different aspects of shelter-related costs into the budget votes of different government departments. Gender-responsive budgeting initiatives need to therefore be adopted and institutionalised.

One way of doing this is for the National Treasury to find ways of incorporating and making visible budgeting pertaining to both preventing and addressing gender-based violence into the planning and allocation of all votes. This should be reflected in the Estimates of National Expenditure, as well as in the strategic and annual performance plans of government departments"<sup>24</sup>.

The CGE's identification of grossly inadequate and misaligned funding of shelters is echoed and entrenched in numerous research studies<sup>25</sup>, media articles<sup>26</sup> and its interaction with the National Shelter Movement (NSM)<sup>27</sup>.

Moreover, CGE was prompted to undertake the systemic investigation given specific complaints lodged against shelters. Hereunder, details apt examples of the nature and ambit of the received complaints: -

## 2.1 Complaint(s)<sup>28</sup>

2.1.1 The first complainant alleged that whilst residing at Ikhaya Lethemba (IKL) her social worker from the onset was only interested in her exit plans and showed little interest in providing her with the necessary counselling services. It was alleged further that she was provided with limited transport to attend the psychologist. This resulted in her not attending adequate counselling sessions as per the contract with IKL. It was further alleged that her social worker did not uphold confidentiality during consultations as she permitted open consultations in the presence of other persons.

It was alleged that there was a predetermined decision not to extend her stay, notwithstanding the contract stipulating that an extension maybe considered on a case-by-case basis. According to the complainant the basis of her appeal for extension was based on the grounds that IKL had not provided services as per the signed contract.

<sup>24</sup> Women's Legal Centre. Stone, I. K., Watson, J. (2013). Policy Brief: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services.

<sup>25</sup> Vetten, L. What is Rightfully Due: Costing the Operations of Domestic Violence .Shelters. (2018) provides a recent and detailed explanation of how shelters are poorly funded which is further worsened by the expanded definition of a shelter being used by DSD to fund shelters not dedicated to abused women as defined in the DVA.

<sup>26</sup> Examples include, <https://www.iol.co.za/weekend-argus/news/watch-womens-shelters-hamstrung-by-funding-challenges-13209151>  
<https://za.boell.org/2013/06/26/department-social-development-funding-shelters-abused-women-inadequate>  
<https://www.dailymaverick.co.za/article/2017-05-15-statistics-sa-one-in-five-sa-women-experience-physical-violence-young-women-hard-hit-by-hiv-aids/>

<sup>27</sup> Meeting between CGE and NSM took place on 11 September 2018, with the following aspects highlighted regarding funding: lack of standardisation of salaries, for example not all social workers earn the same. The costing of shelters inadequate, specifically given the high rate of gender-based violence in South Africa. Shelters are not properly resourced and supported by the DSD. Late payment of monies by DSD to shelters.

<sup>28</sup> This is not an all-inclusive list of complaints, but rather recent complaints received by the CGE.

- 2.1.2 According to the second complainant she was admitted to IKL on as a survivor of GBV. She alleged that she was discriminated against by IKL due to her chronic health diagnosis, in terms of language by IKL management and staff members and her privacy and dignity were infringed when IKL broke into her room without just cause. It was alleged that the social worker assigned to her undertook to assist and prepare her for the exit date as per her contract with IKL, however such assistance was not provided. It was alleged that the social worker in question was on leave during most of her stay at IKL. It was highlighted that the social worker requested her to sign forms acknowledging that she has received counselling although it was not provided.
- 2.1.3 The third complainant alleged that she has been abused by the social worker who advised her from the onset that if she did not have an exit plan she must go back to the perpetrator. The complainant alleged that she has not received counselling services from social workers. Instead social workers forced her to sign forms that suggested that she received counselling. The complainant further alleged that no confidentiality was adhered to by staff members as confidential matters were discussed in the kitchen by staff members. It was indicated further that there were many rooms that were unoccupied. It was highlighted that some of the rooms were utilised by housemothers who stayed with their husbands<sup>29</sup>.

Against the historical backdrop and increasing rate of GBV, the systemic investigation was specifically included in the CGE's APP for the 2018/2019 financial year<sup>30</sup>:

### **Strategic Objective 2**

*"To promote respect for and the protection, development and attainment of gender equality."*

### **Sub-Strategic Objective 2.2**

*"To investigate, resolve and rectify any gender-related issue and to seek redress for victims of gender violations, review existing legislation and propose legislative changes."*

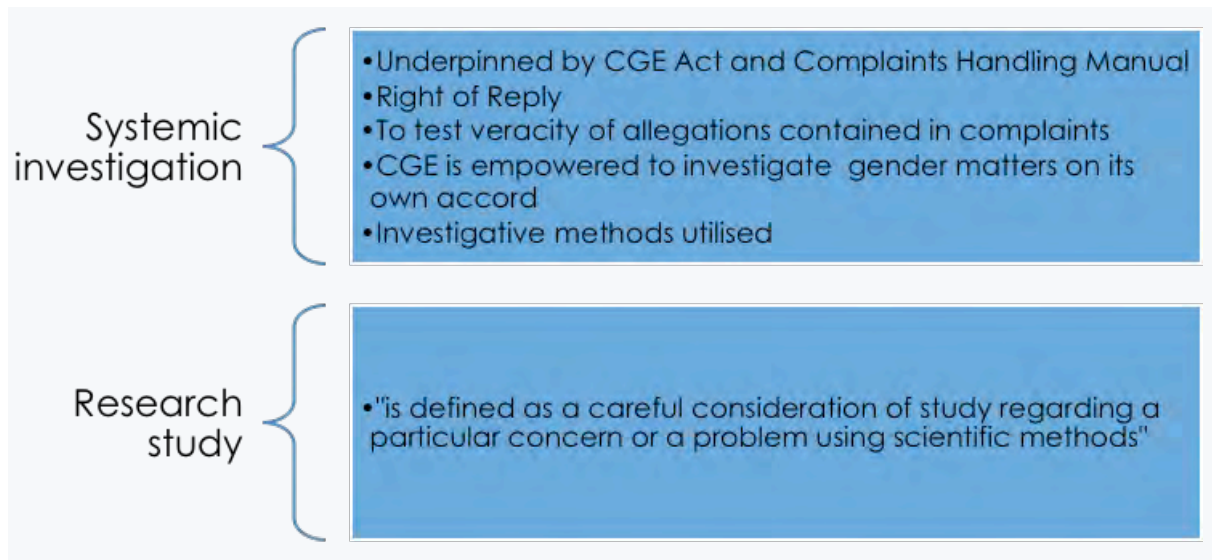
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<sup>29</sup> Despite the listed complaints providing the rationale for the CGE to embark on a systemic investigation, the report does not directly detail the processes and outcomes of the specific complaints lodged. The cited complaints were dealt with by the CGE's GP Legal Department in terms of the CGE's complaint handling process and outcomes provided to the complaints.

<sup>30</sup> CGE APP 2018/2019 in alignment with its five-year Strategic Plan.

### 3. Investigative Methodology and Limitations

The CGE's actions herein, are classified as a systemic investigation and must not be misconstrued as a research undertaking.<sup>31</sup>



Therefore, a systemic investigation will not contain aspects inherent in a research study such as an abstract, hypothesis and research methodology<sup>32</sup>.

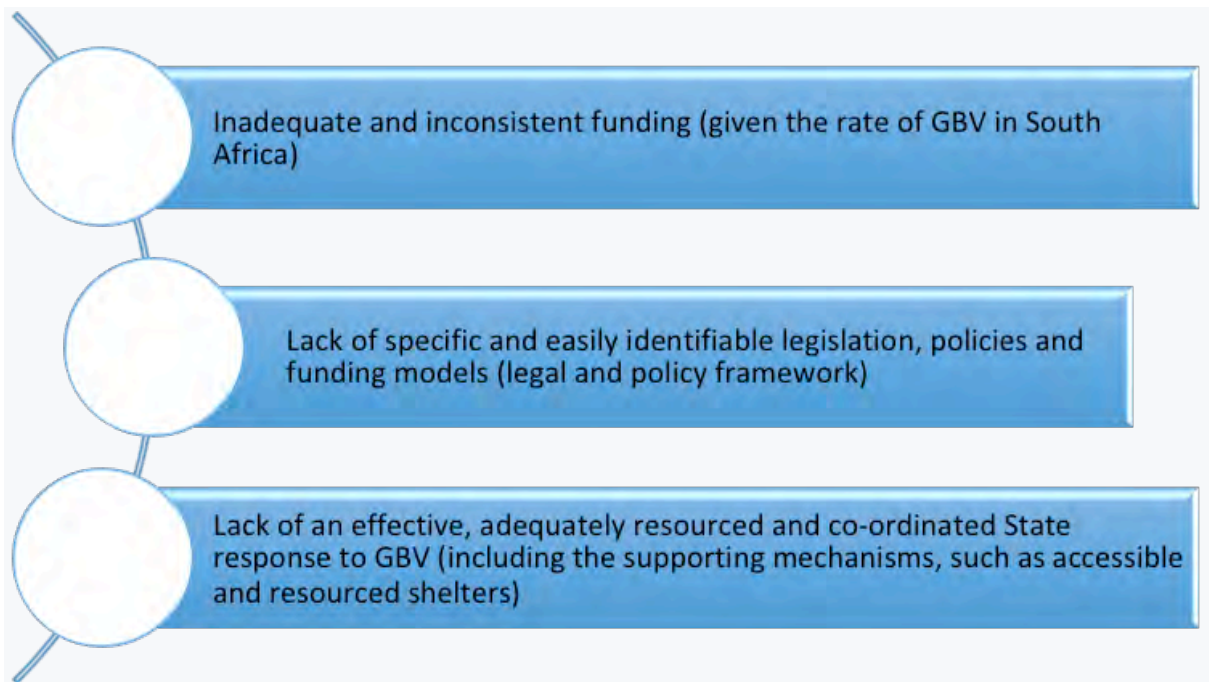
There is a plethora of research studies which have focused on shelters within SA's jurisdiction. The said research studies were used as a basis and an indicator of issues, a bedrock of information to cushion the investigative focus. In summary, the research studies have raised the following key issues.

<sup>31</sup> <https://www.questionpro.com/blog/what-is-research/> [Accessed on 5 February 2019],

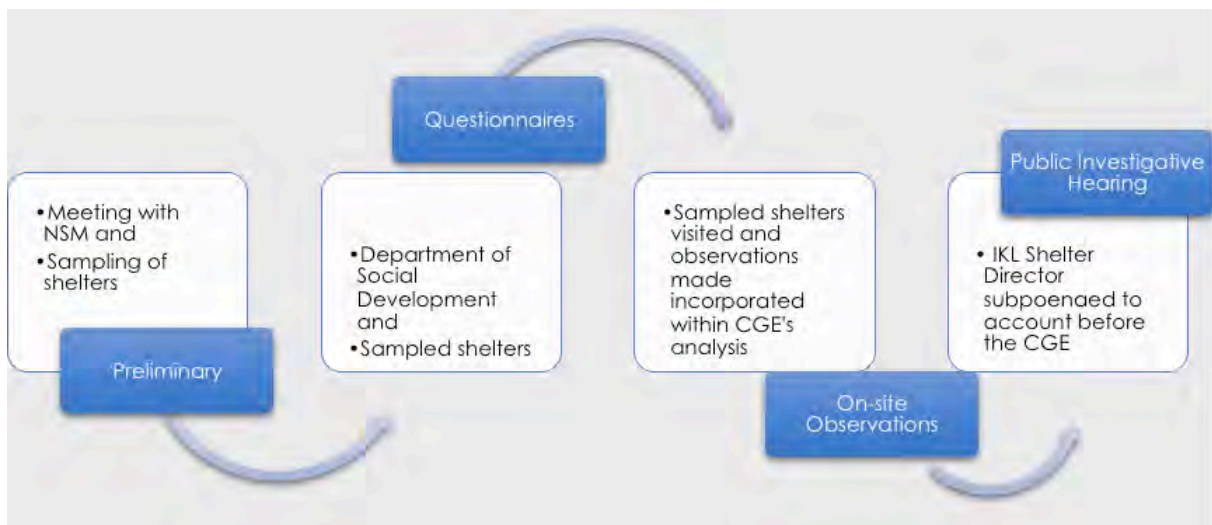
<sup>32</sup> Not an all-inclusive list.

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The CGE's investigation was multipronged and may be visually illustrated hereunder.



The random sampling process<sup>33</sup> was conducted on the applicable type of government funding. Accordingly, the following comprised the sampled shelters to form part of the investigative process:

<sup>33</sup> The sources utilised for the list of shelters and the sourcing of the NSM's database and observations from lists of shelters available online.

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Province	Sample shelters	Criteria
Eastern Cape	Kwanobuhle Outreach Centre Khanyisa VEP Centre Masimanyane Shelter	100% funded Partially funded Not funded
Free State	Thusanang Advice Centre Goldfields Advice Family Organisation Tumahole Victim Support Centre <sup>34</sup>	100% funded Partially funded Not funded
Gauteng	Ikhayalethemba Leratong Place of Love POWA West Rand	100% funded Partially funded Not funded
KZN	Dundee Crisis Centre VJ Kara House of Hope	100% funded Partially funded Not funded
Limpopo	Khuseleka One Stop Centre Huis Moroela Ekuphumuleni Restoration House <sup>35</sup>	100% funded Partially funded Not funded
Mpumalanga	GRIP Grace Shelter Badplaas Shelter <sup>36</sup>	100% funded Partially funded Not funded by
Northern Cape	Ethembeni Community Centre Bopanang One Stop Centre Kimberly Shelter	100% funded Partially funded Not funded
North West	Home of hope against women abuse Kitso Ke Lesedi Phokeng Trauma Centre <sup>37</sup>	100% funded Partially funded Not funded
Western Cape	Saartjie Baartman Centre for Women and Children St Annes Homes Worcester House of Hope <sup>38</sup>	100% funded Partially funded Not funded

The following themes were explored from the questionnaires placed before the shelter managers of the sampled shelters and in turn on-site observations:

<sup>34</sup> Upon receipt of DSDs response to the questionnaire and engagement with the shelter, it is noted that Tumahole Victim Support Centre is not "not funded" as cited in the sampling process.

<sup>35</sup> The CGE found the shelter had been closed due to inability to function without funding.

<sup>36</sup> *Supra*.

<sup>37</sup> Upon receipt of DSDs response to the questionnaire and engagement with the shelter, it was found that the shelter is funded.

<sup>38</sup> *Supra*.



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Organisational/shelter information, status and staffing
Shelter capacity and accommodation criteria
Period of stay and survivor readiness to exit shelter
Shelter funding and resources
Shelter Service Package offer: Shelter Service Basket
Record keeping: Ethics confidentiality
Shelter Management: Staffing and supervision
Nature of relationship with SAPS
Safety and security measures
Substance abuse and rehabilitation
Challenges
CGE's Recommendations: Strengthen shelter services and programmes <sup>39</sup>

In turn, a questionnaire was placed before the National DSD probing the areas applicable to the pre-stated objectives of the investigation:

DSD's funding of shelters and allocation per province
DSD's measures and/or programmes to support shelters other than from a financial perspective?
DSD efforts to rectify the <i>lacuna</i> in the Domestic Violence Act (DVA) , in respect of DVA <sup>40</sup>
Outline and evidence of DSD's developmental quality assurance system <sup>41</sup>
Information on complaints mechanism for residents of shelters
Mechanisms put in place by DSD to prevent shelters unfairly discriminating against the LGBTIQ+ community <sup>42</sup>

The limitations for the investigation are listed hereunder:

<sup>39</sup> Specific to the shelter.

<sup>40</sup> It is noted that the DVA places a duty on the SAPS to refer persons who have been experienced domestic violence to shelters. However, there is no specification on who must fund the shelters in the Act, in respect of law reform.

<sup>41</sup> DSD's minimum standards on shelters for abused women provides that the DSD "Minimum Standards on Will Implement a Developmental Quality Assurance (for Monitoring and Evaluation Purposes) in an Effort to Ensure Both Effective Service Delivery and Delivery in Line with the Transformation Vision and Goals of Social Welfare Services".

<sup>42</sup> CGE used the example of whether shelters accommodate transwomen.

Limited human capacity [one Legal Officer (LO) per province] tasked with an array of responsibilities as per the CGE's Annual Performance Plan (APP)

Lack of adequate and detailed response(s) on the part of DSD and shelters

The extensive time requirements associated with travelling to shelters. Given the limited human capacity, the sample size was capped at three shelters

The ambit of observations, analysis and possibility of bias. This is further amplified by LO's differing preconceived definitions of a shelter and its client base (narrow vs wide definitions)

Inability to interview survivors of abuse during on-site observations due to ethical considerations. This in turn dilutes the required information to ascertain "why survivors struggle to adapt to normal living conditions again"

### 4. LITERATURE REVIEW

The Heinrich Böll Foundation<sup>43</sup> (HBF) is regarded as the main contributor of research and information about the functioning of shelters in SA. The most recent research released on the subject titled *What is Rightfully Due: Costing the Operations of Domestic Violence Shelters*<sup>44</sup> examines the State's expanding definition of a DV shelter to a generic shelter for women.

Further, it examines policy framework guiding the establishment and running of DV shelters. The report thoroughly investigates the State's costing methods and the historical narrative on how the allocated budget is derived. It further examines the abused women's use of sheltering services and the services as required by the DSD standards.

As per its output it illustrates the core and required costs for the running of an effective "domestic shelter". It also calls for further investigation if it, in fact, benefits the current standard of transforming DV shelters into generic women's shelters. It calls for a comprehensive policy regarding the shelters for survivors of DV, including housing and exit plans after residing in the shelter.

In respect of sheltering minor children, it calls for adequate guidance to be provided to shelters on how to deal with this aspect, including the services/programmes that must be offered to minor children. The need for an intersectoral approach to the empowerment of women and skills development whilst in a shelter, and once women are out, is highlighted as a key measure in the economical upliftment of women and to increase their employability. Lastly, it recommends that women's access to mental health services<sup>45</sup> whilst in shelters is expanded as long waiting lists exist and the service is entirely unavailable currently<sup>46</sup>.

A policy brief titled *Shelter Services to Domestic Violence Victims – Policy Approaches to Strengthening State Responses*<sup>47</sup> of HBF provides insight into the outcomes of data collected on the profile of women who access shelters and the service challenges they experience. Women who access shelters are mostly under the age of 36 with minor children. They have limited levels of education and are often unemployed.

The policy brief cites that most stays in shelters accommodations are between three to six months which is argued as insufficient to break the cycle of abuse. The lack of second-stage housing is noted as a concern as women have nowhere to turn after

<sup>43</sup> <https://za.boell.org/searching/contents/Shelters> [Accessed on 5 February 2019].

<sup>44</sup> Prepared by L. Vetten for the NSM, the HBF and Joint Gender Fund (2018).

<sup>45</sup> Psychological and psychiatric services.

<sup>46</sup> Supra.

<sup>47</sup> Watson, J. and Lopes, C. *Shelter Services to Domestic Violence Victims – Policy Approaches to Strengthening State Responses*. Policy Brief No 1, September 2017. [https://za.boell.org/sites/default/files/policy\\_brief\\_final\\_02\\_web.pdf](https://za.boell.org/sites/default/files/policy_brief_final_02_web.pdf)

exiting the shelter. Criteria are imposed on admission to shelters and it was found that one of the common reasons for not accessing shelters is having minor male children over a certain age. The policy brief criticised the approach to skills development and the inconsistent approach among shelters.

This inconsistency also extends to the services offered to children. Basic psycho-social support in the form of play and art therapy differs from shelter to shelter. In respect of staffing, the policy brief states that “shelters on average are not able to employ the staff required to meet the needs of shelter residents”<sup>48</sup>. In turn, it cites that inadequate funding of staff positions in the shelter staffing structure places undue pressure on the facilities to pay its staff market-related salaries.

The recurring challenge of inadequate funding of shelters is detailed as one of the reasons why only a few shelters report that they do not have funding challenges. It highlights that the DSD funding model differs among different provinces. Considerable administrative requirements exist for non-profit organisations (NPO) to seek funding from DSD. These cumbersome procedures consume unnecessary time and places considerable stress on the management thereof of shelters<sup>49</sup>.

In a 2012 research report, *Shelters Housing Women Who have Experienced Abuse: Policy, Funding and Practice*<sup>50</sup> information from five shelters in Gauteng detailed the problems faced by abused women seeking access to its services. The report found<sup>51</sup> that:

- Most women are referred to shelters by the South African Police Service (SAPS) and civil society organisations.
- Most women who enter the sheltering environment are unemployed, with no source of income and only have a high-school education.
- Gauteng province (GP) DSD's funding model for shelters is inadequate and does not meet the operational needs.
- The financial restrictions that shelters experience have a direct impact on the inability to render the required and comprehensive services to both women and their children. Accordingly, the skills development programmes are not effective in assisting women secure employment after exiting the shelter<sup>52</sup>.

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<sup>48</sup> *Supra*, Page 6.

<sup>49</sup> *Supra*, page 7,

<sup>50</sup> Bhana, K, Vetten, L, Makhunga, L, and Massawe, D. (2012). *Shelters Housing Women Who have Experienced Abuse: Policy, Funding and Practice*. Johannesburg: Tshwaranang Legal Advocacy Centre,

<sup>51</sup> This is not an all-inclusive list of the findings of the study.

<sup>52</sup> *Supra*, Pages 61 to 66,

## 5. THE LEGAL AND POLICY FRAMEWORK

### 5.1. International and Regional Law

#### 5.1.1. CEDAW

Article 1 of CEDAW<sup>53</sup> states that:

“For the purposes of the present Convention, the term “discrimination against women” shall mean any distinction, exclusion or restriction made on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”

CEDAW’s preamble asserts that “the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields”.

General Recommendation (GR) 19 declares GBV as a means of discrimination as detailed in Article 1 of CEDAW because it interferes with a women’s enjoyment of her fundamental rights and freedoms<sup>54</sup>. Moreover, as cited hereabove, GR 19 clearly places the onus on and details it the State’s obligations to address GBV which, amongst others, includes the refuge and support of abused women and children<sup>55</sup>. In addition, GR 12 places clear reporting obligations on member states to account within the required periodic reports, its domestic statutes to protect women from violence, the support services and statistical data on the incidence of violence of all kinds against women<sup>56</sup>.

The CEDAW committee’s concluding observations of 2011 directly criticised SA’s response to GBV in respect of shelters and the allocated funding– “social support, including shelters are inadequate due to inappropriate budgetary allocations”<sup>57</sup>.

SA is yet to respond to the 2011 observations.

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<sup>53</sup> SA ratified CEDAW in 1995 and its operation protocol in 2005 without reservation.

<sup>54</sup> Women’s Legal Centre. Stone, I. K., Watson, J. (2013). Policy Brief: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services.

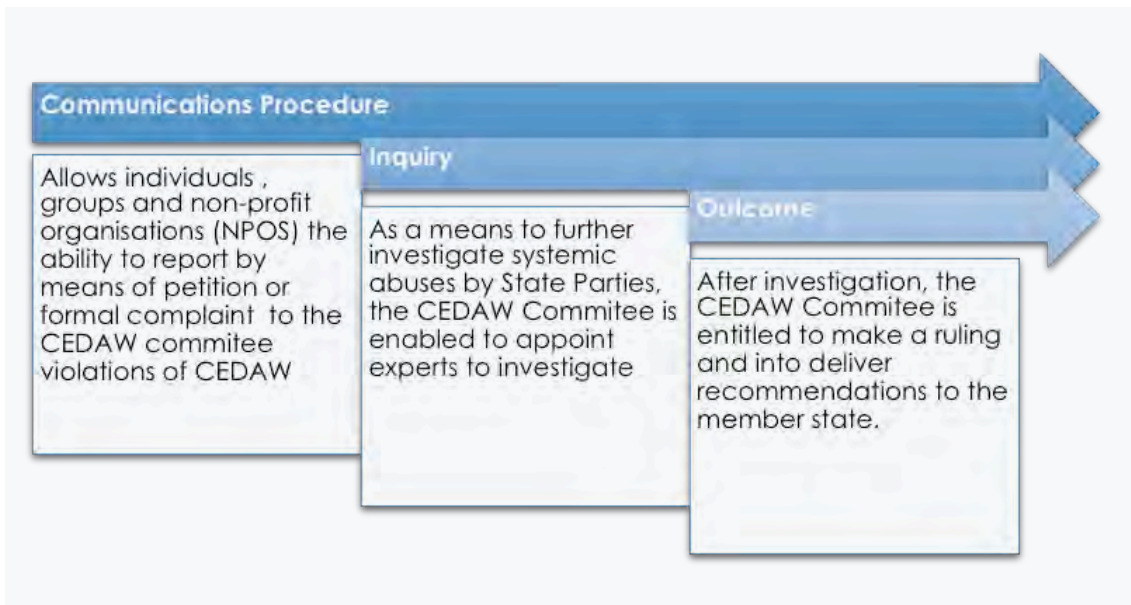
<sup>55</sup> Women’s Legal Centre. Stone, I. K., Watson, J. (2013). Policy Brief: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services.

<sup>56</sup> South African Human Rights Commission, Research Brief. Unpacking the Gaps and Challenges in Addressing Gender-based Violence. (2018 ). <https://www.sahrc.org.za/home/21/files/SAHRC%20GBV%20Research%20Brief%20Publication.pdf>

<sup>57</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided.” Cape Town: Commission for Gender Equality. Page 27

### 5.1.2. CEDAW's optional protocol.

The protocol attaches further actions to the mother document, namely a communications procedure and an inquiry procedure. In essence, it the workings of the two procedures can be labelled a complaints mechanism that is established.<sup>58</sup>



In the SA context, the Masimanyane Women's Support Centre compiled a request to the CEDAW's Committee in terms of the inquiry procedure to embark on a systematic investigation into the high rate of DV in South Africa. It acknowledged that SA women, despite an array of mechanisms and progressive legislative framework to address DV, "are experiencing grave and systemic violations of their human rights because of the extremely high levels of domestic violence"<sup>59</sup>.

The CEDAW Committee's first decision, *A.T. v Hungary*<sup>60</sup>, emanating from an inquiry concerning domestic violence, highlighted the need of adequate support systems, such as shelters<sup>61</sup>. A woman who was violently abused by her husband was unable to go to a shelter for refuge as none could accommodate her minor child with a disability. The Committee found in

<sup>58</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 28.

<sup>59</sup> Request for an Inquiry under the Optional Protocol to CEDAW. <http://dgmt.co.za/wp-content/uploads/2015/06/OP-CEDAW-INQUIRY1.pdf>, page 43.

<sup>60</sup> The full outcome may be found at <http://www.un.org/womenwatch/daw/cedaw/protocol/decisions-views/CEDAW%20Decision%20on%20AT%20vs%20Hungary%20English.pdf>

<sup>61</sup> The decision also looked at other shortcomings of the member state in respect of domestic violence.

favour of the woman and recommended to the member state that it urgently promulgate laws that prohibits domestic violence and provide shelters which are equipped to accommodate children with disabilities<sup>62</sup>.

### **5.1.3. Universal Declaration of Human Rights (UDHR)**<sup>63</sup>

Article 2 of the UDHR states that: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".

Although SA is not a signatory to the declaration as it come forward for signature at the time apartheid was formally institutionalised, Chapter 2 of the SA Constitution is largely premised on the rights enshrined within the Universal Declaration of Human Rights and widely addresses South Africa's history of oppression, colonialism, slavery, racism and sexism and other forms of human violations. It embeds the rights of all people in our country as an enduring affirmation of the democratic values of human dignity, equality and freedom<sup>64</sup>.

### **5.1.4. Vienna Declaration of 1993**

Article 8 highlights the importance of working towards the elimination of violence against women in public and private life, the elimination of all forms of sexual harassment, exploitation and trafficking in women, the elimination of gender bias in the administration of justice and the eradication of any conflict which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism.

### **5.1.5. Sustainable Development Goals (SDGs): 2030 Agenda**

Goal 5 aims at achieving gender equality and seeks to empower all women and girls. Its targets include ending all forms of discrimination and violence against women and girls<sup>65</sup>.

### **5.1.6. South African Development Community (SADC) Declaration on Gender and Development (2008)**

The Declaration notes that gender equality is a fundamental human right and commits States to protecting the rights of women and the girl child, amending

<sup>62</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 28.

<sup>63</sup> 1948.

<sup>64</sup> <https://www.gov.za/speeches/brand-south-africa-calls-citizens-stand-human-rights-world-commemorates-international-human>

<sup>65</sup> <http://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-5-gender-equality>

constitutions, enacting empowering gender sensitive laws and changing social practices which subject women to discrimination.

### **5.1.7. SADC Protocol on Gender and Development<sup>66</sup>.**

The protocol provides clear obligations on member states to implement strategies to combat GBV. Unlike the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa<sup>67</sup>, it specifically cites the need to provide support services in the form of shelters<sup>68</sup>.

### **5.1.8. African Union Solemn Declaration on Gender Equality in Africa, 2004**

The Declaration reaffirms states' commitment to gender equality and it expresses deep concern about harmful traditional practices which affect mainly women, perpetuate the GBV cycle.

### **5.1.9. Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol), 2003<sup>69</sup>.**

The regional Protocol places positive obligations on member states to put in place substantive measures to address all forms of violence against women. Despite the Protocol's silence in respect of shelters, it is inferred, given the obligations placed on state parties with the aim of combating violence perpetuated against women and children<sup>70</sup>.

## **5.2. Domestic Law**

### **5.2.1. The Constitution of the Republic of South Africa, 108 of 1996 (Constitution)**

The Constitution stands at the heart of the legislative framework binding the legislative, executive and judicial branches of the State, to fulfill the rights and obligations encapsulated within it<sup>71</sup>. In turn, an array of rights resonates with abused women and childrens' need for effective support systems, such as shelters when faced with violence.

<sup>66</sup> SA signed and ratified the protocol in 2011. Preceding the SADC Protocol on Gender and Development, SADC Council of Ministers adopted the SADC Gender Policy (2007). SADC Heads of State and Government also signed the SADC Declaration in September 1997, followed by its Addendum on the Prevention and Eradication of Violence against Women and Children in September 1998. <https://www.sadc.int/issues/gender/gender-based-violence/>

<sup>67</sup> [http://www.ahrj.up.ac.za/images/ahrj/2009/ahrj\\_vol9\\_no2\\_2009\\_forere\\_stone.pdf](http://www.ahrj.up.ac.za/images/ahrj/2009/ahrj_vol9_no2_2009_forere_stone.pdf)

<sup>68</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 25.

<sup>69</sup> SA ratified the protocol in December 2004.

<sup>70</sup> [http://www.ahrj.up.ac.za/images/ahrj/2009/ahrj\\_vol9\\_no2\\_2009\\_forere\\_stone.pdf](http://www.ahrj.up.ac.za/images/ahrj/2009/ahrj_vol9_no2_2009_forere_stone.pdf)

<sup>71</sup> Section 7 of the Constitution...



### 5.2.1.1 The right to equality (Section 9)

Section 9(1) states that everyone is equal before the law and has the right to equal protection and benefit of the law. Section 9(3) further provides that the State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

### 5.2.1.2 The right to dignity (Section 10)

Section 10 of the Constitution guarantees everyone the right to dignity. The importance of the right to dignity is inherent in regard to shelters and support systems offered to abused women and children. The Constitutional Court has repeatedly emphasised the importance of the fundamental right to human dignity. In *S v Makwanyane*<sup>72</sup> it was stated that recognising a right to dignity is an acknowledgement of the intrinsic worth of human beings, independent of his or her station in life.

It was further stated that without dignity, human life is substantially diminished. It is only when a person is treated with dignity that they feel worthy and important in society. This right is violated when persons are subjected to conduct that is degrading and humiliating<sup>73</sup>.

### 5.2.1.3 The right to freedom and security of the person (Section 12)

Section 12(1)(c) guarantees the right to freedom and security of the person, which includes the right to be free from all forms of violence from either public or private sources.

Section 12(2)(b) guarantees the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction and to security in and control over their body.

### 5.2.1.4 The right to privacy (Section 13)

Section 13 guarantees the right to privacy. This right is integral in the confidentiality of therapy and survivors of abuse's private information as held by shelters.

### 5.2.1.5 Right to adequate housing (Section 26)

As many women are displaced from their homes and seek shelters, the right to adequate housing places an obligation on the State to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right.

<sup>72</sup> *S v Makwanyane* 1995 (3) SA 391.

<sup>73</sup> Devenish, GE A Commentary on the South African Bill of Rights.(Butterworths, 1999).Page 79.

5.2.1.6 Limitation of rights (Section 36)

Section 36 of the Constitution relates to the limitation of enjoyment of the rights enshrined in the Constitution in terms of the law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, and in compliance with explicitly spelt out exigencies and proportionality.

**5.2.2 Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000 (PEPUDA)**

Section 1 of PEPUDA defines discrimination as any act or omission, including a policy, law, rule, practice, condition or situation which directly or indirectly imposes burdens, obligations or disadvantages or withholds benefits, opportunities or disadvantages from any person on one or more of the prohibited grounds (race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth) as outlined in Section 9 of the Constitution.

Section 8 of PEPUDA prohibits unfair discrimination on the basis of gender and in turn a host of instances which amount to unfair discrimination:

...., no person may unfairly discriminate against any person on the ground of gender, including—

(a) **gender-based violence;**

....

(g) **limiting women's access to social services or benefits, such as health, education and social security;**

.....<sup>74</sup>

**5.2.3 Domestic Violence Act, 116 of 1998 (DVA)**

As per section 2 of the DVA (detailed hereunder), a clear duty is placed on the SAPS to assist persons who have experienced DV to find a shelter, the said Act is silent as to which entity is responsible for the financing of such shelters. “Any member of the South African Police Service must, at the scene of an incident of domestic violence or as soon thereafter as is reasonably possible, or when the incident of domestic violence is reported—

(a) *render such assistance to the complainant as may be required in the circumstances, including assisting or making arrangements for the complainant to find a suitable shelter and to obtain medical treatment;*

<sup>74</sup> Own emphasis added.

(b) if it is reasonably possible to do so, hand a notice containing information as prescribed to the complainant in the official language of the complainant's choice; and

(c) if it is reasonably possible to do so, explain to the complainant the content of such notice in the prescribed manner, including the remedies at his or her disposal in terms of this Act and the right to lodge a criminal complaint, if applicable.”

The DVA does not define “shelter” and the ambit of care provided by the shelter. The SAPS have placed within its national instruction<sup>75</sup> to members clear instructions on the duties placed upon it by the DVA, including the locating a shelter for the victim<sup>76</sup>.

In 2015, the Legal Resource Centre reported to the Portfolio Committee on Police in 2015 that through the interacting with a SAPS member during the DVA training there are “no clear lines of communication between the police on the one hand and other relevant government departments on the other: clerks at the court don't know what the roles of the SAPS is under the Act, SAPS members have no engagement with the Department of Social Development so they do not know where to refer clients to in cases of counselling and shelters”<sup>77</sup>.

### **5.2.4. The Children's Act, 38 of 2005<sup>78</sup>**

The Act places clear obligations on the State to safeguard the rights of the child as enshrined in section 28 of the Constitution. In terms of the Act, the definition of “temporary safe care” includes shelter. In turn, the Act places a legislative duty for adequate consultation on a ministerial level for the development of norms and standards for places of “temporary safe care”.

In addition, provisions<sup>79</sup> are made for the establishment of child and youth care centres, and places clear responsibility on the part of the Minister of Social Development to establish a clear national strategy to ensure appropriate spread of the centres throughout SA<sup>80</sup>. In terms of Section 191, the said care centres are defined as follows:

*“A child and youth care centre is a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility, **but excludes**<sup>81</sup>—*

<sup>75</sup> No 7 /1999.

<sup>76</sup> Watson, J. and Lopes, C. (2017). Shelter Services to Domestic Violence Victims – Policy Approaches to Strengthening State Responses. [https://za.boell.org/sites/default/files/policy\\_brief\\_final\\_02\\_web.pdf](https://za.boell.org/sites/default/files/policy_brief_final_02_web.pdf)

<sup>77</sup> The LRC has noted further lack of implementation of the provisions of the DVA in SA. <http://resources.lrc.org.za/shortfalls-in-the-implementation-of-the-domestic-violence-act/>

<sup>78</sup> As amended by the Children's Amendment Act (No 41 of 2007).

<sup>79</sup> Sections 193 and 195.

<sup>80</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 21.

<sup>81</sup> Own emphasis added.

- (a) a partial care facility;*
- (b) a drop-in centre;*
- (c) a boarding school;*
- (d) a school hostel or other residential facility attached to a school;*
- (e) a prison; or*
- ( f ) any other establishment which is maintained mainly for the tuition or training of children other than an establishment which is maintained for children ordered by a court to receive tuition or training.*

The funding and establishment of such centres is placed on the Member of the Executive Council (MEC) for the DSD on a provincial level from the coffers of the impugned province fiscus. The CGE echoes its averment within its initial proposal of 2013 that although minor children stay with their mothers in shelters, it is not comparable to a normal family environment.

Accordingly, in terms of the definitions and current occurrence at shelters, same should be considered at youth care centres and with monetary allocation as provided for in the Act<sup>82</sup>.

### **5.2.5 The Prevention and Combating of Trafficking in Persons Act, 7 of 2013** <sup>83</sup>

In terms of the Act, measures are put in place to protect and safeguard persons who are suspected of being or have been trafficked. Given the nature of the criminal activity, providing a safe environment is a theme throughout the Act.

In terms of section 19, temporary safe care is established and is defined as “care of an adult person suspected of being a survivor of trafficking in a shelter, private home or any other place approved by the Director-General: Social Development where that person can be accommodated safely pending the placement of that person in an accredited organisation”.

Moreover, an accredited organisation is defined as “a government institution, accredited in terms of section 24 to provide services to adult victims of trafficking”. Duty is placed on the Minister of Social Development to establish national norms and standards for accredited organisations.

In view of the regulations supplementing the Act, the norms and standards are included therein and details the required programmes and skills training that the organisation must provide to persons under the Act. Moreover, as per regulation

<sup>82</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 21.

<sup>83</sup> Often referred to as TIP.

1384, it cites the manner in which accredited organisations may apply for financial assistance and/or funding to execute the duties and requirements as per the Act.

Through its investigation, the CGE found that certain shelters are accredited organisations as per the Act. Accordingly, such allocation of funding may be diluted for those who enter in terms of the DVA, as the shelter's clientele base extends to an array of persons, not only abused women as per the DVA.

### 5.3 Policies, Strategies and Standards

Despite no clear statutory duty on which department is responsible to provide and fund shelters, currently the funding and co-ordination of shelters falls under the governments Victim Empowerment Programme (VEP)<sup>85</sup> which DSD leads. The said programme is aimed at a survivor-centred, restorative justice system approach to crime prevention. As per the integrated Victim Empowerment Policy<sup>86</sup>, victim empowerment, is defined as “ an approach to facilitate access and deliver a range of services for all people in South African , who individually or collectively suffered harm, trauma, and/or material deprivation through violence, crime, natural disasters, human accidents and/or socioeconomic considerations, towards restoring and building a healthy peaceful and economically viable society”<sup>87</sup>.

The National DSD is viewed as the department responsible for policymaking and monitoring, whilst the provincial DSD's are responsible for the funding and, in turn, existence of the service<sup>88</sup>.

Accordingly, in view of hordes of misplaced information<sup>89</sup>, it is often difficult to navigate the DSD's website, it appears that the shelters and its clientele include the following:

- Survivors of crime and violence which includes short-term services, such as Crises Centres, Green and White Door facilities.
- Persons who are suspected of being trafficking or have been trafficked – accredited organisations.
- One Stop Centres, which seek to provide an array of services to survivors.
- Child and Youth care centres.
- Men's homes<sup>90</sup>.

<sup>84</sup> As initially permitted in terms of Section 24 of the Act.

<sup>85</sup> VEP is a programme under pillar one of the National Crime Prevention Strategy (NCPS) of 1996 which was later replaced by the Justice Crime Prevention Strategy in 1999.

<sup>86</sup> 2015.

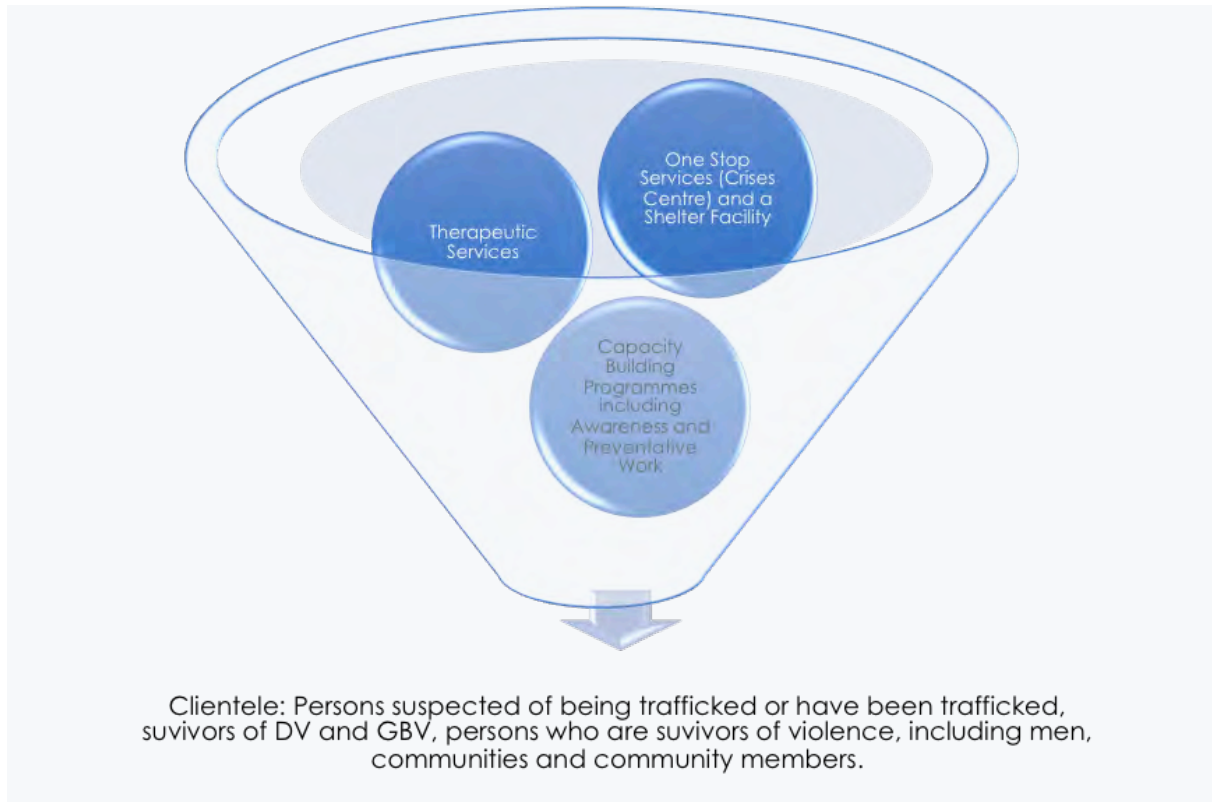
<sup>87</sup> Draft DSD GBV Prevention Programme for LGBTI Persons. September 2018.

<sup>88</sup> Lopes, C. (2013). Shelter Housing Women Who have Experienced Abuse: Policy, Funding and Practice. [https://za.boell.org/sites/default/files/downloads/Policybrief\\_reports\\_sheltershousingabusedwomen\\_updatedOct2013.pdf](https://za.boell.org/sites/default/files/downloads/Policybrief_reports_sheltershousingabusedwomen_updatedOct2013.pdf)

<sup>89</sup> Accessing information on shelters, including norms and standards on DSD's website, can be described as haphazard.

<sup>90</sup> Western Cape reported on budget allocated for a men's home. Beth Rogelim Men's Home.

An example which illustrates the broad definition of a shelter is Kwanobuhle Outreach Centre in the Eastern Cape (EC) The outreach centre comprises of the following facets and, in turn, helps a diverse clientele.



### **5.3.1 DSD Minimum Standards on Shelters for Abused Women (2001)<sup>91</sup>**

On or about 2001, DSD issued Minimum Standards on Shelters for Abused Women, which provide an array of expectations (list hereunder, not all-inclusive) on the part of DSD and in turn shelters:

- Provision of short-term intervention wherein support, counselling and skills development is provided.
- Persons who work and/or run shelters need to attend training<sup>92</sup>.
- Standardised intake sheets.
- Shelter should accommodate all types of victims.
- Specific standard in respect of security<sup>93</sup> of the shelter.
- Monitoring oversight on the part of DSD.

<sup>91</sup> Referred to as the 2001 standards.

<sup>92</sup> It is inferred it is DSD who is responsible the training.

<sup>93</sup> A telephone, security bars – including panic buttons, exterior walls with locked gates and 24-hour supervision by either volunteer, a member of the SAPS if not contracting the service to a security company.

- Shelters to have responsible managers who are actively involved in the running of the shelter<sup>94</sup>.

As per the standards, a shelter is defined as “a residential facility providing short-term intervention for women and children in crisis”<sup>95</sup>. In turn, the standards indicate that shelters also extend to safe houses intended to accommodate women for a period of a week, crises centres to be available on a 24 hour/ seven days a week basis and second-stage housing.

A research study titled What is Rightfully Due: Costing the Operations of Domestic Violence Shelters<sup>96</sup>, examined how the expansion of the definition of shelter services<sup>97</sup> to include women who are survivors of crime and violence generally has resulted in many so-called domestic violence shelters not being accessed solely by survivors of domestic violence<sup>98</sup>. Vetten acknowledges that it would be futile to have separate shelters for differing categories of women for varying reasons, however, is of the view that appropriate costing methods be used to adequately address the needs of the clientele and investigation of the effect of moving from a narrow definition of a shelter for only DV survivors to more generic women's shelters.

### **5.3.3 DSD's Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence): 2004<sup>99</sup>**

It is not known if the 2004 standards repeal the 2001 minimum standards, however Vetten<sup>100</sup> elaborates that the DSD's National Strategy for Sheltering Services for Survivors of Crime and Violence 2013 – 2018 indicates the 2004 standards are in effect<sup>101</sup>. The 2004 minimum standards provide greater explanation on the level of standard required from shelters<sup>102</sup> regarding:

- *“The qualitative experience of living in a shelter (or how residents experience how they are treated)*
- *the shelter's physical environment, including its design and safety features*
- *the security measures needing to be in place to ensure residents' protection*
- *residents' rights, including of complaint*
- *the processes and procedures that must be followed when residents first*

<sup>94</sup> Lopes, C. (2013). Shelter Housing Women Who have Experienced Abuse: Policy, Funding and Practice. [https://za.boell.org/sites/default/files/downloads/Policybrief\\_reports\\_sheltershousingabusedwomen\\_updatedOct2013.pdf](https://za.boell.org/sites/default/files/downloads/Policybrief_reports_sheltershousingabusedwomen_updatedOct2013.pdf)

<sup>95</sup> Minimum Standards on Shelters for Abused Women.

<sup>96</sup> L, Vetten. The National Shelter Movement of South African, The Heinrich Boell Foundation and the Joint Gender Fund.

<sup>97</sup> From that as per the Minimum Standards on Shelters for Abused Women to a broader definition in the National Strategy for Sheltering Services for Victims of Crime and Violence

<sup>98</sup> Supra.

<sup>99</sup> [https://www.westerncape.gov.za/assets/departments/social-development/minimum\\_standards\\_for\\_service\\_delivery\\_for\\_victim\\_empowerment\\_victims\\_of\\_crime\\_and\\_violence.pdf](https://www.westerncape.gov.za/assets/departments/social-development/minimum_standards_for_service_delivery_for_victim_empowerment_victims_of_crime_and_violence.pdf)

<sup>100</sup> Vetten, L. (2018). What is Rightfully Due: Costing the Operations of Domestic Violence Shelters. page12.

<sup>101</sup> Vetten, L. (2018).What Is Rightfully Due: Costing the Operations of Domestic Violence Shelters. page 12

<sup>102</sup> It is assumed that DSD is referred to as management within the standards. The term is not defined and must be interpreted.

- arrive at the shelter, have their needs assessed, and then finally exit the shelter*
- *the information that should be made available to residents*
  - *the range of services and programmes women and their children ought to have access to including: medical and dental care, therapeutic and other special services, skills training and individual development, as well as education.”<sup>103</sup>*

With specific view of the pre-stated objectives the following needs to be uplifted as encapsulated in the 2004 standards. Under intervention titled “safety”, it is noted that the service provider<sup>104</sup> should provide “preventative, routine or emergency dental care for young people”. Moreover, it mandates the DSD to provide services providers the required and appropriate training, resources and supervision for the providers to affect the services. In turn, it also requires DSD to share policy directives and research findings in order that the service providers are enabled to have standardised policies informed by applicable research. In respect of visitors to the service provider, it is required that adequate screening and monitoring take place.

As per the intervention titled “rights of victims of domestic violence”, the obligation of training is once more placed on DSD to provide adequate training, support and development supervision with regard to policy concerning the survivors of domestic violence.

The standards provide that all victims of domestic violence be informed of the complaints procedure wherein they may complain about the service provider, including the means of appeal.

The physical environment of survivors is also outlined which speaks to having necessities in “good working order and fixed timeously when not working”, enough private space which includes having their own bed and used of clean ablution facility. In turn, it places the responsibility on DSD wherein “management ensures that:

- *Facilities and equipment are available for any victim with disabilities.*
- ....
- *Adequate heating and ventilation are provided in all shelters.*
- *There are specific and appropriate areas for informal living, dining and indoor recreation”<sup>105</sup>.*

Outlined in the standard titled “health care”, survivors of DV are cited as having the right to access and receive adequate health care which includes “detoxification for a chemical dependency (where required) under medical supervision”.

<sup>103</sup> Vetten, L. (2018). What Is Rightfully Due: Costing the Operations of Domestic Violence Shelters. Page 12.

<sup>104</sup> Shelter.

<sup>105</sup> 2004 minimum standards page 33.



The standards also provide for developmental milia wherein it is cited that survivors of DV have the right to “observe and preserve their religious, racial, cultural and linguistic heritage”. In addition, they are not to be discriminated against on the basis of gender, sexual orientation, religion, race, culture or language. In turn, survivors have the right to learn new skills. Care and individual development plans are to be developed with the full involvement of the survivor.

The standards further provide for therapeutic services and/or special services to be provided to the survivor wherein DSD is tasked with providing the required “training, support and developmental supervision to effectively implement policy and practice on therapeutic programmes for victims”<sup>106</sup>. In respect of development, education requirements for survivors and their minor children are clearly provided for and entail that a shelter should ensure that a child attends school when staying at a shelter.

In respect of exiting the shelter, the standards cite that that victims are “given the maximum appropriate choice and involvement in decision-making regarding their immediate and longer-term future circumstances and the involvement of their family and/or significant others”<sup>107</sup>.

#### **5.3.4. DSD’S South African Integrated Programme of Action Addressing Violence Against Women and Children (2013 to 2018)**<sup>108</sup>

The programme outlines SA’s international, regional and domestic responsibilities to address violence against women and children. The strategy looks at concrete actions that would address the scourge within SA. The aspect of shelters is expressly included in the programme as in the following objectives:

- *“Link and strengthen all existing services (1 132 police stations, more than 1 000 health facilities, social work services and shelters) through weekly case management forums that deal with criminal cases and provide for early intervention.*
- *Mobilise communities, making use of ward committees, community development workers, community policing forums and community safety forums, to undertake local programmes to protect women and children, according to established guidelines, through (i) local shelters, safe houses, after-school care centres and year-round community-based alert systems (such as whistles or vuvuzelas) (v) street and block committees, and (vi) develop guidelines for the functioning of community safety and policing forums.*
- *Establish and/or reinforce infrastructures such as shelters for women, boarding facilities for children (in rural and peri-urban areas), safe houses, the allocation of low-cost housing for women and safe transportation.”*

<sup>106</sup> *Supra*, page 46.

<sup>107</sup> *Supra*, page 48.

<sup>108</sup> Strategy may be found at <https://www.soulcity.org.za/campaigns/gbv/resources/dsd-vawc-imc-report-final-hi-res-to-print-14.pdf>

### **5.3.5 Victim Empowerment Support Services Bill 2014 (VESSB)**

The fact sheet which accompanied the Bill for comment, cites that the Bill is designed to:

- *Provide a legal framework for promoting and upholding of the rights of victims.*
- *Provide a way for all the people who help victims of crime to work better together for victim empowerment and support.*
- *Establish the National Victim Empowerment Committee and National and Provincial Forum.*
- *Prevent secondary victimisation, which is where victims experience more trauma when they try and get help.*
- *Provide for designation and registration of Victim Empowerment and Support Services Centres and service providers.*
- *Develop and implement minimum standards for victim empowerment services.*
- *Provide for specific roles and responsibilities of relevant departments and other stakeholders.*

The Bill states that accredited organisations are key in assessment of and assistance to victims. Like the Prevention and Combating of Trafficking in Persons Act, the Bill provides that accredited organisations who meet the accredited requirements may apply for funding to the DSD. Clause 7 of the Bill outlines the role of such organisations in the services offered to victims:

7(1) *A victim has amongst others the right to the following services:*

*(a) to protection, care and support services, which may include psycho-social services such as therapy, counselling, court support and protection by the department responsible for social services;*

*(b) to be offered practical support services which may include court preparation programmes, by the department responsible for justice;*

*(c) to health care services, medico-legal services and to have all their medical information included in their case record by the health care workers;*

*(d) information, arrests and investigations regarding the case by the South African Police Service; and*

*(e) intervention programmes such as counselling, referral and support procedures, for victims in the educational system by the departments responsible for education.*

(2) *A victim who has been assessed and confirmed as contemplated in sub-section 6(a) may be:*

- (a) **admitted to an accredited organisation**<sup>109</sup>;
- (b) *protected against any further harm from the perpetrator/s;*
- (c) *enrolled and admitted in the witness protection programme;*
- (d) *referred for medical assistance and care;*
- (e) *provided with psycho-social care and support; and*
- (f) *provided with relevant government services.*

The CGE commented on the above clause and cited that

“this clause is not clearly defined and recommends that more clarity be provided regarding the nature of services and which institutions will be designated to provide the support. The concerns are as follows:

- (i) If only accredited institutions are to provide support, where will these institutions be located and will they have the capacity, as well as obligation to receive any number of victims at any time and not turn victims away?
- (ii) In rural areas will the institutional support be tailored to meet the needs of the victim? For example, if a child is abducted to be married in terms of customary law is there sufficient provision for the child to be taken into protective custody, offered counselling and reintegrated into the social system (school, family)?
- (iii) In instances where court preparation is provided, will this include civil claims for damages such as sexual offences. In such instances who will be the service providers?
- (iv) Will medico-legal services also extend to civil claims in instances such as sexual offences?<sup>110</sup>”

### **5.3.6 Draft DSD GBV Prevention Programme for LGBTIQ+ Persons, September 2018**

The draft programme outlines the abuse and hate crimes against the LGBTIQ+ communities including acknowledgement that for the programme to be effective, there is a need to move away from responsive methodology towards a preventative approach. Accordingly, the programme is divided into three pillars:

- Prevention and protection
- Response
- Care and support

The sheltering service is placed under the care and support pillar which also includes psycho-social support in the form of counselling, wellness issue concerning LGBTIQ+ individuals on health and trauma debriefing. As the programme is still in draft form, it is unclear who will be responsible for the provision of the sheltering service including the psycho-social support.

<sup>109</sup> Own emphasis added.

<sup>110</sup> Hicks, J. Submission to the KZN Department of Social Development on the Draft Victim’s Empowerment Support Services Bill, 2015. CGE.

### 5.4 Case Law

In the Constitutional case of *S v Baloyi (Minister of Justice and Another Intervening*<sup>111</sup>) 2000 (2) SA 425 (CC) the court was faced with the legal question of whether the process of obtaining an interim protection order unfairly limited the respondent's rights to a fair trial.

The court found that there is a clear obligation on the State to protect persons from violence, in turn, the challenge was unsuccessful in that the "principal objective of granting an interdict is not to solve domestic problems or impose punishments, but to provide a breathing-space to enable solutions to be found; not to punish past misdeeds, but to prevent future misconduct"<sup>112</sup>.

In turn, such obligation on the State extends to the provision of adequate shelters as a means of providing "breathing space to enable solutions".

Despite not testing the State's obligations in respect of sheltering, the unreported case of *White v The Minister of Safety and Security and Others*<sup>113</sup> illustrates the duty on State players in respect of the provisions of the DVA. The brutal rape of Marilyn White at the hands of her estranged husband took place on 26<sup>th</sup> November 2002 despite having called on the police to implement the warrant of arrest issued under the DVA. Civil legal proceedings were instituted which, in turn, lead to the unreported judgment in favour of Marilyn White. Thereafter, the Minister of Safety and Security *et al* appealed the decision (Case number 98/2008). The appeal was dismissed with costs. In essence, the judgment extends liability to police members who fail to give effect to a protection order issued in terms of the DVA.

In 2010, the Free State (FSP) High Court in *National Association of Welfare Organisation and Non-Governmental Organisations and Others v MEC of Social Development Free State and Others* (2010) ZAFSHC 73 was tasked with determining if the provincial funding of NPO's which provide for the needy and vulnerable within the province is in accordance with the array of constitutional and statutory obligations of the Respondents.

*"Does the policy comply with these constitutional and statutory obligations of the department? As pointed out above, the policy provides in all cases where NPO's provide social welfare services, including in the cases where the NPO's discharge the obligations of the department, for a take it or leave it subsidy as a prerogative of the department. In my judgment this is fundamentally flawed. As stated above, it is the constitutional and statutory obligation of the department to care for children, older persons and vulnerable persons in need and to provide statutory services, albeit by reasonable measures to the maximum extent of available resources or within*

<sup>111</sup> CGE was the intervenor.

<sup>112</sup> Rousseau, L. "Repetition in order to support a reasonable apprehension of harassment in Domestic Violence and Protection from Harassment Acts (2018)". Para 17. <http://www.derebus.org.za/repetition-in-order-to-support-a-reasonable-apprehension-of-harassment-in-the-domestic-violence-and-protection-from-harassment-acts/>

<sup>113</sup> Case Number: EL 322/03 ECD 720/03

*available resources. This should be recognised in the policy as a fundamental principle of funding. It is not necessary for present purposes to determine whether reasonable measures to the maximum extent of available resources to achieve the realisation of rights as in sections 4(2) of the Children's Act and 3(2) of the Older Persons Act are higher standards than reasonable measures within available resources to achieve the progressive realisation of rights as in sections 26(2) and 27(2) of the Constitution. I find therefore that the policy fails to recognise, as a fundamental principle of funding, that NPO's that provide care to children, older persons and vulnerable persons in need as well as statutory services, fulfil constitutional and statutory obligations of the department"<sup>114</sup>.*

The CGE's proposal further outlines the progression of the above-mentioned case as the second part of the matter saw the High Court assessing the Respondents revised funding policy<sup>115</sup>. Once again, the Court found the revised funding policy unconstitutional as the funding of an NPO (an implementing arm of the duties of the State) cannot be determined by an extremely broad aversion such as "by discretion in relation to a budget"<sup>116</sup>.

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<sup>114</sup> Para 47.

<sup>115</sup> Which formed part of the 2010 ruling.

<sup>116</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality. Page 9.

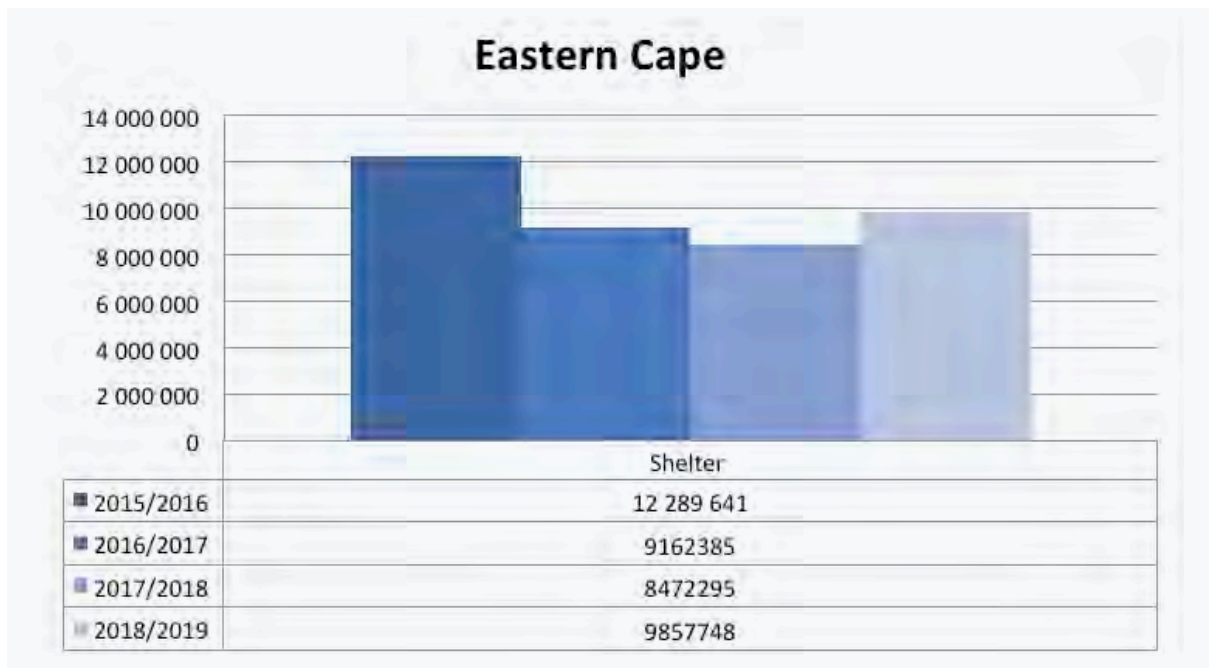
## 6. ANALYSIS OF INFORMATION

### 6.1 Department of Social Development<sup>117</sup>

The National DSD provided the CGE with an assimilated document of all provincial responses to the posed questionnaire. In turn, it was noted that the budget allocation is held at a provincial level. The responses are categorised as per the themes mentioned hereabove.

#### 6.1.1 Budget Allocation<sup>118</sup>

Gauteng responded by listing the names of the shelters that are funded with no allocated amounts per financial year<sup>119</sup>. Despite the majority of the remaining provinces providing an indication of all monies allocated per shelter, only the monies allocated for the sampled shelters are detailed herein<sup>120</sup>.



Shelter	2015/2016	2016/2017	2017/2018
KwaNobuhle Outreach Centre	R 4 200 000	R 2 948 262	R 2 265 000
Khanyisa VEP Centre	R 300 000	R 350 000	R 300 000

121

<sup>117</sup> The response was provided in a PDF format which format did not allow CGE access to the embedded annexures. The CGE notified DSD of this defect and called for the annexures. Despite written and telephonic demand, same was not provided.

<sup>118</sup> The monetary amount is ZAR in millions. The amount listed for the 2018/2019 financial year is the allocated budget.

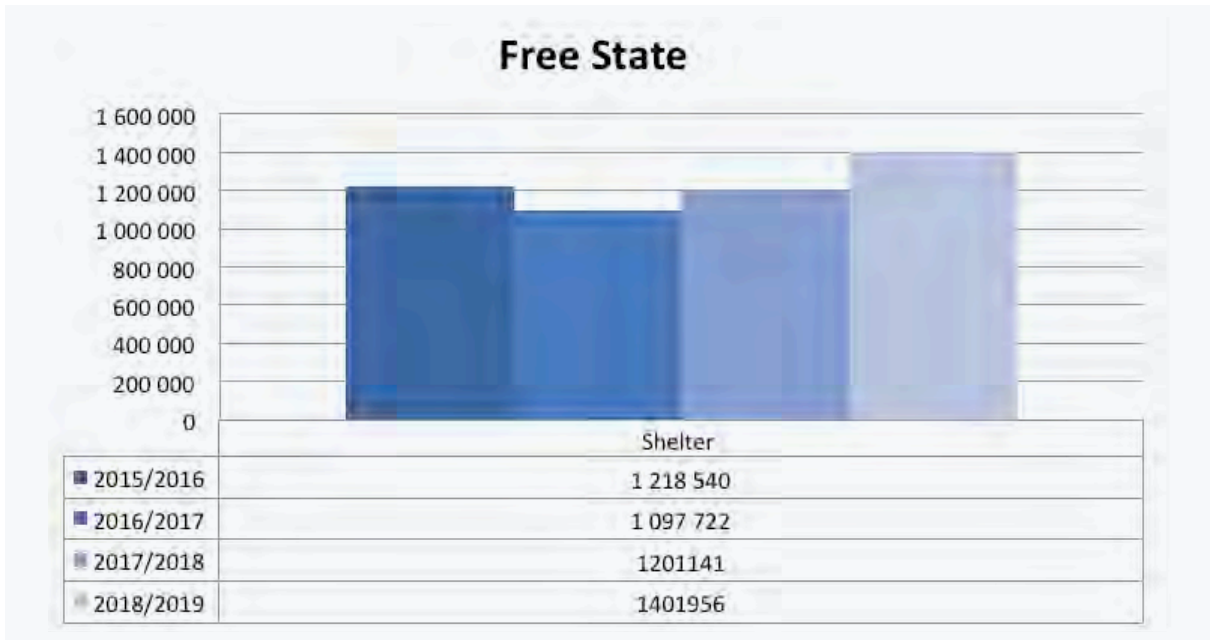
<sup>119</sup> However, there was indication of an attachment which on the format supplied, could not be opened.

<sup>120</sup> As per the sampled shelters as listed in the table hereabove.

<sup>121</sup> Noting Masimanyane's shelter is not funded by the State in any form.

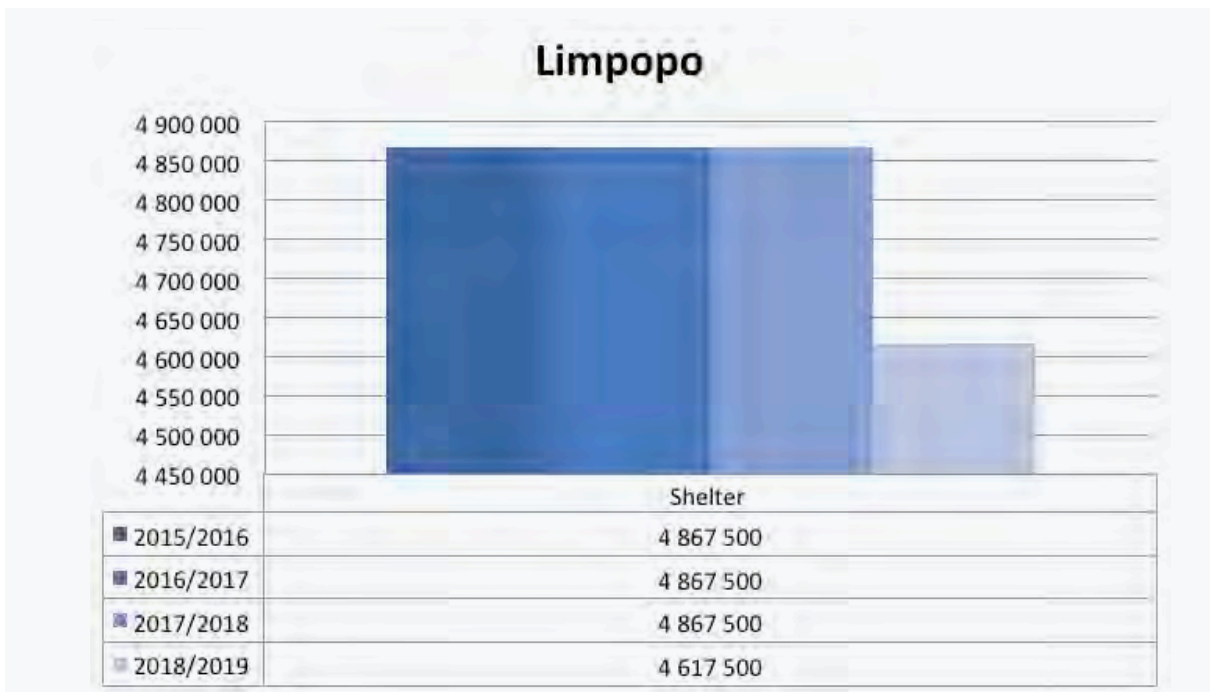
# INVESTIGATIVE REPORT

## State of Shelters<sup>1</sup> in South Africa



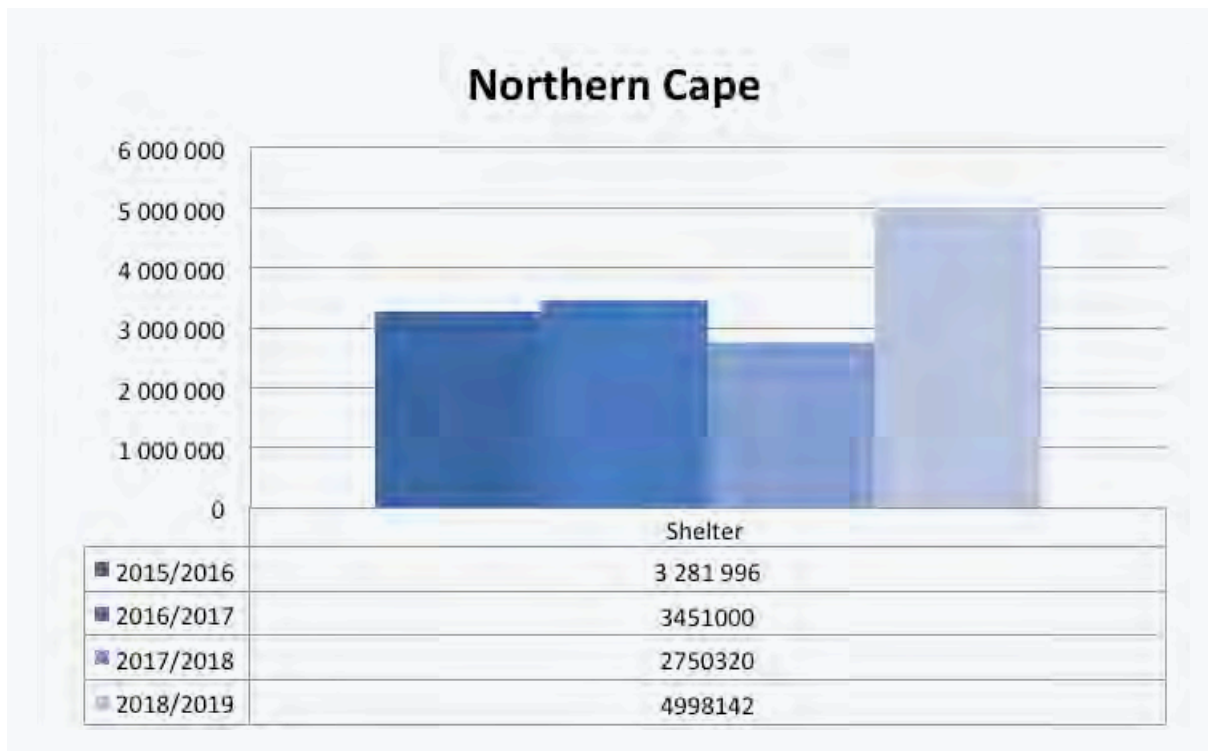
122

Shelter	2015/2016	2016/2017	2017/2018
Thusanang Advice Centre	R 215 588	R 228 954	R 228 874
Goldfields Advice Centre	R 277 206	R 294 392	R 294 392
Tumahole Survivor Support Centre	R 197 600	R 209 851	R 209 851



<sup>122</sup> It is noted that there is a further figure of R 1 753 283.32 under the allocated amount for the financial year 2018-2019.

Shelter	2015/2016	2016/2017	2017/2018
Khuseleka One Stop Centre	R 4 750	R 4 700	R 4 300 <sup>124</sup>
Huis Moroela	R 317 500	R 317 500	R 317 500



Shelter	2015/2016	2016/2017	2017/2018
Ethembeni Community Centre	R 768 800	R 781 947	R 815 685
Bopanang One Stop Centre	R 784 000	R 828 000	R 790 000
Kimberley Shelter	R 675 575	R 502 903	R 282 320

<sup>123</sup> The response cited that “R 14 602 500 is the budget spent on shelters for the last three financial years”. Therefore, the chart merely shows the average spend per year.

<sup>124</sup> Given the low amount cited, it is suspected that the amounts provided are incorrect, same may be attributed to a typing error and given the total spend should be in the millions.

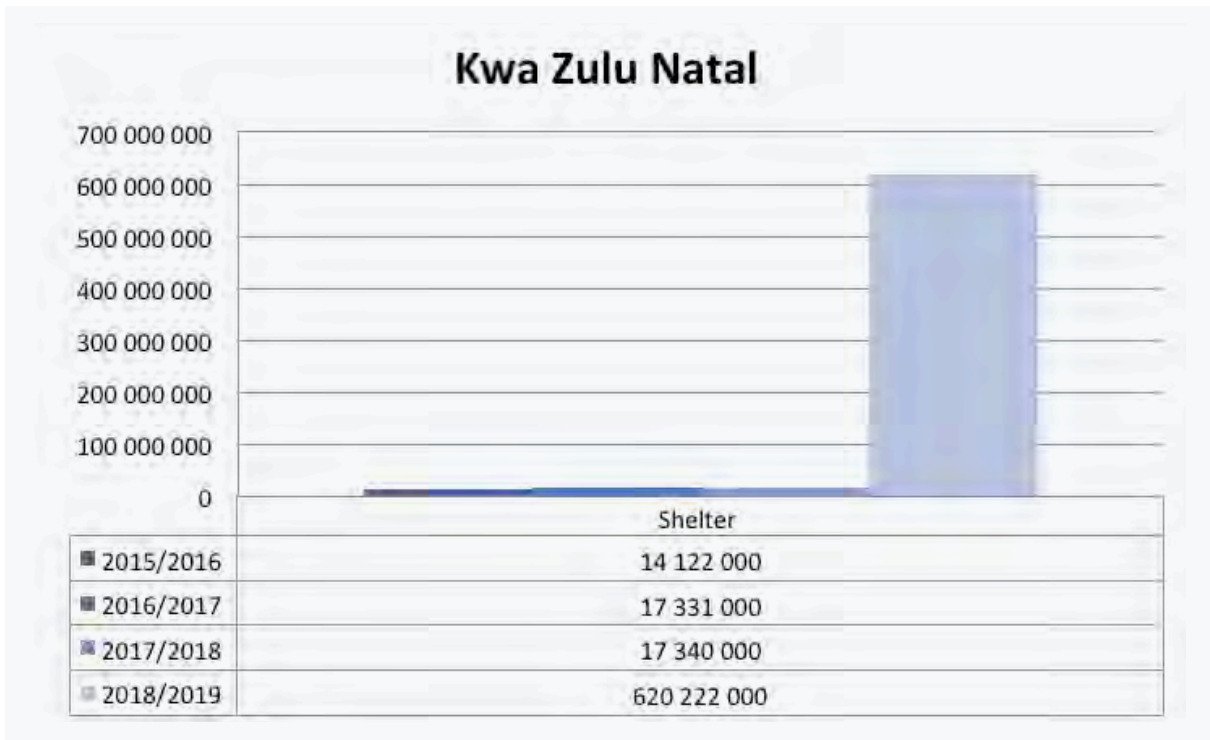


# INVESTIGATIVE REPORT

## State of Shelters<sup>1</sup> in South Africa

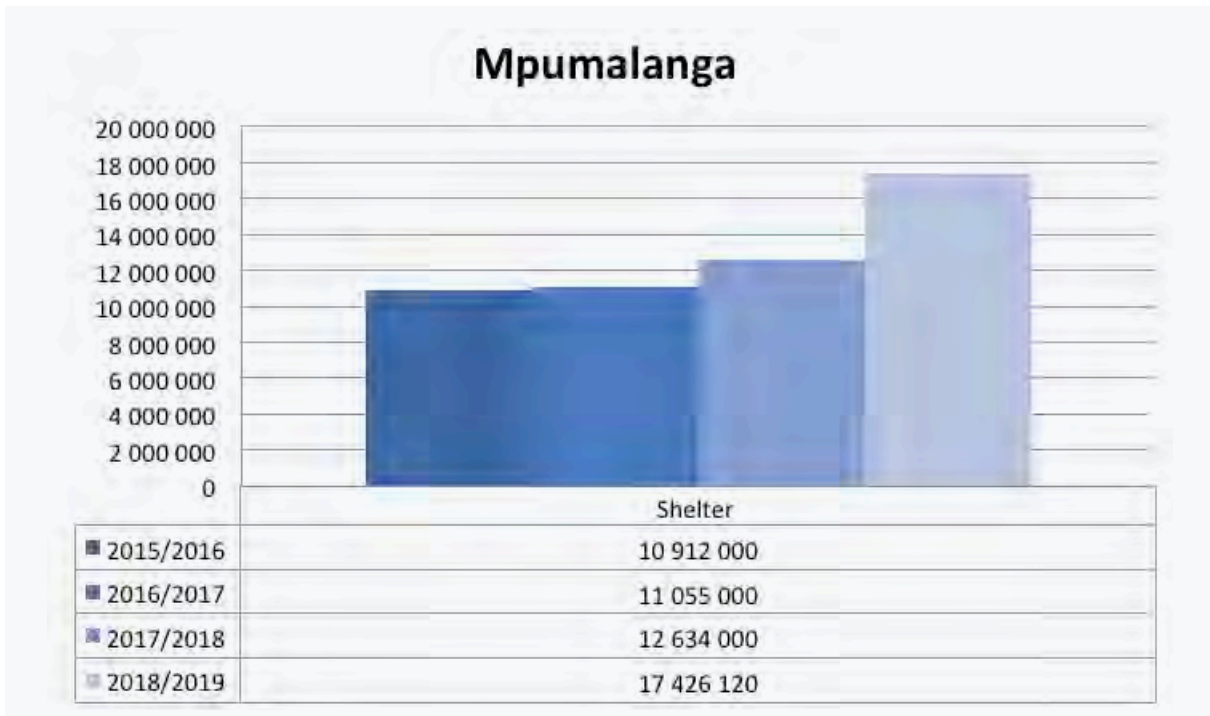


Shelter	2015/2016	2016/2017	2017/2018
Home of Hope Against Women Abuse	R 270 000.00	R 300 000.00	R 350 000.00
Kitso Ke Lesedi	R 650 000.00	R 500 000.00	R 612 231.00
Phokeng Trauma Centre	R 550 000.00	R 400 000.00	R 500 000.00

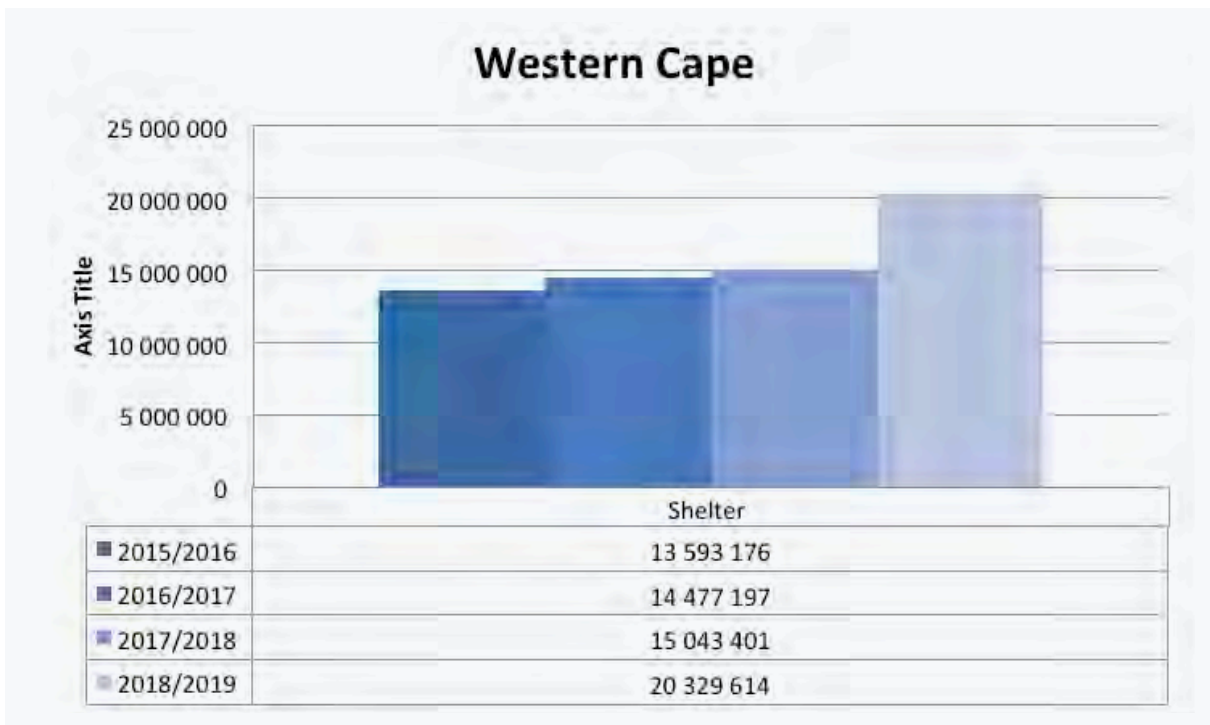


The amount per shelter wasn't included in the response<sup>125</sup>.

<sup>125</sup> The details may have been in the annexures. However, as indicated hereabove, the format provided to CGE did not allow access to the annex-



Shelter	2015/2016	2016/2017	2017/2018
GRIP	865 000	865 000	995 000
Grace Shelter	800 000	655 000	700 000
Badplaas Shelter	500 000	500 000	750 000



ures. Despite demand, DSD did not provide the CGE with the annexures.

# INVESTIGATIVE REPORT

## State of Shelters<sup>1</sup> in South Africa

Shelter	2015/2016	2016/2017	2017/2018
Saartjie Baartman Centre for Women and Children	R 3 278 477	R 3 460 141	R 3 633 117
St Annes Homes	R 742 355	R 818 300	R783 525
Worcester House of Hope	R 508 051	R 570 426	R 668 973

It is clear from the responses that the allocation of monies is not in respect of the demand for such shelters and/or the rate of GBV. For example, in comparison with other provinces, Limpopo (LP) lists only two shelters. The LO in LP has indicated as per the CGE's complaint handling report for the 2018/2019 period, that GBV is on the rise and wherein it is emphasised that a significant number of GBV complaints have been opened on an own accord basis at the CGE LP office.

Most of the cases remain pending at the courts. The LO observed that the courts granted harsh sentences on offences of murder and rape of women and children. The department commends the judiciary in Limpopo for these sentences and opines that this will serve as a deterrent to other offenders. A case in point is a matter of a traditional healer accused of raping a 16-year old girl. It is alleged that the girl came to the healer for consultation and he gave her a medication which made her drowsy and he then allegedly raped her. The accused was found guilty and sentenced to two life sentences. Another case is that of *S v Kekana* where the accused was sentenced to 115 years in prison for murdering two minor children pursuant to a domestic violence matter with the mother of the children.

The legal department found that the fundamental challenges with regard to GBV cases are lengthy postponements, unavailability of interpreters (instances where accused persons are foreigners) and delays in DNA results.

The current wave of gender-based violence is of national concern. The legal department observed that an influx of gender-based cases emanated from the Seshego areas. The legal department engaged with the Control Prosecutor at Seshego Magistrate Court and it was found that "cheating" was one of the contributing factors to femicide in the areas of Seshego. The legal department intends to conduct outreach-legal clinics in the areas of Seshego in the financial year 2019/2020.

In addition, there is no indication or explanation regarding the reduction in funding for LP in 2018/2019 period.

Similarly, there is no indication for the increase of funding in the budget allocation per year, an example is the dramatic increase in KZN's allocation for the 2018/2019 financial year. The expansion of the definition of sheltering services as cited hereabove and in turn, the inclusion of White Door Centres<sup>126</sup> within the funding allocation dilute the true spending on shelters for survivors of DV. For example in KZN, 16 White Door Centres of Hope are funded.

<sup>126</sup> Which is critiqued for not amounting to a shelter wherein an abused woman is offered refuge for a period required to break the cycle of abuse.

### **6.1.2 DSD measures and/or Programmes to Support Shelters**

The responses from the nine provinces varied and indicated a lack of standardisation of the programmes and upskilling initiatives. Limpopo indicated computer skills, sewing, knitting, crocheting gardening, needle work, hair-plaiting and baking as skills development programmes. None of the programmes are cited as accredited.

In comparison, the Western Cape cited that there are various programmes under the Welfare to Work Programme" which include:

- Hair and Beauty Therapy Training
- Hospitality Training
- Security Training
- Photography

A sweeping statement is made that on completion of such courses, women are placed in various job opportunities. In highlighting the differing standards amongst the provinces, KZN lists that life skills and personal development programmes such interviewing skills for a job interview. Moreover, KZN cites partnership with EDCON Group for sewing skills development and economic opportunities.

### **6.1.3 DSD Efforts to Rectify the Lacuna in the Domestic Violence Act (DVA), in respect of DVA<sup>127</sup>.**

The National DSD remained silent and permitted the provincial DSD's to respond. Once again, the responses varied, GP responded with the most relevant response that the lacuna has been raised on many forums and that it is the intention of the custodian of the DVA, DOJCD to amend the DVA Act.

In direct comparison, KZN didn't respond to the posed question rather reaffirming that as per the Victim Empowerment Policy there is a direct obligation for DSD to fund shelters. LP provided insight into a further limitation namely that the DVA does not prescribe the manner and requirements for a shelter to be registered and in turn, be regulated. It is further identified that there is disjuncture between shelters wherein at one shelter there would be volunteers with no qualifications, whilst others employ social workers.

Northern Cape (NC), the sole province to mention the VEP Support Services Bill, cited that it is hoped that its promulgation will address the gaps within the legislative framework in respect of shelters and, in turn, "bridge the gap existing in service delivery".

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<sup>127</sup> It is noted that the Domestic Violence Act (DVA) places a duty on the SAPS to refer persons who have experienced domestic violence to shelters. However, there is no specification on who must fund the shelters. Kindly advise DSD efforts to rectify the lacuna in the Act, in respect of law reform.

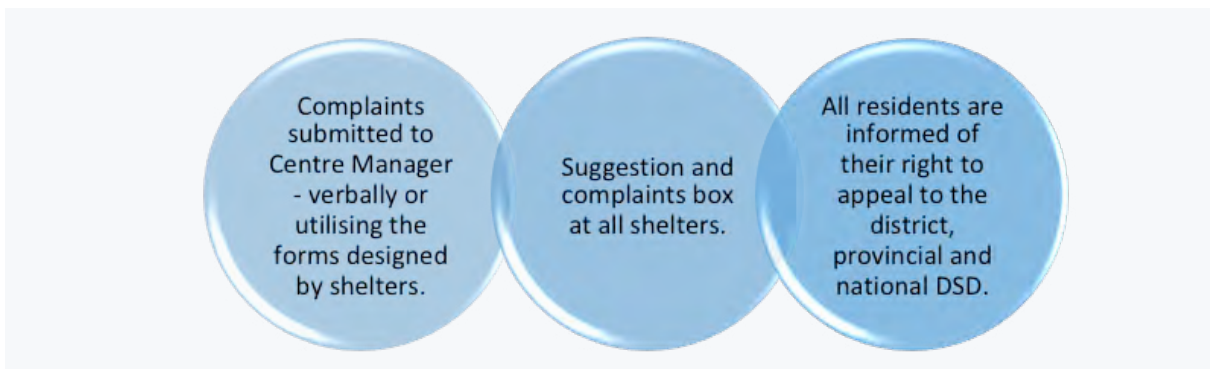
### **6.1.4 Outline and Evidence of DSD's d=Developmental Quality Assurance System<sup>128</sup>.**

Emanating from the provincial responses, oversight is conducted. The frequency of oversight and monitoring of shelters run by DSD is a concern as LP rightly cited that there is a challenge “with government run shelters as the department cannot monitor itself”.

### **6.1.5 Information on Complaints Mechanism for Residents of Shelters**

KZN cites that each shelter has a complaint procedure which is supplemented by a DSD customer call centre where survivors can register their complaints. Consequently, six complaints were received in the last three financial years.

Emanating from the provincial responses, there was evidence that there is no clear standardised complaints mechanism. The EC notes the following complaints mechanism, with the averment that all shelters have complaint forms.



LP substantiates the CGE's observation as it cites that shelters are tasked to develop its own complaint procedures. Whilst FS places an obligation on the DSD social worker who “is required to visit the shelter on a continuous basis, therefore complaints need to be referred to the social worker to deal with them if there are any”.

### **6.1.6 Mechanisms Put in Place by DSD to Prevent Shelters Unfairly Discriminating Against the LGBTIQ+ Community<sup>129</sup>.**

Exclusionary statements were received, such as KZN which cited that despite shelters undergoing capacity building on LGBTIQ+, shelters do not accommodate transwomen.

In contrast, inclusionary response was received, for example, NC which details that as per the National VEP policy guidelines, all survivors regardless of sexual orientation and/or gender identity are accommodated. It can thus be inferred that there is no standardised approach to the inclusion of the LGBTIQ+ sector at shelters.

<sup>128</sup> DSD's minimum standards on Shelters for Abused Women provides that the DSD “Minimum standards on will implement a developmental quality assurance (for monitoring and evaluation purposes) in an effort to ensure both effective service delivery and delivery in line with the transformation vision and goals of social welfare services”.

<sup>129</sup> CGE used the example of whether shelters accommodate transwomen.

## 6.2 Shelter Analysis per Province

### 6.2.1 Eastern Cape Province (EC)

#### 6.2.1.1 Khanyisa Victim Empowerment Centre (VEC)

##### 6.2.1.1.1 Shelter Information, Status and Staffing

Khanyisa VEC is an NPO that is subsidised by the DSD. Although the manager had previously indicated on the questionnaire that the shelter employs eight staff members, it was through further interaction learned that DSD effects payment of four staff members' stipends. The shelter also has seven volunteers. The shelter's manager advised that for the shelter to be fully operational, it required 15 staff members. All the staff members are black females.

The shelter accommodates survivors and children who are subject to sexual assault, physical abuse, economical abuse or neglected by the husband.

##### 6.2.1.1.2 Shelter Capacity and Accommodation Criteria

It has been stated that the shelter accommodates ten women. The shelter does accommodate minor children who share rooms and, at full occupancy, beds with their mothers. The shelter does accommodate women living with disabilities, the shelter is also wheelchair-friendly with a newly erected ramp. The shelter has not turned any women away in the last financial year and has never had any persons from the LGBTIQ+ sector seeking refuge.

##### 6.2.1.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum period which the women and children are permitted to stay is six months. After exiting the shelter, there is ongoing counselling and follow-up visits.

##### 6.2.1.1.4 Shelter Funding and Resources

The shelter receives money from the DSD once per annum. The shelter also attends to fundraising "to survive".

##### 6.2.1.1.5 Shelter service package offer: Shelter service basket

The shelter indicated that survivors undergo counselling services and skills development in the form of sewing, beading and computer literacy.

### 6.2.1.1.6 Record-keeping: Ethics confidentiality

All staff members and residents sign a confidentiality agreement. Survivors' records are held in a locked office, with only the social worker and shelter manager having access to the records.

### 6.2.1.1.7 Shelter management: Staffing and supervision

The shelter notes that the shelter does not have a psychologist, however psychologists are hired if necessary.

### 6.2.1.1.8 Nature of Relationship with SAPS

The shelter indicates a good relationship with SAPS.

### 6.2.1.1.9 Safety and Security Measures

Alarms and an electric fence are in place as security. The shelter notes it is fundraising for a closed-circuit television (CCTV) system.

### 6.2.1.1.10 Substance Abuse and Rehabilitation

Survivors with addiction problems are referred to other relevant departments or NPOs for assistance.

### 6.2.1.1.11 Challenges

The shelter notes that lack of a security service is of a concern and it is currently saving for CCTV cameras. It also notes insufficient funding and the lack of transitional housing for women who are ready to leave the shelter, but cannot return to their homes and/or don't have anywhere to go.

Lastly, it was noted there are very few toys for children, including books. The shelter manager indicated that they do not have any transport measures to take children to schools.

### 6.2.1.1.12 CGE's Observations, Findings and Recommendations

The CGE observed that there is a fence, an alarm system and burglar gates on both the doors and windows of the property. The shelter manager is extremely passionate and has fundraised to build a ramp for wheelchair access. The shelter is neatly kept and adequate space for the cited ten-space facility.

However, of concern is the lack of an adequate play area for children and/or dedicated outside area. Lastly, the lack of assistance regarding transporting of minor children to and from school is a concern.

### 6.2.1.2 KwaNobuhle Outreach Centre

#### 6.2.1.2.1 Shelter Information, Status and Staffing

The shelter is funded wholly by DSD and cites the following as permanent staff: -

Occupation <sup>130</sup>	Race	Gender
Manager	W	F
Social Work Supervisor	B	F
Social Worker	B	F
Social Worker	B	F
Social Worker	C	F
Social Worker	W	F
Social Auxiliary Worker	B	F
Admin Officer	W	F

With the following being listed as volunteers.

Occupation	Race	Gender
Shelter Manager	B	F
Laundry Aid	C	F
House Mother	B	F
House Mother	B	F
House Mother	B	F
House Mother	B	F
House Mother	B	F
House Mother	C	F
House Mother	C	F
House Mother	C	F
House Mother	C	F
House Mother	B	F
House Mother	B	F
Kitchen Manager	C	F
Kitchen Assistant	B	F
Kitchen Assistant	C	F
Enrolled Nurse	B	F

#### 6.2.1.2.2 Shelter Capacity and Accommodation Criteria

The centre cites the following as categories of persons which may seek refuge at the centre:

*“Domestic violence, rape, witness a crime committed, homeless, human trafficking victim, safety concerns, survivor of natural*

<sup>130</sup> Two permanent employees are cited as PWD.



*disaster, community violence, marital problems, trauma – death of a child, criminal investigation, family conflict”.*

Various means are cited to approach the centre for assistance:

- Women on their own accord.
- Referrals by community members, community organisations and community leaders.
- Referrals by government entities such as SAPS, DSD and the Department of Health (DoH)
- Referrals by NPO's in and around the centre as well as other areas in the province.

The shelter can accommodate up to 55 people (women and children included). The centre has nine family rooms and one dormitory.

#### 6.2.1.2.3 Period of Stay and Survivor Readiness to Exit Shelter

The minimum period is cited as between three to nine weeks, but is dependent on the person's request. The maximum period is determined on the individual needs of the person. Persons have stayed up to eight months , with the longest recorded at 18 months<sup>131</sup>.

#### 6.2.1.2.4 Shelter Funding and Resources

As cited hereabove, the centre obtains all monies from DSD and in turn lists the average cost per person who utilised the centre as follows: -

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<sup>131</sup> Factors for the long stay included safety concerns.

2016			Per person, 318 people excluding outside clients
Shelter Expenses	R	3 806.94	
Therapeutic	R	1 818.43	
Stipends	R	1 704.31	
Administration	R	3 740.62	
Awareness Programmes	R	1 657.84	
Capacity Building	R	2 944.22	
<b>Total</b>	<b>R</b>	<b>15 672.36</b>	
2017			Per person, 328 people excluding outside clients
Shelter Expenses	R	2 077.20	
Therapeutic	R	1 730.37	
Stipends	R	1 813.22	
Administration	R	2 959.02	
Awareness Programmes	R	899.98	
Capacity Building	R	948.37	
<b>Total</b>	<b>R</b>	<b>10 428.16</b>	
2018			Per person, 327 people excluding outside clients
Shelter Expenses	R	3 271.85	
Stipends	R	1 981.02	
Administration	R	1 448.56	
Awareness Programmes	R	477.46	
Capacity Building	R	1 807.65	
<b>Total</b>	<b>R</b>	<b>8 986.54</b>	

### 6.2.1.2.5 Shelter Service Package Offer: Shelter Service Basket

The centre operates as a one-stop centre model and the shelter facility only forms part of the services. Therefore, the centre therefore has different categories in which it operates which can be listed as follows:

- One-Stop services
- Therapeutic services
- Shelter facility
- Capacity building programmes
- Awareness and preventative work

One-stop centre primarily addresses trauma experienced by a person. It operates on a 24-hour basis and enables a survivor to

receive all the relevant services under one roof. These services include medico-legal/ forensic-medical, trauma counselling, legal advice, police services and court preparation services.

Therapeutic services are provided to the people at the shelter, as well as outside clients and include:

Treatment programme refers to a specific programme designed to address the identified issues in terms of healing the client and to empower the client to ensure better coping skills and more informed decision-making processes. Therapeutic intervention includes clinical social work, clinical psychological services, as well as energy therapy. A nine-week therapeutic programme with skills development is rendered. This is done through group work sessions. Individual work is done to address client-specific problems and individual needs. Psychotherapy is rendered by the clinical psychologists.

The therapeutic models used are listed below:

Cognitive behavioural therapy, motivational interviewing, relapse prevention model, bio-psycho-social therapeutic model, pictorial representation, genograms, narrative model, art therapy and body talk/ energy therapy.

Shelter is a residential care facility providing short term and long-term intervention in a crisis situation. The accommodation period varies from three weeks to nine months depending on the circumstances of the client, as well as the specific problem experienced by the client. The shelter facility provides in all the basic needs of the client, such as food, toiletries, protection and clothing. They are provided with three meals and three snacks per day. They are given toiletries, face cloths, towels and gowns (should they not have their own). The project provides shelter to those women and children who have nowhere to turn to when the abuse is occurring. Survivors are offered accommodation and are able to develop life skills, as well as be involved in a therapeutic programme to address their self-healing and empowerment. They are empowered to improve their self-esteem, as well as develop a positive belief in themselves to break the cycle of violence and develop a better understanding of the power and control wheel effect that has been taking place within their day-to-day life situation.

Gym facility: A gym facility is available to the women and children and they attend the gym on a daily basis as part of the treatment programme.

Hair salon: Women and children attend the hair salon in the centre each Friday afternoon and when a need has been identified during the week.

Psychiatric services form an integral aspect of service delivery and although no psychiatric staff is available at the centre, clients are taken to the local psychiatric clinic as well as admissions that take place at the psychiatric ward at the Uitenhage hospital.

Medical services – human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (Aids), tuberculosis (TB) and sexual transmitted infections (STIs), as well as all other medical needs are addressed within the centre and clients receive food supplements and their special dietary needs are addressed. Antiretrovirals (ARVs) are administered, as well as their CD4 count is monitored. The dental needs of the survivors are addressed, and all related medical challenges are addressed. An enrolled nurse is available on standby and at the office from Monday until Friday. The local health practitioners visit the centre as part of their immunisation campaigns ensuring the immunisation of the younger children.

Parental guidance and skills development are provided to mothers with children.

Skills and educational needs are addressed. Life skills, as well as open market skills, are rendered. Children are enrolled into early childhood development programmes and children of school-going age attend their local schools within the community. Children attending school are transported to school and provided with all relevant school items, such as uniforms, books and stationery. They have access to the Internet for the completion of assignments and the house mothers assist them with school work. School activities are encouraged, and funds are made available for school outings and special transport arrangements for sport and school activities are provided. During the client's stay they will access support and be involved in individual counselling. Edu-care services are provided to the pre-school children and day care is provided to the working mothers. The

centre renders a programme which forms part of addressing the educational needs of the client system to address reading and writing for the survivors who are unable to read and write. Part of the service also includes assisting clients with developing their CV's and forwarding it to recruitment agencies for employment. Social workers often also assist and identify possible employers for the client system. Some of the clients are involved in the Siyaya Project in Port Elizabeth.

Reintegration services are rendered, and regular contact is maintained with family members once the survivor is able to relate and communicate with the families. Family group conferences are held, and empowerment of family members are promoted to address a better understanding of the behaviour of the client system.

Capacity building programmes – various capacity building programmes are rendered within the province. These programmes include training of survivor support centres (white door centres), shelters, one-stop centres, social workers from both the Department of Social Development and NGOs. Training includes a one-week survivor empowerment service which include service delivery requirements, domestic violence, interviewing and intervention services. A second week of training include trauma, sexual offences and human trafficking.

A two-day identification of trafficking workshop has been accredited by the South Africa Council for Social Service Professions (SACSSP) and can be provided by the centre. The centre also provides training on victim impact assessments and report writing. Capacity building is also been provided to emerging NGOs and mentoring of NGOs is been done.

Capacity building programmes are also rendered to the client system in the form of arts and crafts and individual interests are stimulated and promoted where possible. Assistance is provided with work opportunities.

Preventative work – awareness and preventative work are rendered within communities, churches and schools. Various brochures were developed and distributed. Radio talks have taken place, as well as numerous presentations at departments, clinics, schools, NGOs, etc.

### 6.2.1.2.6 Record-keeping: Ethics Confidentiality

All employees and clients are trained on confidentiality and in turn sign to adhere to the code of the centre. Confidentiality is stressed frequently during multi-disciplinary meetings. Lastly the centre cites that all staff are thoroughly vetted.

### 6.2.1.2.7 Shelter Management: Staffing and Supervision

The centre has four managers:

- centre manager
- supervisor
- shelter manager
- corporate manager

It is noted that frequent audits are being performed at the centre by both the local service office, the district office, as well as the provincial office to determine the quality of services being rendered.

### 6.2.1.2.8 Nature of Relationship with SAPS

The centre cites a good relationship with SAPS<sup>132</sup>.

### 6.2.1.2.9 Safety and Security Measures

The centre's address is listed as per the requirements of it being an accredited organisation for combating and prevention of human trafficking. It has three security guards on duty at all times, one armed guard, high walls, electric fencing, access control and CCTV cameras.

### 6.2.1.2.10 Substance Abuse and Rehabilitation

No persons addicted to substances are admitted, unless they have detoxed. However, substance abuse forms one week of the treatment programme presented by the centre.

### 6.2.1.2.11 Challenges

The centre cites lack of client participation as a challenge, often women showing lack of interest in participating in the treatment programmes. Factors which may attribute to such behaviour is depression and the trauma they have encountered. Secondly, the lack of transitional housing is a concern. Women often have

<sup>132</sup> Specifically, FCS and HAWKS.

no support structures and have no family to go to after the stay at the centre.

#### 6.2.1.2.12 CGE Observations, Findings and Recommendations

Through the CGE's interaction and observations at the centre, certain best practices were noted, for example the provision of a gym and a hair salon. The centre is well equipped to accommodate women and their minor children. However, it was suggested that care workers are required to social auxiliary workers with a focus on children and youth – this will in turn assist the workload on the social worker and the functioning of the centre as a whole. Moreover, it was noted that the centre spends considerable time with clients at the DoH seeking specific services, such as appointments with a psychiatrist. This, in turn, causes a staff member to be out of the centre for nearly a whole day. Accordingly, it is recommended that the DoH offers a specialised service to the centre wherein block bookings are allowed for clients, or assistance when there is an urgent case.

### **6.2.1.3 Masimanyane Women's Support Centre**

#### 6.2.1.3.1 Shelter Information, Status and Staffing

Masimanyane Women's Support Centre falls under the larger Masimanyane NPO brand and is not funded by DSD. The centre accommodates women who are survivors of violent and abusive relationships including their minor children. Upon verbal interaction, it was explained that the centre will accommodate women who are in need, i.e. homeless if there is bed availability. Of the seven staff members at the centre, there are two social workers, one psychologist and four house mothers.

#### 6.2.1.3.2 Shelter Capacity and Accommodation Criteria

The centre can accommodate 15 women with their minor children. Most persons are either referred and then assessed face to face or via the telephone. A relevant intake form is completed.

#### 6.2.1.3.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum period in which the women and children are permitted to stay is three months and there is no minimum time of stay. It is cited that should a person wish to stay longer; each individual case is assessed on merit with the social worker and management of the centre.

6.2.1.3.4 Shelter Funding and Resources

The centre receives no funding from the DSD and relies on funding from third-party sources such as Bread for the World.

6.2.1.3.5 Shelter Service Package Offer: Shelter Service Basket

The shelter indicated that survivors get individual and group counselling, psychological therapy, spiritual group, self-defence classes, massage therapy, parenting skills and home-making skills.

6.2.1.3.6 Record-keeping: Ethics Confidentiality

All staff members and residents sign the centre rules which call for strict confidentiality. Moreover, it was observed that all records are kept in a locked cabinet in a locked room of the psychologist.

6.2.1.3.7 Shelter Management: Staffing and Supervision

The shelter does not have a psychologist, however psychologists are hired if necessary.

6.2.1.3.8 Nature of Relationship with SAPS

The shelter indicates that they have a good relationship as they share a collaborative relationship with SAPS wherein they engage with senior officials to ensure quality of service at Police Stations.

6.2.1.3.9 Safety and Security Measures

An alarm and an electric fence are in place as security. The address of the centre is kept highly confidential.

6.2.1.3.10 Substance Abuse and Rehabilitation

Survivors with addiction problems are referred to other relevant departments or NPOs for assistance.

6.2.1.3.11 Challenges

The centre notes the lack of transitional housing for women is of a great concern, as often they cannot return to their homes and/or don't have anywhere to go.

6.2.1.3.12 CGE's Observations

The CGE observed that the centre is housed in quiet suburb and from the external view, merely looks like another residential property. The centre's location is very closely guarded and upon the LO's entrance, confirmation by the centre manager was



required before entry was permitted. The centre raised further funding, wherein persons could donate and have a room of the centre named after a loved one. The centre is well placed with beautiful furnishings which make for a comfortable stay for victims.

There is an outside play area for children, including a pool.

#### 6.2.1.3.13 CGE Findings and Recommendations

Through its observations and examination of the completed questionnaire and associated forms, the centre is exemplary given it obtains no funding from DSD.

### **6.2.2 Gauteng Province (GP)**

#### **6.2.2.1 POWA**

##### 6.2.2.1.1 Shelter Information, Status and Staffing

POWA is a NPO that is subsidised by the DSD. Although the manager had previously indicated on the questionnaire that the shelter employs nine staff members, upon further consultation with the house mother, it transpired that there are only seven staff members employed, and remunerated by the shelter with no volunteers. All the staff members are black females.

The shelter accommodates survivors and children who are subject and/or exposed to GBV and abuse, women running away from abuse and not having any alternative place to go.

##### 6.2.2.1.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates ten beneficiaries. However, upon inspection, it transpired that there were more women and children accommodated in the shelter due to the rising number of GBV.

The children accommodated at the shelter share a bed with their mothers. The shelter does accommodate women with disabilities, the shelter is also wheelchair-friendly.

The shelter also accommodates people from the LGBTIQ+ community. The shelter has not turned away women in the last financial year. The shelter has indicated that there is full overnight accommodation. Should no accommodation be available, measures are taken to refer survivors to other shelters.

6.2.2.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum period in which the women and children are permitted to stay are one to six months and can sometimes be extended to 11 months.

Extension period are normally granted if the survivor does not have any safe accommodation, is unemployed, no schools readily available for the children nearby and is still in danger from the perpetrator. Family members are also often involved during the rehabilitation process.

This is to ensure that the survivors and children will have sufficient accommodation, maintenance and protection outside the shelter. The social worker does follow-ups for six months to ensure that the survivors are properly rehabilitated and settled in the community.

6.2.2.1.4 Shelter Funding and Resources

The shelter receives money from the DSD, with four allocated tranches per annum. POWA, as an organisation, also sends proposals to different entities and receive funding from private entities as well.

6.2.2.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter indicated that survivors undergo counselling services, court support, therapeutic activities, referral to schools, and early childhood development for children.

6.2.2.1.6 Record-keeping: Ethics Confidentiality

Staff members and residents are specifically instructed not to disclose the address to anyone. The manager has however indicated that the DSD has provided the addresses of shelters on the database and these can be seen on Google, which can compromise safety. Disciplinary processes are followed if the code of confidentiality has been breached by a staff member or a victim.

6.2.2.1.7 Shelter Management: Staffing and Supervision

From the initial questionnaire, there was no indication of how many house mothers are employed by the shelters, but upon site inspection it has been indicated that there are three house mothers, one social worker and no psychologist. The different

role players' jobs are advertised, by word of mouth, interviews are conducted, and successful candidates appointed. Staff is trained on issues of GBV during in-service training or they attend external capacity building from the DSD.

The DSD conducts on-site inspections and/or visits, to ensure that the work is done. The shelter manager monitors the staff members through supervision, team monitoring and meetings and other relevant stakeholders.

#### 6.2.2.1.8 Nature of Relationship with SAPS

The shelter indicates that they have a good relationship with Florida SAPS and they respond well during emergencies.

#### 6.2.2.1.9 Safety and Security Measures

The shelter is fully fenced, with a private security company at their disposal in cases of emergency, there are also CCTV cameras inside and outside the shelter.

#### 6.2.2.1.10 Substance Abuse and Rehabilitation

Survivors with addiction problems are referred to SANCA for help.

#### 6.2.2.1.11 Challenges

Some of the survivors that are admitted into the shelter pose problems when they violate the rules. Some of the women leave the shelter and they are unemployed and some of the survivors' lack shelter and/or accommodation upon leaving the shelter.

The shelter has also indicated that an intervention would be great if there could be easy accessibility to training and development on a long-term basis, and skills development and bursaries that will enable women to develop themselves and acquire more sustainable jobs.

#### 6.2.2.1.12 CGE Observations, Findings and Recommendations

The CGE observed that there is an electric fence, CCTV and burglar gates on the property. The records are kept at the POWA head office. There is however a lockable room accessible to staff members and for survivors when counselling sessions are conducted. CGE observed that the cabinet in which confidential information is kept, is unlockable.

The condition of beds are not good, as they seem ancient and uncomfortable. The shelter is currently filled to capacity, and some of the mothers are found to be sharing single beds with the children. The facility is also easily accessible to those using wheelchairs. There is a beautiful big garden with a jungle gym for the children to play. Further observations include that there is not any playrooms for children, and no baby cots (visible to the LO).

The CGE requested some educational material and books which the children utilise, and the house mother furnished one book which is read to the children. There is a room with a television set and system, and some of the residents were watching television. What is of concern is that the study table is within the same vicinity as the television and this raises concerns of distraction especially when students have to study and house members are indulging in television. One house mother is on duty at a time and is sometimes delegated to drive somewhere, leaving no one at the facility but the survivors.

The shelter lacks internal structures, as there are no proper systems in place to ensure the proper functioning of the shelter. The house mother was unable to indicate what programmes are put in place to support survivors. It would seem as if the shelter is under-staffed and that the employees are overwhelmed with responsibilities.

It is recommended that the shelter should develop and integrate programmes which will focus on skills development as there are no visible facilities and/or programmes specifically designed to help the victims, unless if such information was not divulged. The DSD must also improve on the quality of material at the shelter as most of the furniture that is used is old and not of a good quality.

### **6.2.2.2 Leratong Place of Safety**

#### **6.2.2.2.1 Shelter Information, Status and Staffing**

Leratong Place of Crises Centre is an NPO and employs seven staff members. During the visit there was however a vacancy for a social worker and driver. Based on the statistics, people employed were one white female, and four black females. The shelter also has seven executive members with two white males, four white females and one black female. None of the staff

members and executive members are people with disabilities. The executive members are usually volunteers. The shelter accommodates women who have been abused by partners and family members. Most of these women are referred by the local SAPS as indicated by the shelter manager.

#### 6.2.2.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates 20 people, including women and children. The shelter indicated that it has turned away women in the past financial year, which were destitute women living on the streets with drug abuse problems. The shelter also accommodates women with disabilities and from the LGBTIQA+ community.

#### 6.2.2.3 Period of Stay and Survivor Readiness to Exit Shelter

There is no minimum period for stay in the shelter, but the maximum period is six months and can be extended according to the circumstances, which include: not having accommodation, perpetrator being a threat, no financial means and children writing exams or engaged in school programmes which may cause a distraction should they leave the shelter. A social worker will evaluate the readiness of the women considering the financial status, place of safety upon leaving and any outstanding court matters and/or cases. Follow up is done and visits undertaken after these women are rehabilitated back into society.

#### 6.2.2.4 Shelter Funding and Resources

The shelter receives funding from the DSD on a quarterly basis. The Methodist Church also donates funds to the shelter. The shelter has indicated that they have experienced problems with the payments of monies, as some monies are paid late, and it causes a problem for the running of the shelter.

#### 6.2.2.5 Shelter Service Package Offer: Shelter Service Basket

The shelter provides a variety of services and programmes to women and children. These include computer training, basic life skills, sewing and restoration and healing toolkit. Children are also assisted with homework and are also encouraged to attend school.

### 6.2.2.2.6 Record-keeping: Ethics Confidentiality

Staff members and women are required to sign a confidentiality agreement. Failure to adhere to the agreement results in the shelter taking disciplinary steps against the contravening party. The resident's files are kept in a safe office which is locked and also stored in a locked cabinet.

### 6.2.2.2.7 Shelter Management: Staffing and Supervision

The shelter had a vacancy of a social worker which was to be filled upon consultation with the manager. It was also brought to the CGE's attention that the centre manager is a social worker by profession and it was indicated that during the vacancy period she would assist with some of the duties. Social workers employed are required to have a BA degree in social work, be registered with SACSSP, possess a driver's license, be computer literate and have experience in the field.

House mothers are required to have experience with women and children, communication, domestic and cooking skills. The staff members receive training on issues of GBV, Batho Pele principles through the DSD. The employees are required to sign a standard contract upon employment. The social worker and centre manager ensure that the code of conduct is adhered to, DSD conducts inspections and audits, the executive committee also ensures proper functioning of staff members.

### 6.2.2.2.8 Nature of Relationship with SAPS

The shelter has an excellent relationship with the SAPS, as the SAPS refers some women and also assist when there are problems.

### 6.2.2.2.9 Safety and Security Measures

The facility is equipped with electric fencing and CCTV cameras around the facility.

### 6.2.2.2.10 Substance Abuse and Rehabilitation

The shelter does not have programmes for substance abuse, but the women with such problems are referred to relevant service providers.

### 6.2.2.2.11 Challenges

The building in which the shelter is housed, is very old and requires serious renovations and upgrading. The integration of the women and children back into society after the six-month period are without proper accommodation and jobs to be financially independent.

Serious intervention needs to ensue for empowering of women and children with regard to skills development and training.

### 6.2.2.2.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter has electric fence, CCTV, security guards and burglar gates. The shelter is a double-storey house, although there are bedrooms outside in the back yard and on the ground floor, there are no facilities for people with disabilities and that poses a very serious risk.

The files and confidential information are properly kept and stored in a lockable cabinet in an office. There is currently no social worker at the shelter, but the manger due to her history of being a social worker is filling the gap. There is a playroom, which is situated upstairs on the property, very secure with an emergency exit in case of an emergency. There is no jungle gym, but there is a garden, which allows for children to play.

The shelter also has a library with children's books, the bedrooms as well as passages around the house have bibles and books all around. The building looks very old with cracks in the walls, but is well-kept and clean,. Serious repairs need to be undertaken on the building to ensure that the environment is habitable. The shelter does not accommodate male children over the age of 12 years which is a cause of concern as this suggests that women with children over that age are not accommodated.

The shelter is well kept and proper structures in terms of administration are in place at the shelter. The vast majority of the women who leave the shelter have provided positive feedback, as they are rehabilitated back into society, some pursue careers and some further their studies, and they are seen to be doing well on their own.

Funding remains a problem, and the DSD needs to ensure that shelters are paid on time and that there are sufficient funds for the

proper functioning of the shelter. The shelter is not in a good shape, but regarding the cleaning and services, it is well kept. Furniture and the building remain challenges.

### **6.2.3 Free State Province**

#### **6.2.3.1 Thusanang Shelter**

##### 6.2.3.1.1 Organisational/Shelter Information, Status and Staffing

The Thusanang Shelter is an NPO. There is one office in town (Phuthaditjhaba) accessible to all community members. This office also has additional staff (two community developers and one paralegal/counsellor). This is also where the office of the director for the shelter is. It was noted that majority of staff are females. The shelter is in Makwane on DSD premises next to old-age home. On the day of inspection only one house mother and social worker was at the shelter. The house mothers work in shifts (day/night shift).

##### 6.2.3.1.2 Shelter Capacity and Accommodation Criteria

At the time of inspection, the shelter had no survivors who resided there. It was noted that the shelter consists of a brick building where a survivor spends the first night and then moves to the mobile unit. Each entrance has a small step which can make it difficult to enter by wheelchair. The mobile unit makes provision for a sickbay with a relatively spacious bathroom which will accommodate a wheelchair. The rooms for house mothers have two beds in which can also be used to accommodate victims. All other rooms have double beds in each room. Two bathrooms and two kitchens with cutlery, etc. for preparing food for victims.

##### 6.2.3.1.3 Twelve people who share can be accommodated at once.

There is however only one camping cot and no toys, etc. for children. Outside there is now garden (grass, etc.) but open space for children to play. Most survivors are brought by SAPS / DSD. In case of a child showing up at the shelter without the mother, DSD will be informed to assist.

##### 6.2.3.1.4 Period of Stay and Survivor Readiness to Exit Shelter

According to the submission the minimum stay for a survivor is three months and the maximum is six months. In cases of TIP the maximum is one year and six months. Survivors can request to be released from the shelter, however social workers will do house



visits in the different villages to ensure that the survivor is adjusting well. Survivors can also be released after counselling and if the social worker feels that the survivor is ready. House visits will still be done. The person collecting the survivor from shelter must sign a release form which will be filed for record purposes.

#### 6.2.3.1.5 Shelter Funding and Resources

The director indicated that funding is problematic. There are two vehicles but only a few of the staff members can drive. The shelter relies on the SAPS to transport survivors to hospital and/or court. The shelter is in the mountainous areas, making it difficult for transporting survivors to different service providers. Some survivors take their own children to school. No comments were made in respect of challenges re payment of staff, electricity, etc.

#### 6.2.3.1.6 Shelter Service Package Offer: Shelter Service Basket

According to the submission the shelter provides counselling and assists with court preparation, as well as education on all acts that protect human rights. From the observations, these services are conducted/rendered at the office in Phuthaditjhaba and not the shelter as no private space allocated for counselling, was noted. If counselling is conducted it will take place in the intake room at the shelter which is next to the house mother's room and the kitchen – this office space cannot be closed off from the rooms, therefore there is no privacy.

#### 6.2.3.1.7 Record-keeping: Ethics Confidentiality

The director indicated that officials did not receive training recently and that DSD is responsible for same. No attendance registers could be provided of trainings previously undertaken. It was stated that the issue of confidentiality is contained in employment contracts, however upon further perusal of all employment contracts submitted, confidentiality was not addressed.

The filing cabinet at the office in Phuthaditjhaba only have files of public members who are assisted there by the counsellor/ paralegal. The information kept at the shelter is in a lockable cabinet which was not locked at the time. When enquired if it is ever locked, the response was positive however upon further

investigation the keys to the cabinet was not available/could not be found. The house mother looked among her belongings in her cupboard but could not find the keys to the cabinet. The only inference that can be drawn is that everyone has access to the information as the cabinet is not locked.

#### 6.2.3.1.8 Shelter Management: Staffing and Supervision

At the time of inspection there was only one house mother and one social worker on duty. The shelter manager/director is stationed at the office in Phuthaditjhaba.

#### 6.2.3.1.9 Nature of Relationship with SAPS

The staff indicated that they have a good relationship with the SAPS who is mostly responsible for bringing survivors to the shelter. SAPS also assists in transporting survivors to and from court, hospitals, etc.

#### 6.2.3.1.10 Safety and Security Measures

The shelter is surrounded with palisade fencing and the name board was taken down. There is however one chain and lock used to close the gate. No security officers were noticed on the premises or at the main entrance. CCTV cameras were not observed which is contrary to the submission. When enquired the director said there is no alarm. At the time of the inspection the shelter had no survivor, thus no person was unsafe.

#### 6.2.3.1.11 Substance Abuse and Rehabilitation

The manager indicated that they do counselling sessions with survivors and request assistance from other departments to help where possible. No information placards, brochures, etc. were observed at the shelter and no provision was made for such information on the intake form.

#### 6.2.3.1.12 Challenges

The main concern raised by the manager was funding. According to the submission further challenges is maintenance of infrastructure and resources. It was further noticed that the telephone at the shelter was not working. The staff confirmed that this is problematic especially on windy days. A similar problem

was identified with electricity as there is regular power outages. No resources exist to cook food if there is no electricity. The tap in the bathroom is leaking constantly which is also hazardous for people staying in the main house.

### 6.2.3.1.13 CGE Observations, Findings and Recommendations

It was observed that there is not proper structure in terms of roles and responsibilities of each employee. Training should be conducted more often, and records of the training should be kept, ensuring that all staff are up to date and properly trained. More activities to rehabilitate survivors should be implemented (gardening/art/information placards/skills training/development). Proper assessment should be done before survivors are released from the shelter and proper records should be kept on house visits thereafter and the progress of the victim. Proper assessment of survivors is not done before they are released from the shelter. No records were provided of house visits after release and of the progress of the victim. Access to this shelter was easily gained as no form of identification was requested before providing all information to the CGE official. This is just a general remark to be considered as another security measure to be implemented.

No back-up plan (plan B) is in place for transportation of survivors when the official tasked with transport is not at work. (The book-keeper is also responsible to assist with transportation of staff and victims.) The shelter then solely relies on the SAPS who has their own mandate and priorities.

Recommendations for the shelter include:

- More training for staff on confidentiality and safe keeping of information.
- Fundraising to be done by staff to better the resources (clothes, toys, educational material).
- Revisit the roles and responsibilities of each official to establish if they are reaching their full potential.
- Safety and security should be improved.
- Variety of programmes to be introduced to assist and rehabilitate victims.

Over all, the shelter is very neatly kept and can provide all the necessary resources to a survivor when brought to the shelter. Minor maintenance should be done in terms of the main building (cracks, etc). The shelter should however be made more accessible to survivors with disabilities.

### **6.2.3.2 Goldfields Family Advice Organisation Shelter**

#### 6.2.3.2.1 Organisational/Shelter Information, Status and Staffing

The Goldfields Family Advice organisation shelter is an NPO. According to the submission the staff establishment consists of six officials. On the day of inspection, it was only the manager who was on the duty. The explanation submitted was that due to lack of funding, office staff cannot be paid (paid enough) to keep them at the office for eight hours a day. Note should be taken of the fact that when the inspection was underway, it was difficult to gain access to the premises and the manager could not be reached after several attempts to call her on her cell phone. After some time, the call was returned, and arrangements were made to inspect the shelter. DSD directly oversees the social workers whilst other staff reports to the manager of the shelter.

#### 6.2.3.2.2 Shelter Capacity and Accommodation Criteria

During inspection it was observed that the shelter is a three-bedroom house. In the one room there are three bunker beds in one room, one room with a double bed and camping cot. The last room is for the house mother. There is also an outside building which is utilised as the sickbay, but also to accommodate LGBTIQA+ survivors and TIP victims. No specific criteria are followed and the intake is based on an interview done by the manager. Most survivors are brought to the shelter by stakeholders like SAPS/National Prosecuting Authority (NPA).

The shelter has a ramp at the main entrance of the house which will accommodate survivors in wheelchairs, however the bathroom is not equally user-friendly for someone in a wheelchair. CARA funding was used to build a Wendy house on the premises where sessions with social workers are conducted and programmes/activities for the victims are offered. The maintenance of this house is however poor and it should be rectified. There are two JOJO tanks for water (one for rainwater), the other one is similar to a grey-water system which will be used to water the plants/vegetable garden). The tap in the kitchen is leaking which will result in a spike of the water cost.

#### 6.2.3.2.3 Period of Stay and Survivor Readiness to Exit Shelter

There is no specific period of stay for victims. It would depend on when they are ready to go back to society. Assessments are done by the social worker and after-care programmes are

implemented. It was not clear what the after-care programmes entailed, however it appears to relate to house visits after a survivor was released.

#### 6.2.3.2.4 Shelter Funding and Resources

The manager indicated that the funding received from DSD is not enough to pay staff and are they reliant on donations and volunteers to assist. There was an application submitted to National Lottery for funding and the response was yet to be received on the day of the inspection. No funds currently and only toiletries and clothes were donated. (As per the submission).

#### 6.2.3.2.5 Shelter Service Package Offer: Shelter Service Basket

There are daily programmes for adults and early childhood development practices for toddlers. Neighbouring schools assist with school-going children if there are any. It was observed that there are no toys and/or books for children which raises a concern of what programmes the children are accommodated with/skilled in. Copies of certificates were provided indicating the courses presented by FAMSA attended by staff members. The registration of the social worker was only valid until March 2018. It was not clear if the registration was renewed however, the office does not have record of same.

#### 6.2.3.2.6 Record-keeping: Ethics Confidentiality

The manager indicated that the records of the survivors are kept in a lockable office which only the manager has the key for. The social worker also has access to the records, but does not have an office at the shelter. She will only be able to access the information if the manager is there. House mothers have their own intake form which is completed if survivors arrive late evenings, for example.

#### 6.2.3.2.7 Shelter Management: Staffing and Supervision

From the submission received, there is a total of six officials working at the shelter. When the LO inspected the shelter, it was observed that only one official was on duty which was the manager. The explanation received was that due to lack of funding the rest of the staff only comes to work when they are needed to. DSD oversees the work of the social worker whilst all other staff members report to the manager.

### 6.2.3.2.8 Nature of Relationship with SAPS

It was indicated on both the submission from the shelter and of previous experience that the working relationship with stakeholders such as the SAPS and NPA are very good.

### 6.2.3.2.9 Safety and Security Measures

The shelter has a solid wall in front and electrical fencing on top of the wall. There is a bell with a monitor in order for the house mother to see who is at the gate. This was done with the assistance of CARA funding. The shelter manager further confirmed that the alarm system installed is working. Overall, the security is good with burglar bars at the entrances and windows. The Wendy house however has no security features installed.

### 6.2.3.2.10 Substance Abuse and Rehabilitation

The shelter does not directly deal with substance abuse. Survivors are referred to SANCA offices.

### 6.2.3.2.11 Challenges

The shelter manager indicated that the biggest challenge remains funding. Should there be more funding, more staff will be available to assist victims.

### 6.2.3.2.12 CGE Observations, Findings and Recommendations

One of the biggest challenges identified was the unavailability of staff to assist survivors on short notice. The manager was contacted several times before a response was received that she is available at the shelter for inspection. In her own explanation it was stated that she sometimes must attend to personal work and cannot give full attention to the shelter.

Since funding is problematic staff are not on site full time. The manager further indicated that the shelter policies are sometimes problematic as they sometimes receive requests from young survivors who seeks a place of safety. Since policies and procedures require that children can only be accommodated when accompanied by an adult, they are supposed to refuse assistance to these victims.

In some cases, they assisted the survivors and had to explain to DSD why they have not complied with the policies. Some

maintenance is to be done in and around the building. No clear indication of what programmes are available at the shelter was provided. The procedures to be followed to implement and assess progress of victims. The take-in room is in the same space as the living room where other survivors will be sitting. The manager indicated that this is problematic as the identity of survivors in the shelter is disclosed by implication, placing SAPS officials in a position to inform other community members if their wives/ girlfriends are at that residence. When funding to National Lottery was requested, there was a delay from the DSD to provide the required letters to support the request. Accordingly, the CGE recommends the review of intake policies with specific reference to minor children, the review of funding in respect of staff to be on site. Moreover, the CGE is of the view that there be a variety of programmes to be introduced to assist and rehabilitate the survivors and their children.

### **6.2.3.3 Thumahole Victim Support Centre**

#### 6.2.3.3.1 Organisational/Shelter Information, Status and Staffing

The shelter is an NPO. According to the submission there are five staff members on site, of which two is part-time workers. The submission further indicated that there are six volunteers also assisting at the shelter. On the day of inspection only three officials were on site. There is a mobile office for the shelter at the police station to accommodate intake procedures and instant referrals. This also makes the shelter immediately available to survivors although the actual shelter is situated some distance from the police station.

#### 6.2.3.3.2 Shelter Capacity and Accommodation Criteria

The shelter can accommodate four people inside the house (one room with two double beds). The house mother's room also have two double beds which can be used for survivors if need be. It was further observed that there is an outside building with two additional rooms. These rooms are used for male survivors in case of LGBTIQ+ survivors who are not comfortable inside the house.

There is a great need for bedding (pillows) and wardrobes. In total, the shelter can accommodate 12 victims, however there is no bathroom. Survivors must use an outside toilet and fill up

a basin to wash/bath. The shelter manager indicated that should there be too many survivors to be accommodated, she sometimes takes them to her home. There is one camping cot to accommodate a baby, but no toys, books, etc. Most survivors are referred to the shelter by the SAPS and stakeholder and was subjected to GBV and trafficking.

#### 6.2.3.3.3 Period of Stay and Survivor Readiness to Exit Shelter

The minimum period is six weeks and the maximum period is three months. During the period of stay the shelter, survivors receive counselling. The shelter manager indicated that they have after-care visits to follow-up on the progress of victims. The survivors are accompanied during the court process and to other treatments. Reference was made to the programmes as per the submission.

#### 6.2.3.3.4 Shelter Funding and Resources

The shelter manager mentioned that funding is problematic. The residence used for the shelter is rented from one of the community members and they cannot change anything to the structure, etc. without his permission. Funding from the National Lottery was also requested but no response has been received yet. It was further noted that the shelter has no resources in terms of office needs (computers, printers, telephones, etc.) The alarm system installed for safety is also not working.

#### 6.2.3.3.5 Shelter Service Package Offer: Shelter Service Basket

The shelter has a lay counsellor that is appointed to assist survivors when at the shelter. In terms of the submission, it was noted that reference is made to SUPPOA groups which is available for survivors to meet other survivors who can relate to the incidents and processes.

#### 6.2.3.3.6 Record-keeping: Ethics Confidentiality

During inspection it was observed that records are kept in an outside building which is used as the office and the consultation room where counselling are done. The cabinet utilised for the documents is not lockable. The shelter manager indicated that only she and the administrator have a key to the office. All officials are often cautioned to observe confidentiality. It was stated that confidentiality is also contained in the employment contracts



but same was not available at the time of inspection. There was an undertaking that the contracts would be forwarded to the LO, but to date, these were not received.

#### 6.2.3.3.7 Shelter Management: Staffing and Supervision

The staff indicated that training was conducted by DSD, however no training certificate and/or attendance registers were available in support of same.

#### 6.2.3.3.8 Nature of Relationship with SAPS

The relationship between the shelter and SAPS is very good. There is a mobile office at the SAPS station to accommodate survivors immediately with the intake process and referrals. Since the security measures at the shelter is in poor condition, the police assist with extra surveillance when there are survivors at the shelter.

#### 6.2.3.3.9 Safety and Security Measures

The shelter has medium palisade fencing around the building. It was observed that certain parts of the fencing are damaged to such an extent that one can enter the premises without much effort. They staff tried to fix the wall by placing barbed wire in front of the damaged part, but it is not enough as the wire is rusting. The gates at the two entrances are also not adequately installed as the one is a bit loose and flimsy. They gates are locked with chains and locks. Since the property is owned by a private community member, he must be consulted to fix damages. There is however burglar bars in front of the windows and doors.

#### 6.2.3.3.10 Substance Abuse and Rehabilitation

No reference was made to specific programmes in place for substance abuse. The shelter manager only mentioned that in difficult cases they make use of services of other stakeholders to assist with programmes and counselling of victims.

#### 6.2.3.3.11 Challenges

The main challenge for the shelter is funding and not having their own house that can fully accommodate victims. It is a further challenge that there is no bathroom and toilet in the

house. Survivors make use of a basin to bath and an outside toilet. This makes it difficult for survivors with disabilities to access these facilities.

Recommendations: strengthen shelter services and programmes.

The shelter manager indicated that if more funding was received staff could be paid adequately for their services, thus boosting the morale.

#### 6.2.3.3.12 CGE Observations, Findings and Recommendations

The shelter's security in terms of fencing/access to the shelter requires fortification. Moreover, there is no bathroom and only an outside toilet. The shelter cannot accommodate survivors with disabilities. Staff indicated that they sometime struggle with water and will have to buy water from other community members to provide for the victims. In turn, the CGE recommends that the shelter should obtain their own house. More funding from DSD to provide for the daily needs of the shelter in terms of maintenance, security and office administration. This was also the cause of the delay in submitting information. More training for the officials should be provided and proper record should be kept.

### **6.2.4 Kwa Zulu Natal (KZN)**

#### **6.2.4.1 Dundee Crisis Centre**

##### 6.2.4.1.1 Shelter Information, status and staffing

Dundee Christian Churches Crisis Centre is an NPO<sup>133</sup>, It employs nine staff members on a permanent basis of which eight are female and one male. The racial breakdown of the employees is two white females, one black male and six black females, it does have volunteers.

Most of the shelter users are referred by court and are survivor of sexual offences, human trafficking and GBV. Normally they are placed at the shelter while the SAPS is conducting investigations, and some are placed by the SAPS when they are witnesses and providing evidence in court.

<sup>133</sup> Registration number NPO 010-025.

### 6.2.4.1.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates 25 women and children for about six months as stipulated by the DSD guidelines. However, the shelter motivates and provide a request to the DSD should a need be for a person to stay longer than the prescribed term which is normally approved by the DSD. The reason for the above is that the department funds the shelter for every person that they accommodate.

The shelter accommodates PWD and the LGBTIQ+ community. The shelter has not turned away any person since establishment.

### 6.2.4.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is six months. If a survivor has to stay beyond the six-month period, then approval is sought from the DSD. Normally, survivors leave the shelter upon finalisation of their matters by court or when they find a family member who can provide a safe place for the victim.

### 6.2.4.1.4 Shelter Funding and Resources

The shelter is mostly funded by the DSD. However, the shelter does receive donations from private donors and companies.

### 6.2.4.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter offers a variety of services and programmes to survivors, which include the following:

- Therapeutic sessions: Educates on introspection of oneself and understanding of own needs. The depth of the counselling depends on the client's trauma.
- Spiritual counselling: Which is provided by a Pastor to survivors who request it.
- Group therapy: Which improves victim's integration into society in the long run.

### 6.2.4.1.6 Record-keeping: Ethics Confidentiality

All the employees are bound by the shelter's code of conduct which is shared and explained by the shelter upon employment of a staff member and a refresher course is conducted by the shelter periodically. If a staff member is found to be in breach of the code of conduct, they are disciplined as per the Department of Labour provisions.

### 6.2.4.1.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker, three house mothers and has no psychologist employed at the centre. House mothers' employment is based on their experience and by word of mouth references. The social worker is employed based on verified qualifications.

All personnel of the shelter are trained on domestic violence and the sensitivities in this line of work. The training is conducted by the DSD.

### 6.2.4.1.8 Nature of Relationship with SAPS

The huge majority of the shelter occupiers are brought by the SAPS. The SAPS is an important stakeholder of the Dundee Crisis Centre and their relationship with the SAPS is described by them as excellent.

### 6.2.4.1.9 Safety and Security Measures

The shelter has a high wall around it with razor wire on top. The house is fitted with panic buttons linked to an armed reaction company. All windows and doors are fitted with bugler guards and security gates. The main entrance of the shelter has a centurion operated remote-control gate and a CCTV camera.

### 6.2.4.1.10 Substance Abuse and Rehabilitation

The DSD provides screening services to all people at the centre and refers those who require assistance to SANCA. The shelter works closely with doctors from DUNMED Inc. who assist with withdrawal symptoms.

### 6.2.4.1.11 Challenges

The shelter does not have a psychologist. The shelter pointed out that their relationship with the DSD could improve more if their communication channels could improve. The centre indicated that they have a huge challenge with placing clients in a permanent home/accommodation.

### 6.2.4.1.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter has CCTV and burglar gates. The office of the social worker has a lockable door, a filing

cabinet that is not lockable and only the social worker has the key to her office.

The shelter has plenty of accommodation, a playroom with children's books and is accessible to people with disabilities.

Currently there are children at the shelter and some of them attend a school which is close by to the centre. The CGE also noted that the same premises are also used to run a feeding scheme, a recycling business with employees who are males. Noting that the majority of the survivors housed by the Centre are survivors of sexual violence, having many men close can bring discomfort to the victims.

Although the centre is in a rural and farming town the centre is well supported by the big companies from the town and is well provided for, however their support is in goods and the shelter requires a huge financial assistance to be able to pay their staff and maintain the buildings in good condition.

The CGE recommends that the shelter must move the recycling business together with the feeding scheme to another site as both businesses cause a huge threat to the shelter.

### **6.2.4.2 House of Hope**

#### 6.2.4.2.1 Shelter Information, Status and Staffing

The shelter is an NPO and employs nine people of which three are males and six are females. All are Africans. The shelter has four volunteers who are Africans. Two of the volunteers are male and the other two are female.

The shelter provides accommodation to women for various reasons, but primarily to women who need psycho-social support in the form of counselling and for safety reasons.

#### 6.2.4.2.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates 15 women and their children. The shelter is not user-friendly for persons with disabilities, but is accommodating people with a disability, a person with a wheelchair would find it very difficult to access the shelter without assistance.

6.2.4.2.3 Period of Stay and Survivor Readiness to Exit Shelter

The shelter accepts people for a minimum period of three months and a maximum period of six months. The shelter has never had to extend a period of stay for a victim.

6.2.4.2.4 Shelter Funding and Resources

The shelter is funded by the DSD by submitting monthly claims to the department. The shelter has not experienced any difficulties with funding from the department. The shelter received funding from the National Lottery in 2015 and from DFM firm which are exhausted.

6.2.4.2.5 Shelter Service Package Offer: Shelter Service Basket

The shelter provides the following services to the victims; counselling provided by the social worker, parenting programmes, healing and restoration programme.

The shelter also equips survivors with the following skills: sewing, bead work, and gardening.

The shelter also provides stimulation programmes for children.

6.2.4.2.6 Record-keeping: Ethics Confidentiality

The shelter enters into a confidentiality agreement with all employees including the social worker who handles files which are stored in a lockable cabinet in an office with a lockable door. The shelter ensures that volunteers are oriented in the survivor empowerment service facility, ensures that supervision is rendered by staff at all times.

6.2.4.2.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker and two house mothers. A post is advertised should a vacancy be available, once applications are received the centre manager does the shortlisting and the shortlisted candidates are interviewed with the assistance of the DSD.

6.2.4.2.8 Nature of Relationship with SAPS

The shelter has working relationships with four police stations in the area and receive survivors from the four police stations.

### 6.2.4.2.9 Safety and Security Measures

The shelter employs two security guards and has no other measures in place except for burglar doors. The fence around the shelter is old and needs to be rebuilt.

### 6.2.4.2.10 Substance Abuse and Rehabilitation

Survivors who display symptoms of substance abuse on admission are referred to a local government hospital for detoxing.

### 6.2.4.2.11 Challenges

The shelter urgently requires a new fence to ensure the safety of its people and lacks funding to conduct its core business.

### 6.2.4.2.12 CGE Observations, Findings and Recommendations

The shelter does not have sufficient security measures to guarantee the safety of the survivors who reside at the shelter. The shelter is not suitable to people with a disability. Although the shelter provides accommodation to children, the shelter does not have a playroom and the shelter has limited books for children. The social worker's office is small and is not conducive for consultations.

The shelter is privately managed and providing an essential service to the community where it is located. The CGE recommends that the shelter should prioritise erecting a proper fence before it is allowed to continue with its services

## 6.2.5 Limpopo

### 6.2.5.1 Khuseleka One-Stop Polokwane

#### 6.2.5.1.1 Shelter Information, Status and Staffing

The one-stop facility is wholly funded by DSD and employs 20 staff members disaggregated as follows:

Total No of staff members	Females	Males	Disability	Race
20	15	5	1	All black

The shelter cites that no volunteers are employed by the centre.

#### 6.2.5.1.2 Shelter Capacity and Accommodation Criteria

The following incidents fall within the shelters criteria of admittance:

- Rape
- Sexual assault
- Hate crime
- Human trafficking

Persons are referred to the centre by social workers, SAPS and other stakeholders. It is noted that there is an admission form and an admission panel to screen and assess whom is permitted stay at the centre.

The shelter accommodates both genders and cites a capacity of 40 persons. There are two separate houses for the genders. Minor children are accommodated, and the shelters have family rooms which can accommodate a mother and four children.

#### 6.2.5.1.3 Period of Stay and Survivor Readiness to Exit Shelter

A maximum of six months is listed and should there be a need for a longer stay, each case is assessed on merit. An exit plan is developed as soon as the client is admitted. A thorough assessment of the client's home is done. A safety plan is also drawn up with the client.

#### 6.2.5.1.4 Shelter Funding and Resources

Cites no challenges with funding as it receives funding at the beginning of the financial year as it is a government-run establishment.

#### 6.2.5.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter lists the following services/programmes as offered to its clientele:

- Survivors receive counselling from social workers and psychologist from the nearest hospital.
- They are cared for by care workers who are on duty 24/7 (shift workers).
- They are provided with toiletry and clothes.
- They are provided with laundry facilities.
- The institution has a clinic that provides health services.
- Referrals to hospitals for further management of diseases.
- Food is prepared in the main kitchen that is outsourced.
- Skills development programmes, i.e. computer classes,



gardening, sewing, needle work.

- Minor children attend local schools.
- Toddlers attend local crèches.
- Survivors are linked with societal resources, e.g. Department of Home Affairs, NPA and SAPS.
- Support during court attendances.

#### 6.2.5.1.6 Record-keeping: Ethics Confidentiality

The shelter cites that all staff members are guided by the confidentiality clause of the SACSSP code of ethics. Moreover, social workers and care workers are registered with the SACSSP and are bound by its confidentiality clause. Lastly, employees also sign an oath of secrecy and, if breached, disciplinary action is to be taken.

#### 6.2.5.1.7 Shelter Management: Staffing and Supervision

In response to the cited questions the provincial shelter accreditation team came for Developmental Quality Assurance once in 2018.

Social work manager	Social work supervisor	Social workers	Care workers
1	1	3	13

#### 6.2.5.1.8 Nature of Relationship with SAPS

The local police station identified two police officials to assist the shelter whenever there is need to do so. They are called when their services are needed. They also refer cases to the shelter.

#### 6.2.5.1.9 Safety and Security Measures

The shelter has no CCTV and is in the process of requesting that. All visitors are screened by the social worker and they must get permission to visit before they come. There are security guards at the gate who searches every person who enters the shelter.

No guns or sharp objects are allowed on the premises.

Security officers on all shifts have two firearms, at the gate and on the floor.

### 6.2.5.1.10 Substance Abuse and Rehabilitation

Counselling services are offered by the social worker and referrals are made to SANCA for identification and detoxification of substances at the hospital.

### 6.2.5.1.11 Challenges

The shelter cites the following challenges:

- Accreditation of skills development programmes.
- Proper training/ relevant workshops for staff.

### 6.2.5.1.12 CGE Observations, Findings and Recommendations

It was observed that the shelter had three security guards at the gate. The vehicle of the CGE was not searched before the LO entered the premises, notwithstanding submissions by the shelter that visitors are searched. Only the details of the vehicle, name of the LO, and identity documents were requested before entering the premises. It was also noted that, before one enters the premises, the security guards contact the person you are scheduled to see before permission to enter is authorised.

Interactions between the security personnel confirmed that it is plausible for a security guard to have sexual relationships with the survivors at the shelter, particularly because the survivors often need companionship as cited by one security guard. Security guards indicated that such conduct is not accepted by their employer and indicated that one security staff member was dismissed from work for such conduct.

The CGE observed that the security personnel had no in-depth understanding of sexual harassment and how to effectively deal with a survivor who initiates conduct that may be construed as sexual harassment towards them. It is thus observed that this is a fundamental area which may lead to the exploitation of victims/or survivor and even security guards. To address this, it is essential that security guards receive adequate training on sexual harassment and/or refresher trainings.

The shelter does not have CCTV and is in the process of requesting CCTV. It is submitted that the lack of CCTV raises concerns to the CGE as the shelter would not be able to identify issues or conduct that is not reported.

The shelter was found to have both a lockable office and a lockable filing cabinet. It was observed that the official responsible for the filing demonstrated the importance of ensuring that the records of survivors are stored safely and not exposed to third parties. The official highlighted the high ethical standards for safe record-keeping and appreciated that any negligence on her side may lead to a charge instituted against her by the manager.

A two-pronged approach was adopted at the shelter. House mothers have their own files, and these are used particularly to record everyday activities with the victims. The house mothers would record, for example, challenges that they experience with survivors (for example if the person is not eating properly). In some instances, it was pointed out that the victims, by virtue of the relationships they have with the house mothers, do share information with the house mothers and house mothers have been advised not to share such information around, however should there be any signs of suicide, house mothers are advised to immediately report this to the managers. The files of house mothers are observed daily by the manager. Second, house mothers do not have access to social workers reports. Only the manager, a trained social worker, has access to the information.

It was observed that all staff members are guided by the confidentiality clause of the SACSSP code of ethics. It was indicated that social workers and care workers are registered with the SACSSP and are bound by its confidentiality clause. To ensure confidentiality on appointment every employee of the shelter signs an oath of secrecy and are reminded regularly during supervision and staff meetings.

The provincial shelter accreditation team for Developmental Quality Assurances visited the shelter once. It is thus unclear whether this is sufficient to thoroughly determine whether social workers, house mothers and psychologists thoroughly conduct services to benefit residents.

The building was found to be very clean, however did not have ramps where intake persons stay. It was indicated that they normally borrow "physical ramps" whenever a person with a wheelchair is admitted. It was observed that the shelter was very spacious, each house had a living room, flat screen TV, couches,

kitchen, beds , fridges and bathrooms.

The CGE observed the following at the shelter, pool table, soccer table, gym machine, table tennis, sewing machine, playroom for children and a laptop computer.

One of the intake persons wrote a book about her life which was published during her stay. Poor remuneration to staff members was recorded as a concern during engagements.

The CGE has not observed children at the shelter. It was indicated that most children are at school.

The manager raised a concern about the centre's aspirations to develop survivors to be economically active and become independent from perpetrators. The manager noted that skills development was fundamental to achieve this. The Shelter requires the accreditation of skills which will increase a victim's chances to participate economically. It was also highlighted that there is a need for proper training/relevant workshops for staff.

It is observed that the shelter actively participated at the SADC Gender Protocols work summit sponsored by Gender Links. The CGE in the province has an excellent relationship with the shelter and has referred survivors in recent years, particularly children. The shelter has also a good relationship with the local police station and the local police station identified two police officials to assist the shelter whenever there is need to do so.

It was pointed out that house mothers/care workers do not have a specific academic qualification, nor have they received adequate training to handle survivors at Shelter. As such, the CGE did not receive persuasive evidence or information that indicates that house mothers receive counselling.

It is noted that the shelter is a government entity and it is funded by the DSD. Most staff members are black African female (15 females; five males and one person with a disability). From an employment equity perspective, it is accepted that equity has been achieved particularly because the manager and the deputy manager of the shelter are black African females.

The shelter noted that survivors seek shelter because of domestic violence, rape, sexual assault, hate crime and human trafficking

and they have a standardised application process before a person is admitted. The capacity of the shelter is 40 and admits both males and females. The shelter thus provides separate houses for males and females. The shelter also accommodates women with minor children. The maximum stay at the shelter is six months. However, the shelter determines on a case-by-case basis whether a survivor may be allowed to stay beyond six months.

To assess whether a survivor is ready to be reintegrate to society, the shelter offers reconstruction services to the survivor and an exit plan is developed as soon as the client is admitted. The shelter ensures that a thorough assessment of the victim's home is done. A safety plan is also drawn up with the victim. It is unclear whether the shelter does follow up with the survivors after they leave the shelter. The shelter however provides supportive mechanisms by referring survivors after they leave the shelter to an area social worker with the individual development plan for after-care services.

The CGE observes that the shelter offers the following support programmes and initiatives to the victims:

- Survivors are exposed to counselling from social workers and psychologist from the nearest hospital.
- They are cared for by care workers who are on duty 24/7 (shift workers)
- They are provided with toiletry and clothes.
- They are provided with laundry facilities.
- The institution has a clinic that provides health services.
- Referrals to hospitals for further management of diseases.
- Food is prepared in the main kitchen that is outsourced.
- Skills development programmes, i.e. computer classes, gardening, sewing, needle work.
- Minor children attend local schools.
- Toddlers attend local crèches.
- Survivors are linked to societal resources, e.g. Department of Home Affairs, NPA, Police, SASSA, etc.
- Support during court attendances.

It is submitted that the above programmes are encouraging

to the survivors and they ensure that they are not isolated from public activities and their own needs. It is also commendable that the shelter provides support during court attendances as this will assist the survivor deal with the court processes which are often intimidating.

It is concluded that Khuseleka One-Stop centre is responding to the needs of women, men, children to overcome domestic and GBV. The shelter provides a place of safety prepares survivors to reintegrate to society and ensure that they can become economically active.

It is recommended that:

- The National DSD signs a memorandum of agreement with relevant stakeholders to facilitate training of skills development.
- Training of staff in relevant skills be prioritised together with refresher sessions.
- The shelter installs CCTV on the premises.
- The house mothers must receive counselling and be trained on how to deal with survivors.
- Security guards receive training on sexual harassment.

### **6.2.5.2 THYREST**

#### 6.2.5.2.1 Shelter Information, Status and Staffing

Thyrest is an NPO and is not a fully functional shelter. The shelter is not funded by the DSD. The information provided was minimal as the shelter was still being developed. The shelter only has one person as a volunteer. The manager pays the volunteer from her own pocket and further feeds the survivors from her own pocket. The manager advised that she will seek funding in 2018 and thus anticipates that the shelter will be fully functional in 2020. The manager envisages the shelter to be a crisis centre by 2020.

#### 6.2.5.2.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates eight persons. The reasons why women approach the shelter is to exit prostitution.

#### 6.2.5.2.3 Period of Stay and Survivor Readiness to Exit Shelter

It is noted that there is a minimum of six months where the maximum stay is based on individual cases. It is, once again,

emphasised that only emergency cases are accommodated as the shelter is not fully operational due to financial constraints.

The remaining questions were not answered.

#### 6.2.5.2.4 CGE Observations, Findings and Recommendations

The shelter has lockable filing systems and the house mother does not have access. Only the manager has access to information of the victims.

The CGE observed only eight beds for the survivors at her house and it had indicated that the reasons women seek accommodation at the shelter is to exit prostitution. The shelter accommodates on an emergency basis, particularly when survivors are referred by the SAPS. It was cited that the shelter has a good relationship with the SAPS.

It was observed that the shelter does not accommodate persons with disabilities and it was cited that the shelter still needs to be approved to accommodate women with disabilities. The shelter does not accommodate survivors of the LGBTIQ+ community. It is unclear whether this is the policy or whether it is because the shelter is yet to receive a survivor of LGBTIQ+ accreditation.

The CGE observed two children at the shelter and a playing ground.

It is observed that the shelter has a minimum stay of six months and the maximum depends on individual cases. The shelter cites that it is not time-based but impact-based. One of the survivors had stayed at the shelter for two years

The shelter has electric fence as a safety measure. This electric fence was funded by Old Mutual. The manager cited that once the shelter is fully functional, she would take time to study progressive shelters and implement some of the good practices at Thyrest.

It is commendable that the manager of the Thyrest shelter has resigned from her work to pursue an NPO and feeds the survivors from her own pocket. A full assessment of this shelter could not be done, since it is not fully functional.

## **6.2.6 Mpumalanga**

### **6.2.6.1 Badplaas**

#### 6.2.6.1.1 Organisational/Shelter Information, Status and Staffing

It is situated in Badplaas, a rural area commonly known as eManzana, in the proximity of a local clinic and SAPS police station; Chief Albert Luthuli Local Municipality. It is an NPO that employs about 11 staff members. They are ten females and one male, none with disabilities. Male person works as both security officer and groundsman.

Personnel consists of a cook, coordinator, caregivers, assistant, social auxiliary worker, social workers and general assistant.

#### 6.2.6.1.2 Shelter Capacity and Accommodation Area

The shelter accommodates eight women and their children in shipping-container rooms. There are no rooms for children only, since they share beds with their mothers. It does not discriminate against people from the LGBTIQ+ community.

There are no baby cots, playrooms and childrens' books. There is only one brick building serving as a dining hall, TV room and where extramural activities are done.

The greatest concern is comfort in the shipping-container rooms, especially during winter as the area gets very cold.

The shelter is not accessible by wheelchair at all. There is no paving or ramps.

#### 6.2.6.1.3 Period of Stay and Survivor Readiness to Exit Shelter

Minimum stay is three months whereas maximum stay is six months. In some instances, it may be shorter after the survivor attended sessions and is properly assessed by a social worker, auxiliary social worker for family reunion or reintegration to the society. There are life skills programmes offered.

Extension of stay must be supported by a report from the social worker or stakeholder to whom the survivor was referred by.

Social workers continue to visit the survivors at their homes or contact them by telephone.



#### 6.2.6.1.4 Shelter Funding and Resources

It is an NPO and is subsidised by the DSD. There is a budget allocated annually and released to the shelter per quarter, that is, every three months. The shelter does fundraising and sell baked products to the community. It fundraised about R142 354.00 in 2018, R13 914.00 in 2017 and R250 800.00 in 2016.

#### 6.2.6.1.5 Shelter Service Package Offer: Shelter Service Basket

Support programmes offered as reflecting on the shelter's daily schedule are: counselling, reunification, skills development, parenting skills, exercise and sporting activities, couple counselling, advocating for victims' rights, economic empowerment, therapy, lay counselling, court preparation and support and safety and security.

#### 6.2.6.1.6 Record-keeping: Ethics Confidentiality

Confidentiality at the shelter is crucial. Staff is trained and residents (survivors) are not allowed to use cellular phones when entering or inside the shelter. Same is covered in the shelter security rules and employment contracts, except disciplinary measures. It is noted that the shelter security rules and contract of employment do not elaborate what constitute confidential information and there is no provision for a disciplinary code.

#### 6.2.6.1.7 Shelter Management: Staffing and Supervision

The shelter employs two social workers and one auxiliary social worker. Recruitment of officers is through advertisement and shortlisted candidates who are interviewed by DSD. It is not known which criteria the shelter uses for each category. The DSD seems actively involved in training staff, together with the shelter manager, who is also a social workers' supervisor.

#### 6.2.6.1.8 Nature of Relationship with SAPS

There is a good working relationship with SAPS. SAPS have a survivor-friendly room allocated for the shelter social worker at the police station, including transport when necessary.

#### 6.2.6.1.9 Safety and Security Measures

There are cameras installed only outside the shelter. The distance between the shelter and SAPS police station is about 900 m. It is fenced with a concrete wall, barbed wire that cannot deter an

intruder from jumping over the wall. There is no electric fence. Gate was locked.

There is doubt that the security officer is at the gate. On the day of site visit, the LO was assisted by an assistant (administrator) in the absence of the security officer. The alleged security officer is just an ordinary person without equipment.

#### 6.2.6.1.10 Substance Abuse and Rehabilitation

Survivors with substance abuse problems are taken to a local rehabilitation centre or health facility for treatment.

#### 6.2.6.1.11 Challenges

- The shelter notes the following as challenges.
- Structure of the shelter, that is, shipping-container rooms.
- No professional nurse to offer services in-house.
- Telephone network problems experiences at times and they are unable to make or receive calls.
- No electric fence for security reasons.
- No baby cots.
- Not accessible by a wheelchair.
- Transport to take survivors to other service providers like Department of Home Affairs.

#### 6.2.6.1.12 CGE Observations, Findings and Recommendations

Security is a major issue and so is the structure. Even though it is nearer to SAPS police station is needs a telephone that work properly for communication.

### **6.2.6.2 Greater Intervention Programme (GRIP) Shelter**

#### 6.2.6.2.1 Organisational/Shelter Information, Status and Staffing

It is situated in the city of Nelspruit with two offices in West Acres and Sonheuwel suburbs, Mbombela Local Municipality. The house in West Acres accommodates survivors and the one in Sonheuwel is used for administration purposes. GRIP is an abbreviation for Greater Intervention Programme. It is an NPO that employs four black females persons and two white male and female volunteers. They are house mothers, social worker. No employment contracts of other employees were provided

like finance officer, site coordinator, nurse, monitoring and evaluation manager and officer.

#### 6.2.6.2.2 Shelter Capacity and Accommodation Area

The shelter accommodates 20 people with six single beds and three family rooms. Family rooms accommodate only a mother and child. Only eight children can be accommodated at a time. There is no discrimination against the LGBTIQ+ community.

It has extra mattresses stored in the garage. No playroom for children. They play outside on a jungle gym next to a swimming pool without a cover, which is risky.

The play area needs to be cleaned up and scrap material removed.

The building is not in a perfect condition but needs some minor repairs and is not easily accessible by wheelchair from main entrance since there are no ramps.

#### 6.2.6.2.3 Period of Stay and Survivor Readiness to Exit Shelter

Minimum stay is three months with six months the maximum. Social workers assess survivors and evaluate their healing status whilst survivor's family is contacted in preparation for reunification. Survivors do a survey of their stay at the shelter by completing a questionnaire.

There is an option to extend stay, particularly human trafficking survivors that still need shelter services, like counselling. Other test is to check if woman has no means of income, support system such as family and friends.

Social worker continues to visit survivors or make telephone calls to evaluate their adaptation and functioning.

#### 6.2.6.2.4 Shelter funding and resources

It is a NPO, subsidized by Department of Social Development. Funding received per quarter in 4 tranches. GRIP receives donations from charity organisations as indicated to the LO at the site inspection, for example, AFSA R 9 000.00 per month. However, there is no disclosure of monies received in the shelter's financial statements.

### 6.2.6.2.5 Shelter Service Package Offer: Shelter Service Basket

Support programmes offered are: individual or family counselling, early childhood, group sessions and skills development.

### 6.2.6.2.6 Record-keeping: Ethics Confidentiality

All shelter staff and volunteers are expected to maintain confidentiality and take an oath of secrecy regarding shelter information. The contract of employment is clear on what constitute confidentiality.

Consequences of disclosure is suspension or dismissal in case of serious breach or misconduct.

### 6.2.6.2.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker and three house mothers. Posts are advertised in the local paper and internally. Interviews of candidates are conducted by the shelter committee and the criteria for a social worker is a social science degree, registration with SACSSP, computer literacy with a minimum experience of two years. Great communication, writing and reporting skills, driver's license are prerequisites. In the house mother category, appropriate experience in survivor empowerment programmes, first aid, matric and friendliness are prerequisites.

Staff are properly trained, and house mothers attend workshops on survivor empowerment and trauma counselling. The shelter manager plays the role of supervision of both social worker and house mothers.

### 6.2.6.2.8 Nature of Relationship with SAPS

The relationship between the shelter and SAPS is good since there are some referred to them by SAPS. Survivor-friendly rooms are allocated to a GRIP social worker in eight police stations within the district of Ehlanzeni for assistance.

### 6.2.6.2.9 Safety and Security Measures

There are no cameras installed inside or outside the shelter and no electric fence, but a high wall. There is also an emergency alarm installed by a local security company and the premises are monitored 24 hours/7 days a week.

### 6.2.6.2.10 Substance Abuse and Rehabilitation

Survivors with substance abuse problems are referred to a hospital or SANCA for treatment.

### 6.2.6.2.11 Challenges

- No play area for children.
- No electric fence for security reasons.
- Transport to take children to pre-schools.

### 6.2.6.2.12 Recommendations

Funding of shelters by the DSD and Department of Labour to provide accredited skills programmes for survivors holistically since majority of them are illiterate. This is generally empowerment of survivors to start a new chapter in life.

It is of paramount importance that the DSD must consider the location of the shelter when allocating funding to enable the shelter to cover costs like transporting children to pre-schools and others.

## 6.2.6.3 Grace Shelter

### 6.2.6.3.1 Organisational/Shelter Information, Status and Staffing

It is situated in a rural area commonly known as Pienaar, Mbombela Local Municipality. It officially started operating in 2004. It is an NPO that employs seven females and two males; two volunteers. They are a project manager, social worker, social auxiliary worker, office administrator, care workers, night guard securities. No persons with disabilities are employed.

### 6.2.6.3.2 Shelter Capacity and Accommodation Area

Shelter accommodates seven people in two rooms with two beds and one room with one bed. It can only take two children at a time. No discrimination against LGBTIQA+ is cited. There is no playroom, baby cots, childrens' books and jungle gym.

Outside area is not that clean for children to play without supervision. Building needs a serious revamp. It is not accessible by wheelchair and has no paving or ramps.

### 6.2.6.3.3 Period of stay and survivor readiness to exit shelter

Minimum stay is three months and six months maximum stay in the shelter. The social worker assesses survivors to determine if they are ready to exit the shelter after intervention and reintegration processes have been completed. Social workers follow up with survivors to identify needs for further service.

Extension of stay at the shelter depends on the survivor. That is, the longer it takes for a survivor to complete reintegration programme the longer the stay.

### 6.2.6.3.4 Shelter Funding and Resources

The shelter is an NPO that receives funding from the DSD quarterly. Challenges are the delay in payment of tranches. The shelter never received cash or money in hand from donors, instead equipment or other resources are received.

The shelter received R800 000.00 in 2016, R655 000.00 in 2017, R700 000.00 in 2018. It is noted that there is a decline in funding every year from government.

### 6.2.6.3.5 Shelter Service Package Offer: Shelter Service Basket

Support programmes offered are counselling, life and vocational skills.

### 6.2.6.3.6 Record-keeping: Ethics Confidentiality

All staff, including volunteers, sign a confidentiality form and are informed not to divulge information obtained at the shelter. The employment contract does not provide for a disciplinary code.

### 6.2.6.3.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker, one social auxiliary worker, three house mothers, one project administrator, one administrator, two security officers and two volunteers. All employees underwent interviewing processes before appointment. Information is insufficient on advertisements and appointments.

Staff is trained in domestic violence, batho pele principles and confidentiality of information in the shelter.

The social worker is supervised by the social worker from the DSD, who in turn supervises the auxiliary worker. The administrator, security officers and volunteers are supervised by the project manager.

### 6.2.6.3.8 Nature of Relationship with SAPS

There is a good relationship between shelter and SAPS, Pienaar.

### 6.2.6.3.9 Safety and Security Measures

There are no cameras installed inside or outside the shelter. No electric fence. Security officers work only during the night.

### 6.2.6.3.10 Substance Abuse and Rehabilitation

It is alleged that no women was admitted with substance abuse problems. Taking into consideration the location of the shelter in a rural area known for domestic violence cases, it is worrying.

### 6.2.6.3.11 Challenges

- No electric fence or razor wire.
- Building needs serious renovation and the play area outside should have jungle gym.
- No baby cots, childrens' books.
- No lockable filling cabinets.
- No code of conduct for staff & victims.

### 6.2.6.3.12 CGE Observations, Findings and Recommendations

Services rendered at the shelter is undoubtedly very poor. Insufficient funding allocated from the DSD is cited as the cause. The shelter can also not undertake fundraising independently.

It is also of paramount importance that the DSD must consider the location of the shelter when allocating funding to enable the shelter to cover costs like transporting children to pre-schools and others.

## **6.2.7 Northern Cape**

### **6.2.7.1 Ethembeni Community Centre**

#### 6.2.7.1.1 Shelter Information, Status and Staffing

The shelter is an NPO, it employs three paid female who are all coloured. The shelter has eight volunteers comprising of only one coloured male, five coloured females and two black females. No person with disability is employed.

The shelter provides accommodation to women fleeing from abusive husbands or partners, are homeless, hiding from rape perpetrators and who seek counselling services after a traumatic experience. They are usually walk-ins or referred to the shelter by the police, DSD and the DOJCD

### 6.2.7.1.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates nine women. The shelter accommodates up to three children per mother depending on the availability of space. Children usually share a bed with their mothers. The shelter accommodates persons with disability and the LGBTIQA+ community. The shelter has not turned away any person since establishment.

### 6.2.7.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is three months and the minimum stay one night. In the event the survivor wishes to stay longer we obtain reasons and enter into monthly contracts for up to a year if need be.

Survivors themselves make the decision when to leave the shelter based on how soon they sort out alternative accommodation or make the decision to return to their abusive partner. The shelter has never had a survivor who was not anxious to return to the community, the shelter could be a constant reminder of that which they would rather forget.

The shelter provides follow-up home visits to the survivors who leave. Many survivors return to their abusive partners for financial reasons and prefer not to be visited at home out of fear that the visit might instigate violence. Survivors prefer to come back to the shelter for follow-up therapeutic sessions and other technical assistance.

### 6.2.7.1.4 Shelter Funding and Resources

The shelter solely depends on the DSD for funding which is received twice per year.

### 6.2.7.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter provides a variety of services and programmes to survivors. They are taken through a therapeutic programme called Letting Our Power Glow. The programme concentrates on:

- Exploring me – educates on introspection of oneself and understanding of own needs.



- My relationships – educates on best interaction with the family and the community.
- Sexual relationships and sexual health –education on sexual health and relations.
- Communication – educates on good communication skills.

The shelter also runs a court support programme where women are assisted through our office to obtain a protection order within 24 hours if necessary. The children receive play therapy services provided by DSD.

#### 6.2.7.1.6 Record-keeping: Ethics Confidentiality

Both the house mothers and volunteers are bound by a code of conduct that are signed by them. The residents are also bound by an admissions agreement that are signed by them. All employees are taken through an induction programme whereafter they have to sign the code of conduct as well as a confidentiality document. The normal Labour Law procedures are followed with the exception that “leaking information about a client” is regarded as a dismissible offence.

#### 6.2.7.1.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker, and two house mothers. The shelter has one psychologist who has been volunteering since 2009 to date.

All persons involved in the shelter received training on all GBV-related legislation. The refresher course is offered annually. The shelter uses the training provided by the DSD and SAPS as basic GBV training.

The social workers are overseen by the DSD annually and by external audit. The house mothers are supervised by the social worker.

#### 6.2.7.1.8 Nature of Relationship with SAPS

Most of the survivors are referred to the shelter by the SAPS. There is a good relationship between the police and the shelter.

#### 6.2.7.1.9 Safety and Security Measures

The shelter has a full-fledged security system with electric fencing and surveillance cameras inside and outside.

### 6.2.7.1.10 Substance Abuse and Rehabilitation

The shelter refers survivors who are abusing substance to the DSD Substance Abuse Programme.

### 6.2.7.1.11 Challenges

The shelter does not have medical personnel on site. The shelter does not have skills development and empowerment programmes for the survivors.

The DSD funding is not sufficient to cater for all the needs of survivors, e.g. the shelter needs the services of a permanent paid psychologist.

The shelter requires financial support to establish a crèche for the children of the survivors and a skills development programme.

### 6.2.7.1.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter has electric fencing, CCTV and burglar gates. The shelter will in the new business plan include the requirement for a security guard.

The shelter's confidential information and survivor's records are kept in a lockable cabinet of a lockable office. Only accessed by social workers. The house mothers only access records during intake.

The shelter has plenty of accommodation and has not turned down a survivor before. The shelter is accessible by wheelchair. The shelter's accommodation is provided by Transnet Social Responsibility Programme, and as a result renovations are made with the shelter's own funds. Two survivor rooms are currently leaking and is awaiting repair funds.

Currently there are no children at the shelter. The children use the therapy room as playroom. There are children books. The shelter is planning to establish an actual playroom and jungle gym.

The shelter is under resourced and cannot establish children facilities, nor preform necessary renovations on time. The shelter solely relies on DSD for funding.

The shelter should develop mean to assess the survivor's readiness to leave the shelter, instead of allowing the survivors to make the decision themselves. The shelter should investigate ways to obtain more funding to renovate the leaking roofs, establish a crèche, children facilities, as well as for the development of a skills development programme for survivors.

### **6.2.7.2. Kimberley Shelter**

#### 6.2.7.2.1 Shelter Information, Status and Staffing

The shelter is a government entity. It employs two paid female employees who are African. The shelter has one volunteer, being a coloured female. No person with disability is employed.

The shelter provides accommodation to women suffering from domestic violence, rape and human trafficking. They are usually referred to the shelter by the police and the DSD.

#### 6.2.7.2.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates five women. The shelter accommodates up to three children per mother depending on the availability of space.

The shelter is not user-friendly for persons with disabilities although the shelter reports that it has not received such an application before. The shelter does not accommodate the LGBTIQ+ community and men. The shelter has not turned away any person since establishment.

#### 6.2.7.2.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is six months and the minimum stay is one night. The length of the stay depends on the need.

The social worker refers cases to the field social worker for further handling, and, in turn, the field social worker would give feedback to the social worker on the circumstances of the survivor before discharging.

The shelter follow up with survivors who left the shelter through after-care services, a responsibility of the field social workers.

When circumstances of the survivor at home have not changed/improved the survivor would continue to stay at the shelter. However, the shelter has not encountered such a situation. In some instances, difficulties in tracing the families are experiences as some survivors are from other provinces and countries, like Lesotho.

#### 6.2.7.2.4 Shelter Funding and Resources

The shelter is a government entity and does not receive tranches or funding from elsewhere.

### 6.2.7.2.5 Shelter Service Package Offer: Shelter Service Basket

The shelter provides a variety of services and programmes to survivors in conjunction with the Thuthuzela Care Centre programmes. These include survivor support, GBV education, trauma counselling and reproductive health educations.

### 6.2.7.2.6 Record-keeping: Ethics Confidentiality

As a government entity of DSD, the shelter adheres to the council code of conduct regulating an employee of the department. The contracts of house mothers contains confidentiality clauses which must be adhered to.

The shelter will take measures against transgressions, but this has not occurred before.

### 6.2.7.2.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker, and two house mothers. The human resources process is followed to employ a social worker. The VEP volunteers procedure is followed for the employment of house mothers.

Training is provided by DSD through the VEP unit. The DSD social worker oversees the shelter social worker. The shelter social worker oversees the house mothers.

### 6.2.7.2.8 Nature of Relationship with SAPS

The shelter has a good and strong working relationship with the SAPS.

### 6.2.7.2.9 Safety and Security Measures

The shelter has a secure fence. The shelter is planning to install an alarm system in the 2018/19 financial year.

### 6.2.7.2.10 Substance Abuse and Rehabilitation

The shelter does a community-based service and outreach first. Should there not be a response, the social worker will facilitate admission to a rehabilitation centre through a substance abuse unit of the DSD.

### 6.2.7.2.11 Challenges

The shelter does not have dedicated staff to run the shelter. The DSD is currently in the process of replacing the management of the shelter. Currently, the department allocates some officials to oversee the shelter.

There is lack of programmes to engage and keep survivors active through capacity building to reinstate them in the community and survivors are bored and agitated.

The shelter requires dedicated management and capacity programmes that will empower survivors with skills and knowledge.

#### 6.2.7.2.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter does not have electric fencing, CCTV and a security guard allocated by DSD. The shelter will in the new business plan include the requirement for these security features.

The shelter's confidential information and survivor's records are kept in a lockable cabinet of a lockable office. Only accessed by social workers on duty.

The shelter has adequate accommodation and has not turned down a survivor before. However, the shelter might not cope with only two rooms in time of demand. The shelter is not accessible by wheelchair.

Currently there are no children at the shelter. There are no children facilities at the shelter, although there is space that can be utilised as a play area or garden.

The water supply is cut off every evening at the shelter. The survivors' rooms have no lights (bulbs) and there are none outside the shelter.

The shelter does not have skills development programmes for victims, nor activities to keep them occupied.

The shelter does not have accommodation for the LGBTIQ+ community.

The shelter experienced a water shortage issue. There is no bulbs or a light supply in the survivors' rooms or outside the shelter building.

The DSD should appoint permanent and consistent management for the shelter.

The shelter should plan a skills development programme for the survivors and include more daily activities.

The shelter should solve the water shortage issue or put an

alternative source of water in place. The same applies to bulbs or a light supply source in the rooms and outside the shelter to prevent darkness.

### **6.2.7.3 Bopanang One- Stop Centre**

#### 6.2.7.3.1 Shelter Information, Status and Staffing

The shelter is a government entity. It employed three paid female employees who are all coloureds. No person with a disability is employed. The shelter has three volunteers of which one is a coloured female.

The shelter provides accommodation to survivors of domestic violence and rape. They are usually calls, walk-ins or referred to the shelter by the police, DSD and the Department of Justice.

#### 6.2.7.3.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates six women. The shelter accommodates up to three, children per mother depending on the availability of space. The shelter accommodates persons with disability and the LGBTIQ+ community. The shelter did turn away people not meeting the shelter's criteria, among others homeless males, suicidal people, and persons with psychiatric illnesses.

#### 6.2.7.3.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is three months and the minimum stay one night. Should a longer stay be required, each case will be determined on a need or danger basis. Risk assessment and development of a safety plan (reintegration) starts only when the client is and feel safe. Usually when the perpetrator is removed from the home or she moves to another location or family members. The shelter provides after-care services which includes individual sessions at home and group sessions at a safe location and ultimately, inclusion in community projects if she chooses to or are strong enough.

#### 6.2.7.3.4 Shelter Funding and Resources

The shelter is funded and run by government.

#### 6.2.7.3.5 Shelter Service Package Offer: Shelter Service Basket

The shelter provides a variety of services and programmes to survivors. Among others, working clients are able to attend work

from the shelter, schoolchildren are transported to and from school. House parents assist the parent with children.

#### 6.2.7.3.6 Record-keeping: Ethics Confidentiality

There is no code of conduct, but the staff is required to be professional. Training and capacity building are provided to shelter staff. Disciplinary steps are taken against any staff member who breaches the employment contract or is dishonest.

#### 6.2.7.3.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker, and three house parents. The social workers are required to possess a degree in social work, is registered with the council and a valid drives license. The house parent is required to possess at least grade 10, good personal relations, confidentiality adherence and no criminal record. Staff is trained on basic survivor support skills and identifying survivors of human trafficking. Customer care and confidentiality. The social worker supervisor oversees the social workers and the House parents.

#### 6.2.7.3.8 Nature of Relationship with SAPS

The shelter works closely with SAPS especially the FCS Unit.

#### 6.2.7.3.9 Safety and Security Measures

The shelter has two security guards 24/7 and CCTV outside the shelter.

#### 6.2.7.3.10 Substance Abuse and Rehabilitation

The shelter refers survivors who are abusing substance to the DSD Substance Abuse Programme.

#### 6.2.7.3.11 Challenges

The shelter has a low bed capacity due to huge running costs. More beds and rooms are required. The area does not have alternative shelters to accommodate people not meeting the criteria of the shelter.

The shelter requires the appointments of house parents as government officials for effective services and management.

#### 6.2.7.3.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter has electric fence, CCTV, security guards and burglar gates.

The shelter's confidential information and survivor's records are kept in a lockable cabinet of a lockable office. Only accessed by social workers and shelter manager during intake.

The shelter does not have adequate accommodation and has not turned down a survivor before. However, the shelter usually needs more accommodation during busy times of the year, i.e. festive season. The shelter's bed rooms have five beds per room. Privacy and health are thus compromised. The shelter is accessible by wheelchair. The shelter building is government-owned. Repairs take long to do.

Currently there are three children at the shelter. There are children books. The shelter does not have children facilities like a playroom or jungle gym, but plan for this in future.

The shelter does not have indemnity clauses or rules governing the victims.

The shelter does not accommodate or make provisions for male children above the age of 12. The shelter does not have enough accommodation but arrange up to six beds in one bedroom.

More rooms are required to adequately accommodate survivors. Children's facilities are also required. The shelter should develop indemnity clauses or rules for survivors.

### **6.2.8 North West**

#### **6.2.8.1 Home of Hope Against Women Abuse**

##### 6.2.8.1.1 Shelter Information, Status and Staffing

The shelter is an NPO<sup>134</sup>. It has nine full-time employees who all receive stipends. Out of the nine employees, eight are black females and one is a black male. Only one female is a person with a disability. The shelter has four full-time volunteers who are all female, none of them have a disability. It has seven part-time volunteers, comprising of one female and six males.

The different reasons why women seek accommodation at the shelter is for emotional healing, safety, empowerment, support and care. The standard application process for women seeking accommodation is through self-referral client registers, this is when clients take themselves to the shelter. A file will then be opened.

<sup>134</sup> Registration number 809-304.



Alternatively, clients are referred by other stakeholders. In this case, a referral letter is required from a particular stakeholder.

### 6.2.8.1.2 Shelter Capacity and Accommodation Criteria

The shelter accommodates two women and two children. One child per woman. It has two bedrooms with two single beds, one bathroom with a bath and basin and a separate toilet. The shelter is a structure made of timber which was donated by the DSD. It is relatively small and has no facilities for children.

Although the CGE noted, during its inspection that there is a wheelchair ramp for people using wheelchairs, it is too steep and a person using a wheelchair is likely to suffer injury.

The shelter accommodates PWD and the LGBTIQ+ community. The shelter has not turned away any person since establishment.

### 6.2.8.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The minimum period of stay is five days and the maximum period of stay is ten days. There is a possibility for a client to stay longer and in making this assessment, factors including the safety of the client are taken into account.

In assessing whether a client is ready to reintegrate back into society, a GBV assessment is conducted. Once the client is out of the shelter, the social worker still conducts home visits and follow-up visits to assess the progress and well-being of clients.

### 6.2.8.1.4 Shelter Funding and Resources

The shelter received funding from the DSD. Funding is, for amongst other things, audit fees, airtime, bank charges, television license, electricity, groceries, transport, stipends, etc.

They received two tranches in one year. The challenge is that the tranches are received late, which then leads to under-spending.

For the last financial year, they also received R119 000.00 from the National Lottery.

### 6.2.8.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter offers a variety of services and programmes to survivors.

The services offered include, amongst others:

- Victim empowerment programme – this programme focuses on GBV, shelter for survivors and crime prevention and

activities include community dialogues, counselling and court preparation and support.

- TB, HIV/AIDS prevention – this programme includes condom distribution and voluntary medical circumcision and activities include condom promotion and the provision of and community conversations, and door-to-door outreach.
- Stigma and discrimination programme – the programme focuses on stigma and discrimination reduction and activities include community dialogues, research and door-to-door outreach.
- Adolescent girls and young women – the focus here is on mentoring, education and support and activities include mentorship, field trips, taking a girl child to work, teen pregnancy prevention and female teen education and responsibility.
- Men, boys and young fathers – the focus is on mentoring, education and support and activities include the provision of education related to domestic violence, prevention of premature fatherhood and helping fathers to create and strengthen nurturing relationships with their children.

#### 6.2.8.1.6 Record-keeping: Ethics Confidentiality

Every employee and volunteer employed in the shelter is given the shelter's code of conduct and the consequences of not adhering to it are explained to all. Every employee's employment contract stipulates that they are to keep clients' information and the shelter's information confidential. They are also required to preserve the business interests, reputation and goodwill of the NPO and carry out their duties in a proper, lawful and efficient manner.

#### 6.2.8.1.7 Shelter Management: Staffing and Supervision

The shelter has one centre manager, who is a black female, there are two black female administrators, one black female coordinator, one black finance manager, one black social worker who is registered with the DSD. All these employees are supervised by the centre manager.

### 6.2.8.1.8 Nature of Relationship with SAPS

Some of the survivors are referred to the shelter by the SAPS and are brought to the shelter by the SAPS. There is a good relationship between the SAPS and the shelter.

The shelter is well known to the Tshidialmolomo Police station and the Makgobistad Police station. These stations work well with the shelter and they also contribute during plenary meetings and awareness campaigns.

### 6.2.8.1.9 Safety and Security Measures

The shelter has a barbed-wire fence with a lockable gate. There is one male security officer who patrols at night. When there are clients staying in the shelter, one of the shelter employees stays the night with the clients.

### 6.2.8.1.10 Substance Abuse and Rehabilitation

The shelter has never had any clients requesting to stay over who are seeking assistance with substance abuse. Clients with this kind of problem are day clients who either seek help themselves or are referred by family members. They are offered counselling, but none of them have ever sought refuge at the shelter.

### 6.2.8.1.11 Challenges

The shelter has limited space to accommodate clients and their children for after-school sessions and nutrition. Security measures around the premises should be improved. Funding tranches are received late.

### 6.2.8.1.12 CGE Observations, Findings and Recommendations

The CGE observed that the shelter does not have CCTV, there is no electric fence, there is only a barbed-wire fence with a lockable gate. This gate is not locked during the day. This could render the shelter unsafe if a perpetrator wanted access to the shelter. There are no burglar bars on the windows.

During the CGE's visit, there were no children at the shelter. The shelter is not child-friendly at all.

The shelter seeks to provide holistic services to its clients, including services to empower them emotionally. The shelter is, however,

quite small and of importance to note is that it does not cater for children. There are no educational programmes that are meant to cater for the well-being of children, who might also have been affected by the conditions from which they came.

There are no toys, books, etc.

The shelter should investigate how to get more funding to renovate the shelter and perhaps actually get a proper building as opposed to the timber structure.

The shelter should also invest in getting facilities for children. It is critical that children who come to the shelter are not left in limbo, they should continue with their day-to-day activities and also get support.

### **6.2.8.2 Kitso Ke Lesedi Crisis Centre**

#### 6.2.8.2.1 Shelter Information, Status and Staffing

Kitso Ke Lesedi is a crisis centre situated in Lethabong, which falls under the Bojanala Platinum District Municipality. Its legal status is that of an NPO. The shelter has sixteen salaried staff members and one staff member who does not receive a salary.

Some of the reasons why clients seek refuge at the centre are physical violence that has been going on for a long time. The shelter also receives women from outside the area who were invited by their partners and encounter violence at the hands of those partners. They then seek refuge as they have nowhere else to go as they live outside Lethabong.

Clients complete an intake form and house roles are outlined. There is no contract for admission and release, a release form is signed by relevant parties.

#### 6.2.8.2.2 Shelter Capacity and Accommodation Criteria

The centre accommodates four women, children are also accommodated, but not on their own, they have to be under the guardianship and care of an adult. The centre has four beds and two bedrooms with two beds per room. The centre accommodates women living with disabilities and women who fall within the LGBTIQ+ community.

During the last financial year, the centre turned people away, not to discriminate but due to financial constraints. The people were referred to other centres.

### 6.2.8.2.3 Period of Stay and Survivor Readiness to Exit Shelter

The minimum period of stay at the centre is three days and the maximum stay at the shelter is five days. There is an evaluation process to determine readiness to return to society and an intervention is done by the social worker to determine the safety of clients and alternative placements.

Upon the exit of a client from the centre there are follow up and support mechanisms in place, such as a follow-up appointment for the client to visit the office or a house visit is conducted to assess the environment and/or a telephonic follow up is done in cases where the client is outside Lethabong.

Although the maximum period of stay at the centre is five days, there is process that can be followed if a client wants to stay longer. The centre considers reasons like the availability of alternative accommodation and the client's safety should the client be released back into the community.

The centre manager indicated that they receive a lot of cases from people who live outside the area, including people from Mafikeng and Taung.

The shelter is unisex and accepts both males and females but not at the same time. If there is a woman already staying at the shelter and a male person comes, the male will be referred to another shelter/centre.

Members of the LGBTIQIA+ are also accommodated at the centre. They have not had any challenges in relation to the accommodation of LGBTIQIA+'s.

### 6.2.8.2.4 Shelter Funding and Resources

The centre receives two funding tranches from the DSD . The challenge in funding from the department is late payment. For this cycle, they were supposed to get the first tranche in April but only received it in October. They were supposed to receive the second tranche at the end of September.

The centre does not only want to depend on the DSD for funding, they therefore submit funding proposals to other donors and currently receive funding from the Joint Gender Fund.

The centre also has a sustainability programme where they make copies and type documents and provide electronic mail services to the public, this in turn provides money for the centre.

#### 6.2.8.2.5 Shelter Service Package Offer: Shelter Service Basket

The centre has psycho-social support services. The centre also has a television and clients watch selected movies and programmes that are meant for their growth and empowerment.

There centre is not child-friendly and there are no toys, educational toys, etc.

#### 6.2.8.2.6 Record-keeping: Ethics Confidentiality

The centre has a code of conduct that indicates that confidentiality is important. Staff receive continuous orientation on confidentiality and members sign a pledge to support and respect this. The breach of confidentiality is a dismissible offence.

Client records are kept in a locked office and can be accessed by the social worker, the social auxiliary worker and the administrator.

#### 6.2.8.2.7 Shelter Management: Staffing and Supervision

The centre employs one social worker, one social auxiliary worker, one general worker and ten counsellors.

In employing people, the centre uses specific criteria and posts are advertised which adverts include the role, qualifications sought, etc. There is a shortlisting panel with at least one person with a high/similar qualification than the qualification sought on the advertised post. An interview panel is then selected.

All employees of the centre, including volunteers, are trained on domestic violence and its sensitive nature. During its inception, organisations like the North West Network on Violence against Women played a big role in training staff on sexual violence, domestic violence, maintenance, etc. and the centre's mentor, the Thoyandou Victim Empowerment Centre, trained staff on GBV and LGBTIQ+ matters.

The centre's social worker is supervised by the DSD. The general worker is supervised by the administrator and counsellors are supervised by the social worker. The centre manager then oversees everything.

#### 6.2.8.2.8 Nature of Relationship with SAPS

The centre is located at the police station, towards the back of the station. The centre has its own house, separate from the station. The relationship is good and effective, however some cases are still not referred by the police and there is minimal assistance from the police with resources.

#### 6.2.8.2.9 Safety and Security Measures

The centre is located in the same yard as the police station which makes it safe. There is no CCTV. At night, police officials on duty also patrol around the centre.

#### 6.2.8.2.10 Substance Abuse and Rehabilitation

There is no assistance on this basis. They should be referred.

#### 6.2.8.2.11 Challenges

Staff at the centre would like for it to operate as a fully-fledged shelter and the centre would like financial support. It would be helpful if funding tranches from the DSD could be received on time so that intended programmes can run efficiently.

#### 6.2.8.2.12 CGE Observations, Findings and Recommendations

The centre seems to be operating well. Staff at the centre are helpful and friendly. The centre operates from a container. Although there is a flushing toilet and basin, there is no bath tub or shower. Clients use a portable basin. However, staff at the centre have really gone out of their way to make it comfortable.

The centre is well run. Similar to the Disaneng shelter, it receives funding tranches late. This hampers the efficient running of programmes.

The centre should actively pursue the goal of becoming a fully-fledged shelter.

The centre must also pursue finding alternative accommodation and/or to get funds to build proper accommodation and to also invest in having a full bathroom.

### **6.2.8.3 Phokeng Trauma Centre**

#### 6.2.8.3.1 Shelter Information, Status and Staffing

The centre is an NPO. There are four staff members. The volunteer social auxiliary workers receive a stipend. The clients seeking refuge at the centre are survivors of rape and/or domestic violence.

Clients are generally brought in by social workers or the police, clients sign in for admission on the admission form and they can stay for a maximum of two nights after which they are released, and the social worker assists them in getting long-term placement at the long-term shelter.

#### 6.2.8.3.3 Shelter Capacity and Accommodation Criteria

The shelter accommodates three women in one night, simultaneously, and three children. There are two beds in one bedroom, the other bed, which is essentially, a sleeper couch, is located at the reception of the centre.

The centre has never turned away any client in need and women with disabilities and women from the LGBTIQ+ community are also provided for at the shelter.

There is enough space at the shelter and there are toys for those with children.

If the client is a minor, a social auxiliary worker stays with them full time. The centre is accessible by wheelchair.

#### 6.2.8.3.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is two nights. No formal evaluation is done to determine whether a client is ready to reintegrate into society as clients are placed or referred to the long-term shelter after two nights. This process is done by the designated social worker or police officer. The social worker continues with psycho-social support. If a client wishes to stay longer at the centre and no long-term shelter is found and the perpetrator is not yet arrested, a client's stay can be extended.



#### 6.2.8.3.4 Shelter Funding and Resources

The centre receives two funding tranches from DSD. However, they have a challenge with late payments and reduced budgets. The shelter also makes applications for funding, including applying for funds from the National Lottery.

#### 6.2.8.3.5 Shelter Service Package Offer: Shelter Service Basket

Due to the fact that clients can only stay at the centre for a maximum of two nights, the only support that is given to clients is counselling.

#### 6.2.8.3.6 Record-keeping: Ethics Confidentiality

All staff members are registered with the council for social workers and are bound by its code and all staff members sign a code of conduct which contains disciplinary procedures in the event of a breach in confidentiality.

The social worker and the social auxiliary worker have access to client records. The centre manager, who is also a qualified as a social worker, also has access. He also assists with counselling when there is a need. Counsellors who assist clients also have access to files.

Files are kept in a lockable filing cabinet and they are stored in the counselling room which room is not locked as the centre operates for twenty-four hours per day.

#### 6.2.8.3.7 Shelter Management: Staffing and Supervision

To employ social workers, posts are advertised, and interviews are held accordingly. To employ social auxiliary workers, a candidate writes a letter to request to volunteer, management then considers the request and a contract is signed for a limited period.

All new employees are trained on GBV issues by the Thuthuzela Care Centre and on basic counselling skills by Life Line. All staff members are also trained internally on trafficking in persons.

The centre is monitored by the DSD.

#### 6.2.8.3.8 Nature of Relationship with SAPS

The centre is actually located within a police station and the centre is actually part of the survivor-friendly rooms that are designated by police to assist with GBV cases.

The centre has a memorandum of understanding with the police for the rendering of services.

#### 6.2.8.3.9 Safety and Security Measures

The centre is within a police station and no one is allowed in without police permission. There are no CCTVs inside the precinct, however, the CGE noted that there were CCTVs outside the building.

#### 6.2.8.3.10 Substance Abuse and Rehabilitation

The centre is for survivors of GBV and sexual violence only.

#### 6.2.8.3.11 Challenges

The centre has a challenge in that the police and the DSD request them to provide shelter for non-mandated cases, for example survivors of child neglect and children who live on the streets. The centre's funding for overnight care givers has been cut by the DSD. Interventions required by the centre are the provision of a full-time psychologist and funding for overnight caregivers.

#### 6.2.8.3.12 CGE Observations, Findings and Recommendations.

The CGE observed that the centre is very clean and its child-care facilities are relatively good as there are soft toys, chairs and tables, etc. Due to the fact that the centre is housed in a police station, when there is commotion around detained persons, it affects the clients.

The centre also has comfort packs that are provided by the DSD and they have other donors as well. According to the centre, one cannot enter the premises without police permission, however, during the site visit by the CGE, entry was gained easily without communication with anyone.

The shelter does not discriminate between the sexes. However, there is only one bedroom and the challenge would be how the centre would accommodate the different sexes in the event that a need arose. The centre seems to operate quite well and the SAPS is ever ready to assist them in bringing clients.

The centre needs funding to hire another overnight caregiver as the person that works during the night comes in for seven days and takes a break for seven days, even when she is off, she

remains on standby. This is a lot of work for one person.

The shelter needs more space in order to accommodate more people.

### **6.2.9 Western Cape**

#### **6.2.9.1 St Anne's**

##### 6.2.9.1.1 Organisational/Shelter Information, Status and Staffing

St Anne's Home is a Christian-orientated shelter for abused women. It is an NPO that was established in 1904 and is one of the oldest shelters for abused woman in the city of Cape Town . It caters for both abused mothers and their children. It employs about 11 staff members. It is capacitated to take 25 women and 25 children at a time (full capacity).

##### 6.2.9.1.2 Shelter Capacity and Accommodation Area

At the time of the onsite inspection, there were 21 women and 25 children staying at the shelter. The shelter is often forced to cater for more children as some mothers have more than one child.

The shelter is child-friendly and has a day-care centre for women with children. There are sufficient amenities for children including but not limited to baby cots, playing grounds with jungle gyms.

Given the ever-increasing demand for their services, the shelter management has expressed a view that they would like to add more rooms to the existing structure, which proposal have been submitted to the relevant local authorities. However, same was declined as they are currently housed on what is deemed to be heritage site and therefore no buildings are allowed to be modified.

The shelter is not accessible by wheelchair.

##### 6.2.9.1.3 Period of Stay and Survivor Readiness to Exit Shelter

The survivors are usually allowed to stay for a maximum period of six months which is divided into two parts. The first part is when they are totally dependent on the shelter for food and accommodation. This phase normally last for the first four months.

After this period the women are moved to the self-catering rooms within the premises. At this stage, they are encouraged to look for employment and buy their own food. Those who struggle to find employment are still catered for by the shelter.

The period of stay may be extended after consultation with the social worker and based on the circumstances of the victim.

The shelter also has a sewing programme and a soap and candle-making programme for the woman. In addition to this, the shelter has a computer lab and offers computer lessons to the victims. This is an attempt to prepare them for life after the shelter.

#### 6.2.9.1.4 Shelter Funding and Resources

It is a NPO subsidised by DSD. There shelter also has a fairly long list of donors who assist the shelter both in cash and in kind. The shelter also has its own money-making programmes, such as candle and soap making, sewing and designing clothes. These services that are aimed at empowering survivors with life skills and generate funds for the shelter. As at March 2018, the bank balance of the shelter was standing at an amount of R 2 878 512 which comprises of the grant from provincial government, National Lottery, donations and fundraising events.

#### 6.2.9.1.5 Shelter Service Package Offer: Shelter Service Basket

The shelter offers the following programmes:

- counselling
- life skills counselling
- society reintegration programmes.

#### 6.2.9.1.6 Record-keeping: Ethics Confidentiality

Survivors files and information is treated with the strictest confidently. The files are kept in a locked office and in a locked cabinet. Only the social worker has access thereto.

#### 6.2.9.1.7 Shelter Management: Staffing and Supervision

The shelter employs one social worker. Recruitment of officers is through advertisement and shortlisted candidates are interviewed. It is indicated that from time to time there will be volunteers who offer their services to the shelter. There are also

two house mothers who alternate between the day and nights shift duty.

#### 6.2.9.1.8 Nature of Relationship with SAPS

The shelters cites having a good working relationship with SAPS.

#### 6.2.9.1.9 Safety and Security Measures

The shelter is surrounded by walls and fences. The main gate is kept locked at all time with a button that notifies the receptionist if someone requires assistance. There are CCTV cameras at all strategic places at the shelter including the main gate.

#### 6.2.9.1.10 Substance Abuse and Rehabilitation

Survivors with substance abuse problems are taken to a local rehabilitation centre for assistance.

#### 6.2.9.1.11 Challenges

As stipulated above, the shelter indicated its desire to add more rooms to the existing structure in order to accommodate the ever-increasing demand for their services. There is a very big portion of land that will accommodate this on the premises. However, they have been denied this request as their building falls under restrictions pertaining to heritage sites.

The shelter is not suitable for people with disabilities.

#### 6.2.9.1.12 CGE Observations, Findings and Recommendations

The shelter is not suitable for persons with disabilities. The shelter is a Christian-based organisation. It became clear that subscribing to the Christian faith is an important factor for the survivors. The shelter holds compulsory Bible classes as part the listed programmes. The may be considered exclusionary and unfairly discrimination against persons who subscribe to another faith, particularly in a province with religious diversity as the WC.

### **6.2.9.2 Worcester House of Hope**

#### 6.2.9.2.1 Organisational/Shelter Information, Status and Staffing

Worcester House of Hope is a place of safety for abused woman and children. This shelter is a Christian-based organisation that caters for ten women and five children at a time. The shelter has ten full-time employees and six volunteers.

### 6.2.9.2.2 Shelter Capacity and Accommodation Area

Worcester House of Hope is a place of safety for victims of traumatic crimes. Albeit, there is a big demand for their services, it can only house ten women and five children at a time. The shelter is child-friendly and has a fully equipped playground and a day care for women with children. The shelter only caters for women and children. They get most of their "clients" from referrals by SAPS.

As with St Anne's homes, Worcester house is often forced to take more children than its capacity allows due to the fact that some women have more children. The shelter generally frowns upon the practice of separating children from parents.

### 6.2.9.2.3 Period of Stay and Survivor Readiness to Exit Shelter

The victims are normally allowed to stay here for a period of eight months. As this is a place of safety, it is of paramount importance that the victim's safety be taken into account before they leave the shelter. Victims will therefore not be allowed to leave the shelter during the first four months. No cellphone communication is allowed for security reasons. The shelter also has a sewing programme to empower victims.

During the first four months the victims undergo a rigorous counselling programme and are not allowed to leave the shelter. After four months, they are encouraged to seek employment for the remainder of their stay. The shelter partners with local shops that sometimes assist the victims with work opportunities.

The shelter also has a dedicated department that assists women in application for protection orders were necessary and also accompanies them to court if the need be. The shelter also indicated that it has a list of pro bono law firms that assist with cases at times.

### 6.2.9.2.4 Shelter Funding and Resources

It is an NPO, subsidised by DSD. As this shelter is a place of safety, the location of the shelter is kept secret. This makes it somewhat difficult for the shelter to raise additional funds. Therefore, the bulk of the funding comes from the DSD. The financial statement reveals that they received an amount of R 783 219 from the DSD in 2018.

### 6.2.9.2.5 Shelter Service Package Offer: Shelter Service Basket

The shelter offers comprehensive services including:

- Temporary accommodation.
- Counselling to the survivor and, where necessary, the family members
- Life coaching and life skills training.
- In certain cases, the shelter will make use of their *pro bono* lawyers to assist the victims where necessary.

### 6.2.9.2.6 Record-keeping: Ethics Confidentiality

The location of this shelter is kept secret as it is a safe house. Survivor files and information are treated with strict confidentiality. Files are kept in a locked office and a locked cabinet. Only the social worker has access thereto.

### 6.2.9.2.7 Shelter Management: Staffing and Supervision

Shelter employs one social worker and one auxiliary social worker. The shelter also has one house mother who is trained in survivor management.

### 6.2.9.2.8 Nature of Relationship with SAPS

The shelter cites a good working relationship with SAPS who refers survivors to the shelter.

### 6.2.9.2.9 Safety and Security Measures

The location of the shelter is kept secret and revealed only on a need-to-know basis for security reasons. The property is surrounded by walls and a fence which prohibit access. The main gate is always locked, and the property is surrounded by CCTV cameras which are monitored from the computer room.

The shelter is also in close proximity to the police station.

### 6.2.9.2.10 Substance Abuse and Rehabilitation

This shelter does not have the capacity to deal with victims of substance and drug abuse. The victims are therefore referred to suitable shelters or the local hospital.

### 6.2.9.2.11 Challenges

The shelter is not suitable for people with disabilities.

### 6.2.9.2.12 CGE Observations, Findings and Recommendations

As found at St Annes, the faith-based shelter may impose its beliefs and Bible study programmes on persons of a different faith.

### 6.2.9.3 Saartjie Naartman

#### 6.2.9.3.1 Organisational/Shelter Information, Status and Staffing

It is a shelter that houses women and children who are victims of sexual and domestic abuse. The centre is a non-profit organisation that was established in 1999. The shelter houses women and children who have been victims of GBV and sexual abuse. The centre is also capacitated to deal with various forms of substance abuse and has well-developed plans to deal with these victims.

#### 6.2.9.3.2 Shelter Capacity and Accommodation Area

The shelter is capacitated to take 110 woman and children at a time. At the time of the inspection there were 41 women and 53 children at the shelter. The women usually stay at the shelter for a minimum period of four months and their stay is based on the progress that they make whilst still at the shelter. Most women are referred to the centre by the local police station and the hospital.

#### 6.2.9.3.3 Period of Stay and Survivor Readiness to Exit Shelter

The minimum stay at this shelter is three months to a maximum of six months. The social worker assesses survivors to determine if they are ready to exit the shelter after intervention and reintegration processes have been completed. Social workers follow up with survivors to identify the need for further assistance.

Extension of stay at the shelter depends on the survivor. That is, the longer it takes for her to complete reintegration programme, the longer the stay.

As this shelter mainly houses victims of sexual offenses and GBV, there is often a need for victims to apply for protection orders and attend to other legal matters. The shelter employs two permanent lawyers who provide legal assistance and support to victims. The shelter also has an extensive list of *pro bono* attorneys who work with it on a regular basis.



### 6.2.9.3.4 Shelter Funding and Resources

It is an NPO that receives funding from the DSD. The financial records reveal that that the shelter received an approximate amount of R 3 633 108 from the DSD in the 2018 financial year.

In the same financial year, the shelter generated a total revenue of R 5 002 663 of the above subsidy from the DSD and other sponsors, such as the National Lottery.

### 6.2.9.3.5 Shelter Service Package Offer: Shelter Service Basket

The services that are offered at the shelter include

- General counselling (trauma, emotional and psychological support).
- Drugs and substance abuse support.
- Life skills and entrepreneurial skills.
- Legal support.
- Education and early childhood development programme.

The shelter also has two permanent lawyers who provide legal assistance to the victims when necessary.

### 6.2.9.3.6 Record-keeping: Ethics Confidentiality

Victims files are kept in a locked office and a locked cabinet. Only the social workers have access thereto.

### 6.2.9.3.7 Shelter Management: Staffing and Supervision

The shelter employs eight social workers, four house mothers and two lawyers. All employees underwent interview process before appointment as per the employment policy of the shelter. The recruitment process is done through advertisements in the newspapers with full requirements for a particular post provided. After employment, the new employees are required to sign a formal contract of employment with the shelter.

### 6.2.9.3.8 Nature of Relationship with SAPS

The shelter cites a good working relationship with SAPS. Moreover, SAPS often refers survivors to the shelter.

### 6.2.9.3.9 Safety and Security Measures

There is a 24-hours security personnel at the gate which is kept closed at all times. There are CCTV cameras covering all the strategic places of the shelter.

### 6.2.9.3.10 Substance Abuse and Rehabilitation

The centre has a dedicated unit for persons with substance and drug abuse problems with dedicated and specialised programmes.

### 6.2.9.3.11 Challenges

The shelter is not suitable for people with disabilities.

### 6.2.9.3.12 CGE Observations, Findings and Recommendations

All the above shelters do not have facilities that are suitable for persons with disabilities.

## 7. PUBLIC INVESTIGATIVE HEARING

An investigative hearing was required for completion of the investigative report. Ikhaya Lethemba (IKL) had failed and/or neglected to submit information as per numerous requests from the Gauteng LO. The CGE dispatched a letter addressed to the shelter director together with a questionnaire on 2 October 2018 wherein IKL was required to complete same and return on to the CGE on or before 25 October 2018.

The CGE received no correspondence and further correspondence dated 29 October 2018 and 7 November 2018 was dispatched requesting compliance. Final correspondence was dispatched to the Legal Department of the Department of Safety and Security on 7 January 2019 requesting final response on or before 14 January 2019. Once more the correspondence was met with silence which then saw a Notice to Appear being issued in line with the CGE Act to enable the CGE to obtain the necessary information. Accordingly, the shelter director appeared before the CGE on 14 February 2019 before a panel of Commissioners wherein the following information was obtained as provided under oath and further supplemented by means of written information.

### 7.1 Shelter Information, Status and Staffing

IKL is a government entity under the supervision of the Department of Community Safety. IKL employs about 75 staff members, and 32 volunteers. From the information received, the majority of the staff members and shelter volunteers indicate a higher number of female staff, as opposed to the male counterpart. The staff members are all African, with the exception of one Indian lady.

The shelter accommodates survivors and children who are subject and/or exposed to domestic violence and rape incidents. The shelter seeks to provide safety after incidents of domestic violence and rape, create a therapeutic environment and further seeks to be a sanctuary for healing.

### 7.2 Shelter Capacity and Accommodation Criteria

From the submissions made, the shelter can accommodate 100 women and 50 children at a time. The shelter mainly accommodates women with children who have been subjected to GBV and rape incidents. The shelter can only accommodate boys younger than 12 years and girls up to the age of 18. The shelter does also accommodate persons of the LGBTIQ+ community who are survivors of GBV. Referrals are received from stakeholders, such as SAPS, self-referrals and next of kin. An assessment is then conducted by officials of medico-legal, a further comprehensive assessment is conducted by the social worker, and survivors are accommodated for 72 hours for

decide about accommodation. Upon further inspection and engagement with the house mother during the site inspection, it was confirmed that there are rooms available for survivors who require urgent attention and overnight accommodation, this is however limited to persons who meet the intake criteria.

During the hearings, representatives of the shelter indicated that there is a ramp, for users of wheelchairs, however, the facility is only located at the ground floor at the reception area, and it was further observed that the lifts were not working to the upper floor where the rooms are located. Accommodating survivors living with disabilities is a challenge, as this also limits their movements. The shelter has not specifically indicated how many survivors they have turned away in the past financial year, but the shelter does not accommodate survivors who do not meet the criteria of being a GBV or rape victim. Destitute survivors are referred to centres for destitutes. Counselling is also provided on an outpatient's basis if survivors cannot be accommodated.

### 7.3 Period of Stay and Survivor Readiness to Exit Shelter

The maximum stay at the shelter is six months and the minimum is one) day. However, if the survivor feels ready to leave before the six-month period lapses, she is welcome to do so. Should survivors feel they wish to stay longer, an application may be made and will be considered. If the survivor is not ready to be exited from the therapeutic programme for any reason, the case manager may also recommend it. A presentation will be made to the multi-disciplinary team and the team will then make a recommendation. Permission may also be granted by the director of the centre.

Survivors each develop a care plan with the on-site social workers, the plan is to ensure that treatment goals are set for the victims. Milestones on the progress of these goals are monitored on a weekly basis during the therapeutic sessions. A multi-disciplinary case conference is also held on a monthly basis to check progress of the victims. The progress is then discussed with the victims.

The shelter has a three month after-care service to monitor if survivors are coping. The social worker family reunification programmes and the survivors are further linked to support services around the community. The next of kin is also engaged, as survivors also express that they do not wish to return to their families.

### 7.4 Shelter Funding and Resources

The shelter has indicated that they do not raise funds, but that the Department of Community Safety provides the shelter with funds from the departmental budget.

### 7.5 Shelter Service Package Offer: Shelter Service Basket

The shelter conducts an intake assessment, which include immediate needs of the victims, practical support, emotional, physical containment, and crises intervention. Support is also provided by experts from the medico-legal forensic medical evidence

team. Medico-legal also provides support to survivors during court appearances and experts provide evidence in court during trials. Over the year, experts were required by subpoena to attend to court and provide evidence. In 2016, there were 39 cases, in 2017, 21 and in 2018, 27 (twenty-seven) cases<sup>135</sup>.

The shelter also has a day-care centre and a library on the premises offering and providing early childhood development programmes for children, school going placements, and transportation is offered by the shelter. Individual group counselling, skills development programmes and spiritual programmes often provided by faith-based organisations are also put in place. The shelter also monitors and tracks the status of the cases in court. Basic socio-economic needs are also provided for by the shelter, i.e. shelter, safety, food, toiletries laundry services, sanitary towels, baby formulas and nappies.

### 7.6 Record-keeping: Ethics Confidentiality

Confidentiality is discussed with the survivor during the initial intake session with the social worker. Should there be an aggrieved survivor regarding confidentiality, internal processes are followed, as per the code of conduct. Staff members are encouraged not to discuss issues of confidentiality amongst themselves. Internal procedures are followed in the case of breach of confidentiality.

### 7.7 Shelter Management: Staffing and Supervision

Social workers are employed by NGOs funded by the DSD. There are currently three social workers from NGOs rendering social work services at the shelter. The house mothers are employed by the Department of Community Safety.

On the initial questionnaire, there was no indication how many house mothers are employed by the shelters, but upon site inspection, it was indicated that there are three house mothers, one social worker and no psychologist.

Positions are advertised, and candidates are shortlisted before being interviewed.

The shelter conducts continuous training for employees and volunteers. Some training was offered for by DSD and Community Safety:

- Healing and restoration – therapeutic interventions for survivors of GBV and trafficking in persons
- Human trafficking.
- Isiqalo programme –eight months GBV response programme, all elements including legislations, identification, prevention and support of survivors are included.

<sup>135</sup> Medico-Legal Report, submitted by shelter director.

- Mediation – accredited mediation course to deal with disputes.
- Domestic violence and sexual assault legislation.
- Victim-empowerment programme.
- Play therapy level 1 and 2.
- Forensic social work.
- Customer care.
- Perpetrator restorative justice.
- Bereavement treatment and crises intervention.
- Batho Pele and anti-corruption awareness programmes – continuous

Staff vacancies are advertised, word of mouth, interviews are conducted, and successful candidates appointed.

Each NGO has an area manager and social work supervisor, where each social worker reports to. The Department of Community Safety: Deputy Director for Professional Services oversees all social workers. House mothers report to the Department of Community Safety: Deputy Director for Residential Services. Survivors are provided an opportunity to raise their concerns with the relevant managers should they feel aggrieved. Staff is trained on issues of GBV during in-service training or they attend external capacity building from the DSD.

### 7.8 Nature of Relationship with SAPS

The shelter accommodates three family violence, child protection and sexual offences units in the building. The shelter also hosts Hillbrow and Johannesburg central clusters. The shelter has a good relationship with SAPS. The Department of Community Safety has an oversight role over SAPS and have survivor empowerment services that the shelter monitors in police stations.

### 7.9 Safety and Security Measures

The shelter has security at the entrance, with strict entry requirements. There is a biometric system on the property which allows only access to staff members and survivors upon intake. There are CCTV cameras around the shelter.

### 7.10 Substance Abuse and Rehabilitation

The shelter refers substance abuse problem to SANCA for treatment and rehabilitation. Institutions for substance abuse, like Cullinan, are also considered as per the need of the victim.

### 7.11 Challenges

The main problem faced by the shelter, is women refusing to leave within the stipulated time and upon completion of the programme, which has led to the shelter issuing notices for eviction proceedings. There is also issues of litigation with clients having cases opened against them or against each other, in the shelter.

### 7.12 CGE Observations, Findings and Recommendations.

The CGE has observed that the building is a huge building located within the CBD of Johannesburg. Due to the building being in the heart of Johannesburg, it is structured in a manner that does not require fencing. At the entrance there is a security desk, wherein the public is not allowed access until confirmation is obtained with regard to the person being visited. Upon confirming visitation, the house mother or whichever person is available, will proceed to the ground floor to usher the visitor should there be a need. Passing the security, staff members use a biometric system, wherein security doors are opened by fingerprint. The building is further surrounded by CCTV cameras. The shelter had also previously indicated that the premises has a ramp which is conducive for people using wheelchairs. The ramp is however only visible and/available upon entering the shelter. What is concerning is that the rooms of the shelter are situated on top floors, which means that the stairs or the elevator must be used. The elevator has not been working for months. House mothers have indicated that they are faced with the challenge of carrying survivors in instances where they are not physically capable.

Records are stored in a separate room, where only staff members have access. Confidentiality of records is maintained, and fellow survivors do not have access to records.

There are many rooms at the shelter on different floors, but t rooms which the CGE had observed are not in a good condition. Many of the rooms have old beds and there is no furniture apart from the bed and side-tables. A survivor and her children are allocated a room, irrespective of the number of children the survivor has, and there are no cots within the room for those that have children with infants, as they are encouraged to sleep with the babies on the beds.

Due to the nature and structure of the building, there is no provision for a jungle gym and garden outside. The shelter has however designed a playroom that has of a jungle gym and toys for the children inside the shelter. Children are strictly monitored, as they are not allowed in the room without the supervision of an adult. The play area is surrounded with burglar bars, which ensure the safety and security of the children. The shelter has other facilities like, a fully functional library, TV room, computer room, printing area and a salon.

Despite these facilities, most of the time, there is no one with the proper skill to train and impart skills to survivors during their tenure at the shelter.

There is also a fully functional day-care centre with proper facilities and teachers who work at the day centre. The day centre is beautifully renovated with plenty of educational toys and cots for newborn babies to utilise while the mother is away.

A further observation is that the shelter accommodates many women and it has been observed that many of the women have to arrange and/take their own children to school, this poses a challenge and risk, as the survivor may also be easily accessible to the perpetrator.

The shelter is well taken care off, but there seems to be limited interaction between the survivors and staff members of the shelter, i.e. social workers, house mothers, as they all have their designated offices on the different floors, mostly far away from the victims.

### **7.13 CGE Observations, Findings and Recommendations**

The shelter has employed proper systems for staff members, where staff members are employed and have a proper scope of employment. However, due to an influx of survivors, and limited staff members, the shelter fails to employ systems and programmes to encourage skills development of survivors, but rather, survivors are left idling with nothing to do apart from sessions with social workers and, in other instances, psychologists. The shelter is well taken care of, and is being renovated, but lacks proper systems and/programmes for skills development. The shelter lacks concrete internal structures, as there are no proper reporting systems for staff and routines/schedules for the survivors.

The shelter prides itself as a shelter that creates a therapeutic environment and a sanctuary for healing, yet there is no evidence of how this is achieved. It is therefore imperative that the shelter develop systems and programmes that will encourage what the shelter stands for and systems that will assist in achieving this goal.

Due to the large number of survivors accommodated at the shelter, it is imperative that the shelter employ more staff members who are trained on different skills and who will assist with the skills development of the survivors.



## 8. FINDINGS AND RECOMMENDATIONS

Based on the pre-stated objectives, the CGE has found the following:

### 8.1 To ascertain the key gendered issues from a shelter's perspective.

#### 8.1.1 Lack of Adequate Funding

It is a recurring theme throughout the sampled shelters that they cite lack of funding and/or monies for the effective and adequate provision of sheltering services. Khanyisa VEC cites that due to lack of resources, it is forced to fundraise on its own to secure key security measures, such as CCTV cameras.

#### 8.1.2 Late Payments and/or Lack of Co-operation

Similarly, Leratong Place of Safety cites that despite receiving monies from DSD, it is often paid late which causes immense cash-flow concerns. This is also echoed by Grace Shelter who cites delay in payment of tranches. Home of Hope Against Women Abuse further supports this issue and cites that late payment of tranches causes underspending on the part of the shelter.

#### 8.1.3 Buildings, Facilities and Security

It was observed that at the Badplaas shelter, survivors are housed in old shipping containers which is either extremely hot or extremely cold, given the time of year. At the Thumahole Victim Support Centre, there is no shower or bath facilities and survivors are required to fill up a basin to wash. House of Hope indicates the dire need for a fence to safeguard its residents.

#### 8.1.4 Transitional Housing/Second Stage Housing

Shelters cite lack of transitional housing as survivors don't have anywhere to go after exiting the shelter.

#### 8.1.5 Lack of Standardised Salaries Amongst the Same Occupation Categories including Bettering of Pre-prerequisites for Certain Roles within Shelters.

The salary differentials are noted as a direct demotivating factor for employees of NPO shelters as government-run shelters are better resourced and pay better salaries.

Moreover, it was found that certain occupations should have pre-requisites for the roles played within the shelter environment. For example, it was suggested by KwaNobuhle Outreach Centre that care workers are required to social auxiliary workers with a focus on children and youth – this will in turn assist the workload on the social worker and the functioning of the centre as a whole.

### **8.1.6 To ascertain the general level of non-compliance by shelters to comply with policies and legislation.**

In view of the investigation, the onus regarding compliance first rests on DSD overseeing shelters, otherwise termed “management” as per the 2004 minimum standards. In view of the outcomes from the sampled shelters, it is evident that there is a lack of standardised practice, policies, skills development and complaints mechanisms.

It was found that in view of all the outcomes of sampling throughout the nine provinces, there is lack of standardised practice regarding:

- Admission forms including criteria. This may also be attributed to the expanded definition of a shelter and those which also are accredited organisations in terms of TIP.
- Therapeutic methods.
- Skills development.
- Early child development programmes.
- Minimum and maximum periods of stay.
- Mechanism used when a survivor requests a longer stay, including assessment process to evaluate the request.
- Complaint mechanisms at a shelter level.

As alluded to hereabove the overarching policies and standards are extremely vague and difficult to assimilate. Supporting documents, such as employment contracts, admission forms and house rules differed from shelter to shelter which indicates the lack of standardised implementation of policy and standards.

The confusion causing policy framework applicable to shelters as per the VEP is further amplified by the imminent promulgation of the VESSB which is not specific regarding the provision and regulation of shelters. Such promulgated is contrary to the CGE's earlier proposal of 2013 wherein it is proposed that legislation be enacted to address the lacuna within the DVA regarding the responsibility of funding shelters. The CGE proposed that *the legislation should define the quality and standard of service provision in this regard and ensure that this is uniform across all the provinces. The process for developing such legislation should create and enhance a supportive environment for increased consultation and participation amongst all related stakeholders in efforts to address violence against women and their children, especially organisations working at community levels*<sup>136</sup>.

In turn, shelters' lack of compliance with the minimum standards cannot be shouldered by the shelters alone, but rather by the implementing department.

<sup>136</sup> Stone, K., Watson, J., Thorpe, J. (2013). Proposal for Reform: Combatting Domestic Violence Against Women and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services Provided. Cape Town: Commission for Gender Equality.

### **8.1.7 Failure and/or neglect by DSD to ensure proper policies and implementation thereof, including inconsistent funding methods.**

Through the investigation there was an array of evidence which showed non-compliance of shelters with the listed 2004 minimum standards for example, the government run, and funded Kimberley shelter offers no skills development programmes for the victims, nor activities to keep them occupied. Moreover, it cannot accommodate people living with disabilities.

### **8.1.8 Ascertain why survivors struggle to adapt to normal living conditions again.**

As alluded to hereabove, the findings are restricted in that the CGE was unable to interview survivors. However, it was identified through interaction with the shelters that often women have nowhere to go after exiting the shelters. The research conducted by HBF indicates that most women who make use of shelters have limited levels of education, are often unemployed with no source of income.

In turn, the 2004 minimum requirements note that “disengagement requires full cooperation on the part of the survivor. The CGE is also of the view that the lack of transitional housing may be a direct factor as women having nowhere to go after exiting the shelter are forced to return to the abusive relationship/environment.

### **8.1.9 Identify relevant gender equality provisions in international instruments which have not been mainstreamed into existing and proposed legislation relating to services rendered by shelters.**

SA's lack of response to CEDAW's Committee's 2011 observations is a concern. Currently, the lack of a specific statute which indicates who is responsible for sheltering, the budget and requirements for the safe refuge of women and children transgresses the requirements of state parties as outlined by the provisions of CEDAW.

### **8.1.10 Identify how DSD allocates resources to shelters.**

Through the information received from DSD, the CGE inferred that there is no cost benefit analysis completed when allocating budget and resources to shelters. Moreover, the monies allocated to shelters are further diluted as the definition of shelters for DV survivors has been expanded by the DSD to provide for an array of clientele.

The finding of inadequate DSD budgeting methods is further supported by the majority of subsidised NPO-run shelters whom cite lack of funding as its biggest challenge in operations.

The CGE reaffirms its 2013 proposal that:

- When determining the grant amounts for shelters, the State needs to use the cost-benefit analysis conducted by Heinrich Böll Foundation and Sisters Incorporated when determining the grant amounts given to shelters, which estimated the unit cost of running a shelter to be **R120 per person per day (in 2013)**<sup>137</sup>.
- In addition, extensive research into the financial impact of domestic violence to the State needs to be conducted to ensure that adequate resources are appropriated for infrastructure, facilities, human resources with appropriate skills and training, the creation of supportive contexts and structures and all forms of practical support provided to abused women and children in the form of counselling, access to health care, etc. Currently, the appropriation of resources to victim support, specifically the support provided by shelters, is generally inadequate and serious intervention is required if government is committed to addressing gender-based violence. To this end, there is a need to factor the different aspects of shelter-related costs into the budget votes of different government departments. Gender-responsive budgeting initiatives need to therefore be adopted and institutionalised.

### **8.1.11 Identify how members of the lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQA+) communities are accommodated and/or assisted.**

There is no standardised approach to accommodate and assist survivors who belong to the LGBTIQA+ community. This is evident given the National DSD's reply to CGE and, in turn, the averments made by the shelters. Most sampled shelters noted that they did not discriminate against the LGBTIQA+ sector.

However, most shelters do not admit men. Therefore, if a transwoman who requested admittance to the shelter and upon production of her ID (on the assumption that there had been no name or gender change), she would be denied admission on the basis of her sex.

Moreover, the shelters note that to date they have never had a person seek admission from the LGBTIQA+ sector. Conversely, the Kimberley shelter out rightly cited that they do not admit persons from the sector.

The Draft DSD GBV Prevention Programme for LGBTIQA+ Persons in its current form is insufficient in providing an all-inclusive approach to sheltering services in SA. Given the assumed delegation of responsibilities to NPOs with inadequate budget, training and facilities, the prevention programme needs to be clear on what shelters must do to accommodate the sector.

<sup>137</sup> Own emphasis added to highlight the time lapse and in turn required increase in amount – taking into account the new costing as illustrated by Vetten, L. What is Rightfully Due: Costing the Operations of Domestic Violence Shelters. (2018).

### 8.2 Recommendation(s):

Based on the CGE's observations and analysed information received from the sampled shelters and DSD, it is evident that there are deep-rooted systemic challenges that need to be addressed at the highest level of institutions that are expected to offer services to survivors of violence. Accordingly, the CGE recommends as follows:

1. The CGE to call a Public Investigative Hearing within the 2019/2020 period wherein:
  - All Head of Departments of the nine provincial DSD's
  - The Director-General (DG) of the National DSD
  - The DG of the National Department of Human Settlements

are called to fully account before the CGE and respond to questions regarding how shelters are allocated resources and any other aspects regarding the functioning and co-ordination of shelters including the need for transitional housing.

Post the holding of the aforementioned Public Investigative Hearing, the CGE will release a further supplementary recommendation report in respect of the policy and practise with regards to the sheltering of survivors of violence.

2. The late payment of tranches severely undermines the functioning of shelters. In turn, the CGE recommends that urgent action on the part of DSD is taken to instill safeguards within its contract management system wherein it provides clear pre-warning of required payments and in turn accountability of those officials responsible for effecting the payments whom do so late. The DSD is afforded the ambit to devise its own safeguard. Albeit, it must be effective and able to be rolled out throughout the nine provinces. The safeguard including time frames for roll out to the nine provinces must be provided to the CGE within three months of release of this report.
3. The DSD to finalise its policy regarding GBV Prevention Programme for LGBTIQ+ Persons within six months from the date of release of this report, including clear directives to shelters to comply and not unfairly disseminate against LGBTIQ+ persons, including a clearly communicated complaints process for survivors to report any discriminatory action on the part of a shelter.
4. DSD after consulting key stakeholders to provide the CGE with:
  - 4.1 A standardised policy detailing the manner and criteria to fulfil when survivors wish to apply for extension at a shelter. This should also include a costing analysis wherein the costs of extensions are forecast

and budgeted for and a clear complaints mechanism for survivors to appeal any negative decision.

- 4.2 A standardised policy detailing the monitoring of survivors after exiting the shelter including clear indicators to determine if the survivor is adjusting favourably.

The two policies as per recommendations 4.1 and 4.2 must be provided to the CGE within six months after release of the investigative report.

5. DSD in consultation with key stakeholders:

- 5.1 To standardise salaries and/or stipends of persons employed by shelters, including detailing criteria. Such standardisation must be taken into account during the budget allocation provided to shelters.
- 5.2 Detail and set the educational requirements and core skills needed for the requisite job roles in shelters.











## Commission for Gender Equality

A society free from gender oppression and inequality

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