

**AN ASSESSMENT OF GOVERNMENTAL INTERVENTIONS  
IN MAINTAINING VICTIM EMPOWERMENT CENTRES**

by

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**Declaration**

I, Padnah Thandekile Mbowana, do hereby declare that this dissertation is my own original work and that I have not, in its entirety or in part, submitted it to any university for a degree, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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P.T Mbowana

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Date

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## **ABSTRACT**

This study sought to investigate governmental intervention in maintaining the victim empowerment centres of the Bohlabela Municipality in Mpumalanga. The issue is contemporary and as a social worker the author can confirm that this scourge still affects our society today and understanding government interventions is useful in terms of ensuring that they work as effectively as possible to assist citizens in the discharge of their mandate.

The study uses a qualitative approach. Data collection was through interviews and a questionnaire which had open-ended questions. This research design had been chosen because it has allowed to give solid descriptions and narratives to come out from the real life experiences of social workers and victims of domestic violence as well as the challenges associated with the implementation of the victim empowerment programme. To that end, a phenomenological paradigm was adopted to achieve that ambition.

The findings of the study indicate that there are acute challenges which the three centres face and these include a lack of funding, poor structure and poor marketing. The recommendations provided are intended to contribute to the centres' viability and provide effective services in the communities in which they operate. To that end, there is a need for the government to deploy more resources such as funds, infrastructure, equipment and permanent staff as well as the establishment of permanent structures at these centres to ensure their effectiveness. Additionally, the study found that there is a need for intensive and extensive publicity and marketing of the Victim Empowerment Programmes and Victim Empowerment Centres to increase their visibility and ultimately accessibility. The study found that the centres should ideally be managed by an administrator with clinical staff, a nurse and a police officer and/or a member from the judiciary and the centres should be attached to either hospitals or police stations working at extended hours.

## **ABBREVIATIONS**

VEP	Victim Empowerment Programme
NGO	Non-Governmental Organization
CBO	Community Based Organization
NCPS	National Crime Prevention Strategy
DSD	Department of Social Development
IDAP	Integrated Domestic Abuse Programme
VAWS	Violence Against Women Survey

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# CHAPTER 1

## INTRODUCTORY CHAPTER TO THE STUDY

### 1.1 INTRODUCTION AND BACKGROUND

The Victim Empowerment Programme (VEP) in South Africa aims at empowering victims of domestic violence and also at helping people with psychological problems by providing support and basic educational programmes. The aims of these programmes are to alleviate psychosocial problems and to mitigate the effects of such violence. Trauma counselling and management are the main focus of the VEPs, and these encompass the broader perspective to ensure that victims are treated with respect and dignity. Implementation of the programmes is closely related to successful investigation of all cases of domestic violence and abuse. According to the National Department of Safety and Security (1998:18), international experience has shown that effective management of both direct and indirect victims and witnesses of crime is a vital part of successful police investigation.

The victim empowerment programme offers support to the victims because people react differently and for some the experience can be severe and long lasting. *Victim Support* is therefore imperative as a process through which victims receive support to overcome the extremely harmful effects of victimisation through the provision of necessary material, medical, psychological, emotional, information, advice, practical help and social assistance (National Department of Safety and Security, 1998).

In the province of Mpumalanga the victim empowerment programme is also a responsibility of the South African Police Service, Department of Social Services and the Department of Justice. These departments have victim empowerment centres with rooms that provide a private, confidential, comfortable and user-friendly environment for victims to express themselves when reporting cases. A victim empowerment centre(VEC) is a place where victims receive professional help and support. It provides support and ongoing supervision of the recovery of victims as part of the government's integrated service delivery through basic information that addresses the psychological needs of victims. For the centre to function well, it should be able to provide services of professional social workers, psychologists, psychiatric doctors, nurses, medical doctors and volunteers. The need to look at the functionality of these centres should not be undermined given the traumatic experiences that victims have to go through each time they are victimized.

## **1.2 RATIONALE**

The researcher observed a high rate of suicidal attempts at Bohlabela Local Municipality and has become curious to explore the causes of the problem. Some of the initial observations demonstrate that a number of problems assail the victims of domestic violence and other types of abuse. Some of these victims are referred to the Victim Empowerment Programme after the incident, but still have suicidal tendencies and signs. The study seeks to investigate how to enhance governmental intervention in making victim empowerment centres successful in dealing with some cases.

## **1.3 SIGNIFICANCE OF THE STUDY**

The significance of the study lies in the identification of the underlying causes of poor implementation of the government's Victim Empowerment Programme (VEP). The descriptive nature of the study provides information which enables future research in the area to explain why there was ineffective implementation of the VEP. It affords practitioners the opportunity to reflect on their personal

interpretation of the implementation process, thereby improving performance and making VEC effective.

#### **1.4 PROBLEM STATEMENT**

Despite attempts by some government departments in the Mpumalanga Province to implement the Victim Empowerment Programme (VEP), there seemed to be some challenges, which frustrated and stood in the way of the implementation process. Such challenges need to be identified and described in an attempt to bring about a lasting solution to the impasse. This present study explores and described the challenges inherent in the implementation of the VEP within the Bohlabela Local Municipality in the Mpumalanga Province.

In the province there are various stakeholders involved in the implementation of the Victim Empowerment Programme (VEP). The stakeholders include the South African Police Services, Department of Social Development, the Department of Justice and Constitutional Development, the Department of Health and Social Development, non governmental organisation, community based organisations, faith-based organisations, Traditional Authorities and municipalities. Of all the above mentioned stakeholders, the Department of Social Development is the only stakeholder that is fully committed to this programme while the others prioritise their other responsibilities in their organisations.

This is clear from the budgetary point of view where these other stakeholders do not commit any funds to the programme. This has created an unreliable budget situation for the Victim Empowerment Programme (VEP) in the province, and that affects the whole programme because it then has to rely on volunteers with no permanent employees to manage the VEP centres. The problem with the above is that Victim Empowerment Centres need specialised and trained personnel to assist the victims. In this case volunteers who are trained often do not stay long because they are inadequately compensated and therefore accept job offers anytime and leave.

In the case of the foregoing, primary stakeholders are always expected to recruit and train new volunteers. This disturbs victims every time when they visit the centre, because when they find a new volunteer who does not know their cases, they always have to re-live their agonies by trying to appraise the new volunteer who may not even have access to files or documents because they may have to recognise and arrange a new file in order to understand the case properly. This affects the victims because in most cases the stories may be traumatising and the entry point for most victims may have been the police station where the police may have aggravated their situation. This is so because police are responsible for coordinating other important stakeholders like social work services in cases related to victim empowerment.

The programme is nevertheless important because without help and support some victims may decide to commit suicide. Others may decide to kill or become stubborn due to trauma which, if not treated, can affect their future or even change their personalities for the worse. This is supported by the National Department of Safety and Security (1999-2004:18) where it is maintained that victims and witnesses play an important role in assisting the police in the collection of evidence and through participation in the process of prosecution. This means that improved victim support and empowerment can assist investigations and can serve as means of altering public perception of police effectiveness. For these reasons, the Victim Empowerment Programme (VEP) is, in the researcher's view, an important programme and therefore of great concern in this study. It becomes imperative for this research to investigate the operational challenges facing the programme in cases experienced in the Bushbuckridge Local Municipality of the Mpumalanga Province. This study therefore undertook to investigate governmental interventions in maintaining victim empowerment centres. In addressing such a societal problem relating to the support of the victims of domestic violence, this study could assist in an enhancement of pertinent governmental interventions.

## **1.5 AIM OF THE RESEARCH**

The aim of this research is to describe the effectiveness of government intervention in maintaining the victim empowerment centres in the Bushbuckridge Local Municipality, Mpumalanga Province. In this way, a contribution to the enhancement of domestic violence victim's support would be made.

## **1.6 OBJECTIVES OF THE RESEARCH**

The objectives of the study are:

- To describe the basis for government intervention in establishing the VEP and VEC.
- To analyse the functional challenges facing victim empowerment centres in the implementation of the VEP in Bushbuckridge Local Municipality.
- To identify health-related consequences of domestic violence for both the victims and perpetrators.

## **1.7 RESEARCH QUESTIONS**

The proposed study seeks to investigate the challenges that are faced by the centres for domestic violence victim empowerment programmes in the Bushbuckridge Local Municipality, Mpumalanga Province. The study is guided by the following research questions:

- What are the principles governing the victim empowerment programme (VEP) in South Africa?
- What are the challenges facing the victim empowerment programme (VEP) in the Bohlabela District.
- Which stakeholders are expected to play role in the victim empowerment programme (VEP)?
- What factors are necessary for a successful implementation of a VEP?

- What are the challenges faced by the victim empowerment centres?
- Which strategies could be implemented by the government in order to minimise the challenges?

## **1.8 DEFINITION OF CONCEPTS**

The following were regarded as key concepts used throughout the study, warranting to be clarified within the context of the study. The definitions given below were used for operational purposes and therefore, to a large extent, applied for operational reasons in this study:

**1.8.1 Victim:** The National Policy Guidelines for Victim Empowerment (RSA, undated: 2) state that “[a] victim is any person who has suffered harm, including physical or mental injury; emotional suffering; economic loss or substantial impairment of his or her fundamental rights, through acts or omissions that are in violation of the criminal law”. For the purposes of this study, victim shall refer to such person as described above with special focus paid to women and children as victims of domestic violence.

**1.8.2. Victim Empowerment:** The operational definition of victim empowerment is adopted here, in which the victim has (or takes) control, has a say, is being listened to, is being recognised and respected as an individual and is having the choices that one makes and these choices are respected by others. Victim empowerment is, thus, perceived as an approach which facilitates access to a range of services for all people who have individual or collectively suffered harm, trauma or material loss through violence, crime, natural disaster, human accident or through socio-economic conditions.

**1.8.3. Victim Empowerment Programme:** The Victim Empowerment Programme is the programme initiated by the South African government that includes various initiatives undertaken in victim empowerment centres of the Department of Social Development and aimed at addressing the victims’ needs for resources and information to be able to show resilience to future acts of victimisation.

**1.8.4 Victim Empowerment Centres:** These are, for the purposes of the present study, the rooms designed and equipped by the Department of Social Development to counsel victims of crime at identified places.

## **1.9 OUTLINE OF RESEARCH REPORT**

This research dissertation is composed of the following chapters:

- **Chapter 1: Introduction and orientation to the study**

The first chapter presents an overview of the study, the background to the study, problem statement, motivation for the study, aims and objectives, and the research questions.

- **Chapter 2: Literature review**

The second chapter presents a review of the relevant literature and locates the study within the existing theoretical body of knowledge.

- **Chapter 3: Research design and methodology**

The third chapter of the research report presents a detailed report of the research design and research methodology followed in the study. The choice of a qualitative research design and of specific research methodologies is justified.

- **Chapter 4: Data analysis and interpretation**

In chapter 4, data collected through the various techniques are duly presented, analysed and interpreted.

- **Chapter 5: Conclusions, recommendations and summary**

This final chapter is dedicated to the researcher's conclusions, recommendations and summary of the findings.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter presents a review of the relevant literature and locates the study within the existing theoretical body of knowledge. The researcher wants to describe the functional challenges facing victim empowerment centres in the implementation of the VEP in the Bushbuckridge Local Municipality. It is imperative that the concept of literature review be theoretically explained to provide a clear understanding as outlined hereunder.

#### **2.2 BACKGROUND OF THE VICTIM EMPOWERMENT PROGRAMME IN SOUTH AFRICA**

Victim empowerment initiatives in South Africa existed well before the advent of democracy. Unfortunately, it was an exclusive domain for white victims of political violence (Hargovan, 2007:115). With the advent of democracy and the Bill of Rights as enshrined in the Constitution of the Republic of South Africa of 1996, a foundation for a comprehensive victim empowerment programme became necessary. This programme then evolved to accommodate and consider compensation to all South Africans.

Victim empowerment in South Africa facilitates access to a range of services for all people who have individually or collectively suffered harm, trauma and/or material loss through violence, crime, natural disaster, human accident or through socio-economic conditions (RSA, undated: 3). This is motivated by the philosophical assumption that the victim has certain skills, competencies and an innate sense of resilience that can be tapped into and allow the victim the opportunity for self-empowerment (Monson & Nel, 2009: 25). The programme was

officially launched in August 1998 as one of the key-programmes of the National Crime Prevention Strategy alongside the overall empowerment initiatives of the victims of crimes (Botha, 2009).

Subsequent to the above, VEP was, and still is, largely regarded as an inter-sectoral and inter-departmental programme that seeks to promote a victim-centred approach to crime prevention. It targets specific groups who are regarded as being vulnerable to violent crime. VEP has since been a welcome initiative towards ensuring restorative justice and victim empowerment despite the fact that there are challenges faced with regard to the implementation of the programme. Makofane (2001:13) acknowledges that although service providers have made some inroads in the implementation of VEP, there are some implementation challenges that relate to non-compliance with the fundamental principles of the VEP. For the purposes of this review, implementation challenges may be classified into categories that are intrinsic to the VEP and those that are experienced in different contexts or environments. The programme focuses on a victim-centred approach to crime and strives towards:

- developing knowledge of victim issues,
- strengthening resources,
- addressing needs of the victims,
- stimulating volunteer participation, and
- prevention of secondary victimisation

The VEP operates in the environment of legislation although there is no single piece of legislation that covers the empowerment of all victims of crime in South Africa. The 2011 Road Map Report states that existing legislation is poorly connected and coordinated. The above argument does not necessarily suggest a gap in VEP legislation but it raises a concern on the manner in which the government perceives violent crimes in South Africa as a social problem with its gruesome consequences. It is necessary to point to the current state of crime in South Africa.

### **2.3 STATE AND IMPACT OF VIOLENT CRIME IN SOUTH AFRICA**

There is a perception as observed in literature that violent crime in South Africa is extraordinarily high (Hargovan, 2007:34). This is also supported by Mason and Nel (2009:118) when they argue that violent crime in the country has become normative rather than extraordinary. They further point out that researchers seem to agree that crime in South Africa has not only reached high proportions, but it has also damaged the foundation of social stability. This trend is a concern especially when it comes to international perspectives and relations. The National Policy Guidelines for Victim Empowerment (RSA, undated: 4) also acknowledge that South Africa has unacceptably high levels of crime and violence. The Department of Social Development goes on to the extent of associating the high levels of crime in South Africa to the historic past the country has gone through (RSA, 1996: 4). With the high crime rate that translates into high victim rate, adequate and appropriate assistance must be forthcoming for victims. However, the provision of victim assistance is usually impeded by a number of challenges as has been pointed out earlier. This study has undertaken to investigate these challenges and to explore ways of better serving the victims in the form of empowerment programmes.

Traditionally and from a police point of view, whenever a crime is committed, the focus would be on arresting and prosecuting the offender (Masiloane & Knock, 2010). Often the processes of prosecuting the offenders may have negative impact on victims by subjecting them to secondary victimisation through testifying in court. Domestic violence for example, does not only affect the health and well-being of abused adults, but severely and negatively impacts on the lives, growth and development of children living with the victims (van den Berg & Klopper, 2001: 172). Studies show that in restorative justice the courts seek to compensate the victims by empowering them and this is usually the best initiative for both the offenders and victims of crime. Van Berg and Klopper (2001:62) also identified

various strategies that can be employed to add value to victim support initiatives. The necessity of the support programme is justified by the causal effect relationship between domestic violence and the physical health of victims.

The section below explores the various physical health effects of domestic violence.

### **2.3.1 Physical health consequences of violence**

This section discusses various physical and health consequences associated with violence. These include deaths, injuries, gynaecological problems, harmful effects on pregnancy, mental health consequences, depression and post traumatic stress to mention a few. The aim is to clearly expose the physical and health impacts of violence.

#### **2.3.1.1 Deaths**

The death toll due to domestic violence includes not only homicides but suicides and other indirect deaths linked to the consequences of domestic violence such as street homelessness and ill-health, as well as the miscarriages and foetal deaths resulting from assault trauma (Campbell, 2002: 146, Websdale, 2003: 178 and World Health Organisation, WHO, 2002: 159). Closely related to the above, according to Campbell (2002: 234) and WHO (2002: 345) on average, abused women experience more operative surgery, visits to medical doctors, hospital stays and mental health consultations throughout their lifetimes than non-victims, even controlling for potential confounding factors. Campbell (2002:236) further states that these known consequences do not reflect the full extent of women's injuries, as less than half abused women report seeking treatment with the greater share silent about the perpetrations.

#### **2.3.1.2 Injuries**

In the United Kingdom (UK) surveys by Mirrlees-Black (1999: 98) and Coid (2000: 67) report that one in two domestic violence assaults result in injury, as do two in every three assaults on women victims of chronic domestic violence. According to Rodgers (1994: 76) other international surveys indicate similar injury rates. The

2001 British Council of Social Development found that three in four women were injured in the worst incidents of the previous year, as were 97% of those who had experienced four or more incidents in a lifetime (Walby & Allen 2004: 761. Research reviews (World Health Organisation, 2002: 562; Campbell, 2002) highlight the significant harm caused to women's physical health by domestic violence, which is one of the most common causes of injury in women. Victims of domestic violence are more likely to have received head, face, neck, thorax, breast and abdominal injuries than other women injured in other ways (Campbell 2002: 256). Other direct and indirect health consequences associated with domestic violence include permanent disability, chronic pain syndromes (for example headaches and backaches), neurological symptoms such as seizures (which may be the consequence of head injury or partial strangulation), gastrointestinal problems (for example eating disorders, irritable bowel syndrome), and ocular damage (World Health Organisation, 2002: 615; Campbell, 2002: 237).

#### **2.3.1.3 Gynaecological problems**

Gynaecological problems are the most consistent and long lasting physical health differences between domestic violence victims and other women. Abused women have been found to be up to three times more likely to experience problems such as sexually transmitted diseases, vaginal bleeding and infections, fibroids, decreased sexual desire, pain on intercourse, pelvic inflammatory disease, and urinary tract infections, than other women (Campbell 2002: 243). The Canadian Violence Against Women Survey (VAWS) found that 10% of the women reporting physical and sexual assaults by partners said they suffer pains associated with internal injuries. The frequency of most gynaecological problems has been associated with severity of physical abuse, with those experiencing both physical and sexual abuse being at greatest risk in which the later is likely to be linked to forced sex (World Health Organisation 2002: 571). In a United States community sample of domestic violence victims, Campbell and Soekin (1999: 423) found that women who had experienced sexual assaults from their partners reported significantly more gynaecological problems than those who had only experienced physical assaults. Other factors associated with abused women's increased risk for gynaecological problems are repeated termination and greater likelihood that

their abusive husbands will have multiple sexual partners and are not willing to use contraceptives or to allow their partners to do so. Victims often report that their requests to use contraceptives in relationships result in further abuse (Campbell, 2002: 223). This is supported by Schei (1997: 67) when he states that abused women are less likely to comply with Sexually Transmitted Disease (STD) treatment and therefore face more chronic health problems because they are afraid to take medication home because this may lead to accusations of infidelity and further assault. It is further stated that unwanted or unintended pregnancy and HIV have also been found to be significantly associated with domestic violence, suggesting that some pregnancies may be the result of rape (Mezey & Bewley 1997: 80). Domestic violence is also associated with other health problems affecting pregnancy such as sexually transmitted diseases, urinary-tract infections, depression and substance abuse problems (Department of Health 1999: 98).

#### **2.3.1.4 Harmful effects in pregnancy**

Domestic violence during pregnancy doubles the risk for miscarriage. This is caused by the trauma for abuse and the psychological stress of living with a violent partner. Schei (1997: 69) argues that stillbirth, late entry into prenatal care, premature birth, foetal injury are caused by broken bones and stab wounds and may result in foetal and maternal death. A study in the United Kingdom (UK) indicates that 30% of women who experienced violence during pregnancy have reportedly miscarried because of domestic violence (Coid, 2000: 76). Closely related to miscarriage is the baby's birth weight. These may be premature babies whose weight may be low compared to the average weight of newly born babies. In relation to the above, the World Health Organisation (2002:560) argues that abuse is also a significant risk factor for low birth weight for which assault trauma leading to premature delivery is a contributory factor. An abuse-related low maternal weight gain, increased smoking, drug and alcohol use and suicide attempts can increase the risk of premature birth or other complications (Mezey & Bewley 1997: 566, Campbell, 2002: 88). During delivery the foetus may be indirectly harmed when women are prevented from seeking or receiving proper antenatal or postnatal care by abusive, controlling partners (Mezey & Bewley

1997: 134). To this effect, these partners are vigilant and make sure that they are personally responsible for oversight on the processes. These type of partners have also been observed to refuse to leave the room during antenatal clinic appointments and they usually answer all questions put to their partners, limiting them of their capacity to participate in their own care programmes (Department of Health, 1999:78). This is so because when the midwifery nurses request private interviews with the women they are threatened by the women's partners. In conjunction with the above, partner violence has also been linked by Schei (1997:765) with unsafe abortion, where abused women often report that they are forced to have abortions or are forcibly prevented from having them.

#### **2.3.1.5 Mental health consequences**

Meta-analysis and research reviews of studies that examine the links between women's experience of domestic violence and adverse mental health effects demonstrate the substantial serious psychological harm strongly and consistently associated with abuse by male partners (Golding, 1999:76). Although these studies often exaggerate the odds for abused women in relation to non-abused women, Golding (1999:632) further argues that mental health effects are found in abused women and other distressed groups of women who are not reporting violence).

#### **2.3.1.6 Depression**

According to Bergen (1999: 132) women who have experienced both sexual and physical assaults are at greater risk of depression. In a number of forced sex experiences it was found that it correlates significantly with depression and poor body image (Campbell & Soeken 1999: 98). These sex experiences include child sexual abuse and rapes in- and outside relationships which in reality can be seriously life stressing. According to Campbell (2002: 567) this depression in abused women often give rise to life stressors that often accompany domestic violence such as child behavioural problems and many changes in residence. However, the good thing about the situation is that according to Golding (1999: 52) evidence suggests that depression tends to recede once women are free from violence. This is because the severity and duration of violence is closely related to the prevalence and severity of depression.

### **2.3.1.7 Post traumatic stress**

Post-traumatic stress is a normal reaction to abnormal events that involve actual or threatened death or serious injury. It involves re-experiencing traumatic events through nightmares, flashbacks and intrusive thoughts, avoidance of trauma-related stimuli, emotional numbing and hyper-arousal like restlessness, irritability, hyper-vigilance and sleeplessness. It is often found among combat veterans, disaster survivors and torture victims. The potential suitability of a Post Traumatic Stress Disorder (PTSD) diagnosis for abused women's mental health symptoms is supported by similarities between the behaviour of domestic violence perpetrators and the captors of prisoners of war. Abused women also report all the components of torture included in the definition of Amnesty International (Jones 2001: 56). The average prevalence rates for PTSD amongst abused women was found to be 64% across 11 studies analysed by Golding (1999:612) who found victims were on average four times more likely to meet the criteria for PTSD diagnosis than women in general. These rates were found to be high among residents of refugees. On the other side, according to Jones (2001:21) physical and psychological abuses are also associated with increased trauma symptoms. Evidence also suggests that an increase in the risk of PTSD may be exaggerated by factors such as lower socio-economic status, lower levels of social support, being young and having a large number of children (Jones & Gondolf, 2001: 623).

The relationship between the above factors suggests that a victim may suffer traumatic experiences repeatedly. The concern therefore is the capacity to recover because according to Jones (2001: 623) exposure to multiple traumatic incidents affect an individual's capacity to recover from subsequent trauma. Since symptoms of depression and PTSD overlap, depression symptoms detected in some studies that did not test for PTSD may indicate its presence. The challenge about the above is that many medical practitioners lack sufficient understanding of trauma and its effects and are as a result inclined to misdiagnosis (Jones et al., 2001: 425). In common with some trauma victims, particularly those who have been held captive, women who have been abused by their partners and who have experienced overwhelming fear and/or unpredictable violence may often come to

identify with and depend on the person exercising power over them, as a survival mechanism. This phenomenon has been termed traumatic bonding and may explain why some women find it difficult to leave behind abusive relationships (Jones et al., 2001: 67).

#### **2.3.1.8 Suicidality**

In several studies conducted about suicide, the average prevalence rates for suicidal thoughts and attempts amongst abused women were found to be 18%. Women who are victims were on average four times more likely to be suicidal than women in general (Golding, 1999: 32). This tendency has been found to be common in societies as diverse as Sweden and Papua New Guinea, according to the World Health Organisation (2002: 451). In a national Dutch survey, incidence and severity of unilateral partner violence and sexual force accounted for most of the variance in reported suicidal thoughts among participating women (Romkens, 1997: 56). Risk of suicide is particularly strong for domestic violence victims with PTSD symptoms although they usually think of killing others first before take their own lives. According to Jones et al. (2001:76), those with PTSD are 15 times more likely to attempt suicide than non-sufferers. In this regard it is important to note that these are significantly elevated rates of self-harm among young women where domestic violence linked to forced marriage is a factor (Humphreys & Thiara, 2003: 96).

#### **2.3.1.9 Substance abuse or dependence**

On average there are prevalence rates for alcohol and drug misuse amongst abused women across many studies. This means that victims of abuse are more likely to abuse alcohol than women in general. This is supported by Golding (1999: 312) who argues together with other international studies by WHO that prevalence is higher among women in refugees. According to Schumacher and MacMillan (2001: 211) some studies indicate a stronger relationship between dependence on substances and domestic abuse when violence is severe, though very clear cause and effect relationships are difficult to establish. In a study by Campbell (2002: 12) the causal effect is reversed because he found that domestic violence preceded alcohol and drug misuse in most cases. According to Rodgers (1994: 123) women sampled in Canada reported using alcohol or drugs /

medication to help them cope with domestic violence. This rose to one in three for those reporting emotional abuse and to nearly one in two for those who had sustained injury.

Evidence that women who report being victims of child abuse and domestic violence have significantly more lifetime drug and alcohol dependence than women who do not report abuse, suggests that for some women there may be a complex recursive relationship between these factors (Jones et al., 2001: 63). Closely related to the above, post-traumatic stress may also increase the rate of substance misuse by abused women as a form of self-medication for symptoms (Campbell, 2002: 241).

#### **2.3.1.10 Psychological problems**

Other mental health difficulties that are associated with domestic violence include cognitive difficulties such as perception and memory problems. According to the World Health Organization (2002: 435) the problems may range from anxiety disorders, eating disorders, intense fear, phobias, panic attacks, sleep disorders to obsessive-compulsive behaviour, all of which are symptoms consistent with PTSD. Lowered self-esteem, increased fears, less trust of others, and feelings of shame and guilt are also outcomes frequently reported by abused women (Rodgers, 1994: 54).

### **2.4 Implementation challenges associated with contextual factors**

In the case of the above with all their inherent consequences, the South African perspective is to assist the victims through VEP which is an initiative led by DSD with all its challenges. According to Botha (2009: 571), some of the challenges to VEP that were noted by DSD include, amongst others, a lack of monitoring and evaluation mechanisms, skills shortages and a lack of a strong communication and marketing strategy. Some of these challenges are confirmed by Burton (2003: 92) in their National Victims of Crime Survey, which found that very few people have knowledge about a place of safety that offers victim empowerment services. From the above explanation it is clear that communication and marketing are at the forefront of the challenges and may not be very easy to address without

strengthening stakeholder collaboration among other strategies. According to Manson and Nel (2009: 135), the South African government experiences difficulties when translating VEP policies into everyday practice, a challenge that may be associated with a number of failures in the systems such as misinterpretations, resources and political will among others. Alongside the above, Frank (2007: 25) criticises VEP for failing to identify the needs of crime victims and its weakness of not being a government policy, since it was never approved by Cabinet. It is further argued that VEP has no approved sustainable funding model and hence it is over-reliant on donor funding (Frank, 2007: 26). It is clear the VEP is facing many challenges, which if not addressed, will jeopardise service delivery.

## **2.5 Functionality of victim empowerment centres**

As already mentioned, South Africa has adopted a victim empowerment approach to assist victims of crime. The approach seeks to use victim empowerment centres as resource centres, where victims will be provided with resources and information Wright et al. (2007: 78) to develop self-resilience to crime tendencies. According to Masiloane and Knock (2010: 213), victim empowerment centres are rooms that are designed to counsel victims of crime at identified places. While these centres are supposed to comply with the principle of access in the Batho Pele precepts, there are issues that are raised around their availability and accessibility. These centres should be available within acceptable range in local municipalities but they are often unavailable in impoverished communities. According to Manson and Nel (2009: 120) the only available and accessible centres are primarily located in wealthier and urban areas, excluding poor communities and often leaving these areas under-resourced, disenfranchised and disproportionately victimised. Where empowerment centres exist in poor communities, the involvement of these communities is minimal, resulting in underutilization and therefore render the centre dysfunctional as an important service delivery hub. These centres are then perceived as belonging to government and exist to serve government interests not community interests.

## **2.6 EMPIRICAL EVIDENCE ON VICTIM EMPOWERMENT PROGRAMME CHALLENGES**

When programmes are implemented, there will always be signs or evidence that indicate whether progress is made or not. Some challenges become so obvious that the continuous implementation of the programmes becomes detrimental to government operations unless mitigating measures are addressed. VEP has symptoms of difficulties in terms of achieving its intended objectives because of a number of operational and social problems either not addressed during implementation or emerging as unintended impacts.

This section intends to provide empirical evidence on some of the major challenges encountered by the government and other stakeholders in the effective implementation of the Victim Empowerment Programmes. It also outlines experiences in different countries expressed in international literature. This will help to further narrow down into South African context because of insufficient literature available with regard to this issue in South Africa in general and Bushbuckridge in particular.

### **2.6.1. Lack of attention to cultural and racial diversity of perpetrators**

Socio-economic status, ethnic identity and sexual orientation can affect both the expression of domestic violence and responses to treatment (Davis & Taylor, 1999: 67). For this reason, some interventions adopt culturally sensitive approaches to accommodate these differences, so as to improve retention and reduce resistance. According to Healey et al. (1998: 76), some black offenders have negative experiences of the criminal justice system because they are disproportionately likely to be arrested for domestic violence offences reported to police and for that matter carry resentment associated with that. This resentment at times could create an element of resistance to interventions since it arouses feelings of racism. Closely related to racism, Healy et al. (1998:43) argue that

some cultural values can militate against intervention success by seeing domestic violence as socially acceptable or as a private matter, or even open group discussion as humiliating. Culturally-specific stereotyped attitudes to women may contribute to domestic violence and may need to be addressed from various points of view.

### **2.6.2 High rates of participant attrition on the programme**

Like many programmes, VEP also has risk factors for participant attrition. This is characterised by gradual diminution in the number of participants as victims and offenders or their strength to continue with the programme schedule because of the constant stress and other factors. Gondolf (1997: 76) concedes to the above when he says that when men who are referred to empowerment programme are included in statistics, usually about 10% complete empowerment programme. Closely associated with the above, this author further argues that half the men who are referred to empowerment programmes do not attend the initial assessment appointments for assessments and therefore do not join the programmes. The enrolment of men in these programmes has direct influence on their marital relationships such as increasing the chances that their wives may stay in the relationships. In the light of the above, some men may therefore manipulate these programmes by enrolling and drop out as soon as they perceive that the threat of separation has diminished (Gondolf, 1997: 67).

#### **2.6.2.1 Risk factors for programme attrition**

Statistics of drop-out rates slant towards men because research indicates that men drop out of domestic violence interventions at very high rates with an average 40%. These are often less educated, unemployed, and lower income men. Scott (2004: 11) assesses this aspect and believes that lifestyle instability or social status has a role to play in this regard. This viewpoint from Scott (2004) is supported by Yarborough and Blanton (2000) when they state that perpetrators with a stable work history were significantly more likely to complete the programme than those with an unstable work history. The lifestyle problem

mentioned above is also captured in Gondolf (1997: 89) in his contribution about the history of alcohol problems which have also been consistently found to predict lower programme attendance. Other factors positively related to programme completion include being ordered by the court to attend (Scott, 2004: 33), although perceived threats of negative consequences from the criminal justice system for non-attendance have not been found to predict attrition in several studies (Dalton, 2001: 56). This is also contested by Gondolf (1997: 89) when he indicates that those more likely to drop out of programmes tend to have previous criminal convictions, child abuse histories, be psychologically disturbed, and have drug abuse histories. With all or some of the above records, police may not want to leave their attendance to chance and therefore a court order may be thought of as a positive strategy. In this regard, a large study which examined police reports and case files found that non-completers were significantly more likely to have been drinking at the time of arrest and these are offenders who have used potentially life-threatening levels of violence that have caused injuries requiring hospitalization of the victims (Yarborough & Blanton 2000:15). A worst case scenario to the above is when the participant has multiple substance abuse problems because of a poorer prognosis. In the case of Mpumalanga, very little is known in terms of participant-rated readiness to change and as such this study serves as a necessary contribution on these issues pertaining to governmental intervention into VEP centres.

### **2.6.3 Lack of positive working relationships with and between perpetrators**

Group dynamics, quality of interpersonal relationships and worker communication style can all affect engagement with a programme and its aims. Group settings may allow men to reinforce problem denial through sexist and violent attitudes in ways that may not always be apparent to group leaders. Those with severely violent histories and minimal motivation to change may have a contaminating effect on their peers. The corrosive impact that men in denial can have on other participants was noted in the evaluation of the IDAP (Integrated Domestic Abuse Programme) where separate groups for such men were assessed.

This is mainly caused by coercion of men by the criminal justice system into attending a structured programme which requires them to confront their violence for which the agenda and their responses are directed by the group leaders. Sometimes the programme can mirror the relationship power dynamics which it seeks to change. In this case attendants may simply respond to the immediate rewards and punishments in the environment, change their self-presentation, or try to protect their self-esteem, and may fail to internalize equality or respect as a basis for their relationships (Mankowski, Haaken & Silvergleid 2002: 65). Domestic violence programmes that make use of high levels of strong, direct confrontation of abuse, denial and victim blaming can be counterproductive as participants are more likely to react with counter-arguments, silence or dropping out.

The quality of relationships and working alliances among programme participants may also affect their engagement with the programme. The effect of the level of group cohesion on programme impact and the subsequent re-abuse rates for domestic violence programmes may in this case be explored in related studies. One study which explored these effects was conducted by Taft, Murphy, Elliot and Morrel (2003: 23) who found that the level of cohesion between group members was significantly associated with lower rates of physical abuse when measured by participant assessment in the late stages of the programme and reports from partners six months after the programme had ended. It is imperative to highlight that this effect was not attributable to level of attendance but to the programme effectiveness.

#### **2.6.4 Existence of a mismatch between perpetrators and interventions**

In victim and perpetrator programmes the abusers and abused are diverse groups who require appropriately tailored interventions if they are to reduce their frequencies of abusing and being abused (Healey, 1998: 62). Some evidence

indicates that different types of intervention may be more effective for some types of abusers and victims than for others. Promising research directions include targeting varied treatments to specific subgroups such as different ethnic minorities, substance misusing perpetrators, those at different motivational stages, and those with different patterns of personality characteristics (Robertson, 1999: 71). However, attempts to develop typologies of victims and abusers relevant to treatment have not progressed far because according to Robertson (1999: 51) they have been criticised for being overly psychological. Victim and perpetrator programmes could be made more effective by adding components that tackle issues salient for some victims and perpetrators that are not sufficiently addressed by current models. The programmes can as well be combined with other compatible interventions to meet particular needs, or by integrating other approaches such as psychodynamic and attachment perspectives with a cognitive behavioural model (Babcock, 2004:13). This suggests a multi-dimensional approach to developing and planning domestic violence interventions that recognise and address the psychological, interpersonal, social, and cultural complexities of the problem (Cunningham, Robinson & Valley 1998: 141).

### **2.6.5 Non delivery of risk-focused interventions**

Apart from the above explained mismatch between the interventions directed to the perpetrators and between the perpetrators themselves, focus may be lost in terms of targeted areas of interventions. This may result in a total exposure of the programme to several risks as shall be discussed below.

#### **2.6.5.1 Screening and assessment**

Evidence of a significant prevalence of domestic violence amongst the general victim and offender population, particularly among those with a history of substance abuse, suggests that victims and offenders serving prison and community sentences are not properly screened before empowerment programmes are designed for them.

Assessing the level of risk posed by domestic violence on victim and perpetrators, particularly those who have been convicted of abusing their partners should involve obtaining information from victims and attaching great weight to it. Evidence also indicates that when victims are perceived to be at risk or are risky, that enhances the validity of professional assessments (Wiesz et al., 2000: 57). To support the above, Richard (2003: 78) found that samples of police records in serious domestic violence and homicide reviews highlight the need for thorough risk assessment, risk management and safety planning for victims, irrespective of whether the offender is prosecuted, convicted or not.

#### **2.6.5.2 Case management**

Mullender and Burton (2001: 71) highlight the critical role that probation case managers should play in managing risk. They maintain focus on victim safety, and supporting effective implementation of perpetrator programmes by continuously underlining key messages and reinforcing learning during and after the programme. A rigorous approach to sentence enforcement is, according to Healey et al. (1998: 5), also required to strengthen programme effectiveness.

Specialized supervision on probation programmes designed for domestic violence perpetrators can also increase programme effectiveness (Gondolf 2002: 97). The gravity of case management sometimes become important when probation officers returned their supervisees to court for a series of violations at a time of increased risk, in circumstances where victims felt too frightened to pursue a prosecution for further abuse or where other criminal justice system players were unable or unwilling to act. Also related to the management of cases is petitioning the court for resentencing on a series of technical probation violation unrelated to the abuse cases which might separately have resulted in only minor penalties but they are able to secure short prison sentences. Through such strategic use of their powers they are able to protect victims by keeping them out of the prosecution, and getting the offender safely out of the way for a period, so that victims could make use of services, plan and organise their future differently.

### **2.6.5.3 Staff selection, development, and support**

Staff members that deal directly with empowerment of victims and perpetrators in many statutory agencies generally show limited knowledge, awareness and understanding about domestic violence, and themselves report frustration with a lack of available resources, training and guidance in responding to the problem (Dominy & Radford, 1996: 56). The above-mentioned weaknesses may lead to inappropriate, poorly coordinated or clumsily executed interventions that may exacerbate the situation of victims and perpetrators and increase the risk for some victims (Brookman & Maguire, 2003: 67).

In connection with the above, there is a risk that criminal justice and other professionals working with domestic violence perceive the abused partners as partially responsible for the violence if they return to an abusive relationship or withdraw from a prosecution. This belief can serve to diminish professional effort, and prevent staff from recognising and addressing ineffectiveness within the empowerment systems and therefore contribute to women's difficulties in managing and turning around their violent relationships (Dobash & Dobash, 2000: 61). To this effect, Goodman et al. (1999:17) argued that lack of awareness and sensitivity by officials to the predicaments faced by abused women, and to the processes involved in ending violent relationships may not assist those victims who are initially unwilling to proceed with arrest and prosecution to feel they can make use of available services when they need them in future.

Other key competencies required for effective criminal justice responses to domestic violence include an ability to identify the primary victims and aggressor in a fractious relationship, and an understanding of how post-traumatic stress might affect victim responses. For example, victims who may feel safe to express their anger in the presence of police or other professionals and may unwittingly give the impression of being perpetrators. Injuries inflicted in self-defence such as

scratches which may be more immediately apparent than serious bruising may according to Healey et al. (1998: 78), confuse the system of judgement and create prejudice to some officials. In addition, the dynamics of stalking and associated risks are often not well understood by criminal justice personnel. According to Harris (2000: 78) some examples of training need may be identified when responses to high risk of this behaviour continue to be ineffective or do not make effective use of available legal controls or do not enforce them with sufficient rigour.

In addition to provision of adequate training and guidance, care should be taken to appropriately select, supervise and support staff working with the perpetrators and victims of domestic violence. In a study of domestic violence screening by midwives, Mezey et al. (2000: 43) found that many staff members disclosed personal histories of domestic violence. Whilst some found their personal experience enhanced their capacity to perform their task empathetically and thoroughly, for others, asking questions about abuse and hearing the responses aroused painful recollections and triggered intense feelings of helplessness and inadequacy.

According to Rothman et al. (2003: 43) findings from a survey for the World Health Organisation on delivery of perpetrator interventions indicate that staff across the globe reports that working with men who abuse their partners was a profound and sometimes heart-breaking experience, which came to affect their own views of relationships. Some spoke of how the dynamics of the abuser's power and control tactics could be re-played in a counselling programme. Fear of the abuser's intimidation often lead to denial and minimisation of their capacity to act violently. These findings highlight the need for special training to enable staff working with domestic violence perpetrators in all settings to learn and practice techniques for improving participation in programme / intervention sessions, holding offenders to account without alienating or humiliating them, honouring abuser's own experiences of oppression without colluding with them, and avoiding the transfer

of their own emotions on to the abusers or the victims. In this case, support and training in coping with the explicit and frequently horrific content of their work are also considered critical.

#### **2.6.5.4 Lack of co-ordination of the intervention system**

Evidence suggests that the effectiveness of victim and perpetrator programmes may depend on the extent to which they are integrated with other interventions (Robertson, 1999). When seemingly working interventions are integrated in a programme, there must be a thoroughly worked out coordination mechanisms. According to Chalk and King (1998: 432) programmes need to sit within a 'web of social control' to create a deterrent effect and cannot reduce domestic violence without strong support from other criminal justice processes and agencies. Some of the coordinated interventions effectively imply that perpetrators are located within co-ordinated community responses which combine proactive arrest and prosecution, appropriate sentencing that treats domestic violence as a serious crime, and specific court-ordered attendance requirements. These interventions may include substance abuse and mental health treatment, provision of victim services (including advocacy services), child welfare and protective services, good inter-agency collaboration and information sharing arrangements, ongoing risk assessment, strong supervision policies, offender tracking and surveillance systems designed to increase the chances of arrest and prosecution if further assaults occur. Also coordinated to the above, other interventions may cover stronger court monitoring mechanisms and strict, speedy and consistently implemented penalties for non-compliance. In the case of repeat offences, penalties for non-compliance that are made clear at the point of sentence are more likely to be effective than free-standing programmes (Chalk & King 1998: 63). The most effective domestic violence empowerment programmes will occur in those communities with the strongest combination of co-ordinated accountable elements such as those already mentioned above (Bennett & Williams, 2001:161).

## **2.5. CONCLUSION**

It has become evident from the review of the literature that crime levels in South Africa are high and therefore necessitate a robust victim empowerment initiative. The national Victim Empowerment Programme is also heralded as a relevant intervention to the violent crimes and victimisation experienced especially by women. As much as the VEP is a needed support service to victims of crime, there is a feeling that the implementation of the programme experiences some challenges. What is not clear in the literature is the identification and description of the challenges that impede implementation of victim empowerment programme in South Africa including Bohlabela Local Municipality, Mpumalanga Province in order to apply the necessary intervention strategies.

The above review of literature authenticates the view that although there are several studies conducted on the implementation of the VEP and the effectiveness of victim empowerment centres, there is no concerted effort exerted towards identifying and describing the challenges that impede implementation, particularly at the local level. The current study seeks to close the identified gap by investigating the type of challenges that impede implementation and describing these in order to recommend appropriate diagnosis. In the next chapter, the research design and methodology are elaborated upon.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

In order to decide which methodology, approaches and sources to use in a research undertaking, it is pertinent to consider the research aim and the questions to be addressed (Devos, Strydom, Fowche and Delport, 2004: 270). It will be recalled that this research has undertaken to describe the challenges experienced by the victim empowerment centres in the Mpumalanga province. to improving the existing quality assurance framework, with the input of the all those involved in pursuing the goals of these victim empowerment centres in Mpumalanga.

The current chapter is arranged as to consider researcher The study seeks the views of the social workers running the institutions, the victims themselves and key stakeholders of these centres. This is done with the view design, study area, population, sample, and sampling procedure. Further discussion on data collection procedure, data analysis validity and reliability of the study and ethical considerations is presented.

#### **3.2. RESEARCH DESIGN AND METHODOLOGY**

A research design is classified by Devos et al. (2004: 193) and Babbie and Mouton (2012: 74) as a conceptual imagery or an architectural impression of what the product of the research is expected to look like. Babbie and Mouton (2012: 76) show that design is part of methodology and they define methodology as a coherent groups of methods that complement one another and have the goodness of fit to deliver data and findings that reflect the research questions and that are appropriate for the purpose.

A distinction is generally made between two ends of the research design continuum, namely the qualitative and the quantitative approaches. The quantitative approach provides inflexible blueprints of how a study should progress whereas the qualitative approach usually is flexible. The former is suitable for surveys and experimental studies whereas the latter is more relevant in phenomenological, ethnographical and case studies (Blanche and Durkhiem, 1999: 32-33). The quantitative approach places heavy emphasis on using formalized standards, quotations and predetermined response options in questionnaires or surveys administered to large number of respondents (Hair et al., 2002: 216). Quantitative research is essentially done by explaining particular phenomena by collecting numerical data that are analysed using mathematical based methods (in particular statistics).

The quantitative methods are applied in order to describe current conditions or to investigate methods relationships, including cause-effect relationships results in casual, comparative or experimental research, depending on whether the relationship is studied after the fact or in controlled environment (Letsoalo, 2007: 54).

Quantitative research methods are methods of inquiry employed in many different academic disciplines, traditionally in the social science, but also in market research and further context. Their aim is to gather an in depth understanding of human behaviour and the reason that govern such behaviour. McGoogan (2002:30) points out that qualitative research involves an inductive, reductionistic approach, whereby theory is generated and formulated from the data obtained by the research.

This study uses a qualitative research design, given its focus to explore and describe (from the experiences of the social workers and victims of domestic violence) the challenges associated with the implementation of the victim empowerment programme as well as the collection of data related to earnings received by volunteers, the length of service in the organisation, the number of

volunteers and so forth. According to Leedy and Ormrod (2005: 139), the researcher attempted to understand people's perceptions, perspectives, and understandings, and therefore a qualitative phenomenological component was deemed necessary. It is further recommended in literature that where the intention is to present a picture of a social phenomenon, as it unfolds in reality, a qualitative research design should be employed (Babbie and Mouton, 2012: 272).

Munzhedzi (2011:30) refers to research methodology as a systematic process of collecting and logically analysing information for some purpose. He further attests that there is no single method that is perfect for collecting and analysing data. In this study the researcher has used a survey method such as participants observation and interviews to investigate the problem stated in chapter one.

### **3.2.1. Unit of analysis**

In the intended research exercise, the unit of analysis will be social workers under the employment of the Department of Social Development as well as individual victims of domestic violence. The social workers are expected to provide professional experiences of the Bohlabela Municipal Area. The experiences are expected to shed light on the challenges that are system-based and have a negative effect on the implementation of the victim empowerment programme.

They will also highlight the challenges that are associated with the work environment and their effect on implementation. In these sessions victims are expected to share their gratifications or frustrations with VEP based on their personal experiences.

### **3.2.2. Study area**

The study is in the field of social science with a special focus on social support services within the Department of Social Development's victim empowerment centres. Geographically, the study took place within the jurisdiction of the Bohlabela Local Municipality in the Mpumalanga Province.

### 3.2.3. Population

The population comprised of social workers operating in the designated victim empowerment centres. The municipality has got a total number of three victim empowerment centre that are operated by the Department of Social Development, with each centre having one social worker. The population size comprised of three social workers drawn from each one of the three victim empowerment centres employed by the Department of Social Development. Victims consisted of all registered cases that were considered in the period starting from January 2010 to the end of December 2011.

**TABLE 3.1 SHOWING TARGET POPULATION AND SAMPLE USED**

CENTRES	TOTAL POPULATION	TARGET POPULATION	PROPOTIONAL SAMPLE	GENDER		AGE RANGE
				M	F	
CENTRE 1	6	5	83 %	2	3	33-54
CENTRE 2	6	5	83 %	2	3	30-50
CENTRE 3	6	5	83 %	1	4	33-55
TOTAL	18	15	83 %	5	10	

The table above shows that each of three centres, five officials from each centre were chosen as the research subjects. These exclude the victims who were purposively interviewed two from each centre. The sample size of 83 % was deemed ideal as Leedy and Ormond, (2010:110) when they assert that when the population to be studied is small, at least three quarters of it should suffice as the research sample.

### 3.2.4. Sample size and selection methods

Maree (2007: 2) regards a sample size as a portion of the population that is selected for analysis, and population as the totality of items under consideration. The flexibility of qualitative research design allowed the researcher to use personal judgement in sampling. The use of personal judgements to select information rich cases for an in-depth study is a qualitative sampling strategy referred to as purposeful sampling (Schumacher and McMillan, 1993: 382).

The researcher involved all the three centres and their social workers in the study. A manageable size of 15 respondents was purposively sampled from the centres depending on the numbers thereon as well as the availability of the individual to participate in the study. The systematic purposive sampling technique was also used to select the participants. In the final consideration, five respondents were sampled from each centre; these included the social workers, two victims and three community members involved in running the centre.

### **3.2.5. Data collection methods**

Mogorosi (2003:18) observed that data collection is a method where a researcher posts or hands out questionnaires, conducts interviews with selected subjects or phenomena. Further, the data were collected from official files of social workers to add value to the inputs by the respondents. The researcher's position as a social worker and element of the target population was critical, allowing for a non-participants observation affording the opportunity to observe how centres work and experience the challenges they are facing. Observation was therefore necessary to ensure the interactions of victims and the system under scrutiny.

#### ***3.2.5.1 Interview***

An interview as a data collection method was used because the goal of an interview is to obtain accurate information from a respondent. According to Bless and Higson-Smith (2000: 104-105), an interview involves direct personal contact with another person because the respondent does not evade the questions but can give truthful, thoughtful answers. Neuman (2006: 310) contends that the respondent's behaviour matches perfectly their verbal responses in an interview and they give more truthful answers if they receive no hints or suggestions. It is for this reason that the interview was semi-structured, with certain questions open-ended to enable further inputs from the ward respondents.

#### ***3.2.5.2. Participants' observation***

Participants' observation can be regarded as research procedure that is typical of a qualitative paradigm (De Vos et al. 2004: 278). This means that qualitative

researchers can be involved in programmes with the intention of observing the target group in their inquiry. In the collection of information that unfolds, the researcher participated in those activities so that the situation should look normal to the other participants. Dane (in De Vos et al., 2004: 279) suggests that the researcher should become part of the situation, but at the same time nothing should change in that situation. The involvement of the researcher in the situation of the respondents, while observing their behaviour, is of vital significance. Observation is an essential data gathering technique that holds the possibility of an inside perspective of the group dynamics and behaviour in different settings. According to Creswell et al. (2009: 87), observation is the systematic process of recording the behavioural patterns of participants and occurrences without necessarily questioning or communicating with them. For the questionnaire and interview, refer to appendices A and B attached in the back.

#### **3.2.6. Validity and reliability**

In contemporary research, validity refers to the extent to which the methods and the instruments used to measure what they purport to measure (Leedy and Ormond, 2010: 134). In this study, the data were collected from five respondents from each of the three victim empowerment centres; the social worker is the one who heads the institution. By virtue of dealing with the victims on a daily basis, her views and empirical records are deemed valid as they are from officials who work with victims.

The other two respondents are the victims themselves. These were purposively sampled based on their availability on days of the interviews. The views expressed by the victims were deemed valid as they narrated their ordeal which was recorded (with their permission). To further ensure the validity of the study, five committee members attached to each centre answered questions from the questionnaires. These comprised a police officer, magistrate or nurse, reliability is the transferability or repeatability of the measuring instruments.

In line with Leedy and Ormrod (2010: 125-129), this study focused on the views and responses of the research subjects and collected data through interviews and semi-structured questionnaires. The questionnaires had both closed and open-ended questions, these allowed the respondents to freely express their views unbiased and at their own pace and time. The interview questions were the same as the questionnaire, they allowed the interviewees to give further probing from the interviewer (researcher).

The questions asked were so structured to extract only aspects pertaining to the challenges experienced at the centres. Hence such evidence is transferable to any VEC throughout the country.

### **3.2.7. Data analysis methods**

The researcher employed and adapted version of Creswell's data analysis spiral (Leedy and Ormrod, 2005: 151) where the raw data are processed through the following four stages:

- Data organisation stage;
- Data perusal stage;
- Data classification stage, and finally
- Data synthesis stage.

### **3.2.8. Ethical consideration**

The researcher did seek informed consents to collect data from the participants. To ensure that the identities of participants remain anonymous, personal data will be kept confidential and their right to privacy will be maintained. Pseudonyms have been assigned to the participants. The researcher also made sure that no harm would befall the respondents, whether physical or psychological. The names which have been used in chapter 4 are not real names of respondents.

### **3.2.9. Conclusion**

This chapter presented research methodology and design that has been used in this study. It further outlined the population, sampling method, sample size, data collection methods, data analysis as well ethical considerations. Interviews and a semi-structured questionnaire were used for data collection. This study also observed all ethical protocols relevant to studies in the social sciences. The next chapter presents the findings.

## **CHAPTER 4**

### **DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

#### **4.1. INTRODUCTION**

In this chapter, data presentation, analysis and interpretation is undertaken. Kerhirger, Rinewalt and Winston (2009: 143) argue that data analysis includes categorising, ordering, manipulating and summarising data in order to obtain answers to the research questions. Leedy and Ormond (2010: 341) further assert that interpretation of research data entails taking the results of data analysis and making inferences pertinent to the research relations studied in order to draw conclusions about these relationships that emerge.

A qualitative approach was adopted for this study. Interviews with six victims provided data which were analysed and qualitatively described. Similarly, questionnaires were treated in the same manner to provide complementary qualitative descriptions. As such, the presentation in this chapter is mainly qualitative. The results are presented first followed by the researcher's interpretations.

#### **4.2 PERSONAL BACKGROUND OF RESPONDENTS**

The respondents were requested to provide information pertaining to their gender, age, qualifications, and positions held. This was done in order to establish the level of relevance for each respondent in the study. Results of the respondents' biographical data are reflected in the following tables.

**Table 1: Gender of respondents**

Gender	Social workers		Committee members		Victims		Total
	N	%	N	%	N	%	N
<b>Male</b>	1	33	3	50	0	0	4
<b>Female</b>	2	67	3	50	6	100	11
<b>Grand Total</b>	3	100	6	100	6	100	15

Information in table 1 above shows that of the three victim empowerment centres, one is managed by a man and the other two by women. In each of the three VECs, there are five committee members and those sampled comprised three men and women (these are drawn from SAPS, health, the judiciary and the municipality), all the victims drawn in this study were women as the researcher realised that mostly the victims of domestic violence are women and children.

**Table 2: Age groups of respondents**

Age	Social workers		Committee members		Victims	Total
<b>18-35</b>	2		1		2	5
<b>36-45</b>	1		3		2	6
<b>46-55</b>	0		1		2	3
<b>56+</b>	0		1		0	1
<b>TOTAL</b>	3		6		6	15

Table 2 above shows that there is no child who was involved in this study, only adults aged between 18 to over 56 were part of the sample in the three VECs of the Mpumalanga Province. This is a necessary part of this study as part of the ethical requirements. A noticeable development is that the majority of the

respondents are aged between 18 and 45 - which could still be considered as a youthful age where activity levels are higher than the other age groups.

**Table 3: Qualification of respondents**

<b>Qualifications</b>	<b>Social workers</b>	<b>Committee members</b>	<b>Victims</b>	<b>Total</b>
<b>Matric/grade12</b>	0	2	3	5
<b>Diploma</b>	0	2	1	3
<b>Bachelors degree</b>	2	2	2	6
<b>Post graduate</b>	1	0	0	1
<b>Total</b>	3	6	6	15

Table 3 shows that 67% of the social workers running the VEP centres have Bachelor degrees related to their work. This enhances the validity of the study as qualified personal in the job will give the relevant pertinent views pertaining to the challenges found by the VEC of Mpumalanga. The other social worker has got a masters degree in social work.

The six committee members purposively drawn into the study from the police, health, municipality, and psychologist pool have passed matric (33%), passed diplomas (33%) or have bachelors degree related to their work (33%).

Half of the respondents (victims) have passed matric, while a third has a diploma and the other 2 bachelor's degrees. This is a quite health situation as the quality and credibility of the responses enhance the validity and reliability of the study (Leedy and Ormrod, 2010: 154).

**Table 4: Job titles of the respondents**

<b>Job titles</b>	<b>Social workers</b>	<b>VEP Coordinator</b>	<b>Police Officers</b>	<b>Forensic Nurses</b>	<b>Volunteers</b>	<b>Total</b>
<b>Male</b>	1	0	1	0	2	4
<b>Female</b>	3	3	2	2	1	11
<b>Total</b>	4	3	3	2	3	15

Table 4 shows a representative spectrum of the key officials involved in the managing and coordination of the victim empowerment centres (VEP) in Mpumalanga, these including social workers, forensic nurses, police officers the VEP coordinator and volunteers. It was important to reveal the job titles of the respondents to enhance the validity of the study as these are the people involved on a day to day basis with activities at the victim empowerment centres.

**Table 5: Marital status of respondents**

Respondents' marital status	Social workers	VEP coordinators	Police officers	Forensic Nurse	Volunteer	Total
Single	1		1	2	1	5
Married	1	1	1		1	4
Divorced						
Widowed						
<b>TOTAL</b>	2	1	2	2	2	15

Ten of the respondents (sampled officials) are single while five are married. These officials involved in running domestic violence cases are drawn from the police (SAPS), municipality officers, judiciary officers, magistrates, health (nurses) and social workers. Such a balanced composition of officers who deal with people's social problems is vital as their views and experiences are vital.

**Table 6: Years of experiences of the respondents with victims of domestic violence**

years of experience	Social workers	Police officers	VEP coordinators	Forensic nurses	Volunteers	Total
1-5		1		1		2
6-10	1	1		1	1	4
11-15	1		1			2
16-20					1	1
21 years+						
<b>Total</b>	2	2	1	2	2	15

Three out of fifteen (20%) respondents of the sample have between 1-5 years working with victim of domestic violence in the VECs, 27% of the samples has 6-10 years of experience while 27% has eleven to fifteen years. This therefore means that the centres are run by mostly experienced personnel who have been in this field for many years. This is important as such experience of decision making is vital. This implies that many practitioners have the experience to handle the matters with professionalism that the cases deserve. The only challenge is **that volunteers are staying for a long time and the no exit strategy.**

#### **4.3. ANALYSIS, DISCUSSION AND INTERPRETATION OF RESEARCH RESULTS WITH REGARD TO THE CHALLENGES FACED BY VECs AND GOVERNMENT INTERVENTIONS**

This section considers information from the 15 respondents involved with VEP in the three centres of the Bushbuckridge Municipality in Mpumalanga. The main objective of this section is to determine the respondents' knowledge of VEPs as outlined by the national Department of Safety and Security (1998: 18) and the pertinent challenges they are facing in running these important victims empowerment centres. This section undertakes a determination of the knowledge and experience of the respondents with regards to the following:

- Structure and purpose of VECs and VEPs;
- Awareness on the guidelines / policies and legislature that guide VECs;
- Whether the community is aware of the services provided by the VECs;
- Determining how the VEPs are marketed;
- Training offered for VEPs officials;
- The challenges faced by VECs; and
- Some strategies which could be implemented to minimise the challenges.

#### ***4.3.1 Information with regards to knowledge of VECs and VEPs***

One of the questions on the questionnaire was to assess whether these research subjects (sample) were cognisant of the nature, structure and the functions of the VECs. Of the fifteen respondents sampled, nine were aware of the nature, functions and structures of the VEPs and VECs, six of these respondents were highly involved with VECs for ten years. Eight of the respondents have been extensively trained on VEP. Nine are constantly marketing VEP in the communities. The study shows that all the respondents (100%) are aware of the structure and functions of the VEPs and VECs. Also evident from the analysis is that 56% of the respondents are highly involved in VEPs while for 44% their participation is low in these programmes because they do the work on a volunteer basis. Would this not be one of the challenges that the VECs face?

This scenario means that most of the VECs are run by knowledgeable, experienced and trained officials who are aware of the functions and nature of these centres.

#### ***4.3.2 Marketing strategies used by VECs of Bushbuckridge region***

The 15 respondents were asked questions to test their understanding of the purpose and structure as well as if the respondents were familiar with the essence and functionality of the VECs and the personnel managing them. Respondents were asked about their understanding the purpose and function of VEPs and centres.

All the respondents are aware of the structure and functions of the VEPs and VECs. Also evident from the analysis is that a majority of the respondents are highly involved in VEPs. For those whose participation is low in these programmes, it is because they do the work on a voluntary basis. Would this not be one of the challenges that the VECs face? This could be answered by Table 7 below which analyses how the three VECs of the Bushbuckridge region market their programmes and centres.

**Table 7: Marketing strategies used by VECs of Bushbuckridge region**

Centres	Activities					
	Pamphlets flyers	Radio TV	and	Campaigns	Open days	Meetings with community
<b>A</b>	No	No		Yes	No	No
<b>B</b>	No	No		Yes	No	No
<b>C</b>	Yes	Yes		Yes	No	No

Marketing of services is one of the most important tools used to conscientise people about the necessity of the VEC. From data collected through questionnaires, it is clear that marketing of the centres is mainly through campaigns done once annually on the 16 Days of activism of no violence against women and children which runs from 25 November – 10<sup>th</sup> December. This seems to suggest that these centres are not made public to their respective communities. Hence many people might not be aware of their existence. Most of the victims only know about the centres when they have been abused and they come to report.

***4.3.3 Challenges faced by victim empowerment centres when implementing a victim empowerment programme in Bushbuckridge***

In terms of the Bill of Rights (Chapter 2) of the Constitution 108 of 1996, the VEPs are meant to develop knowledge of victim issues, strengthening resources, stimulating volunteer participation and ensuring that there is no secondary victimisation of individuals.

The focus of this study is to explore the challenges faced by the three Victim Empowerment Centres in implementing a Victim Empowerment Programme in the communities in which they are situated. Mogotsi (2011), who has carried out a similar study in Limpopo, laments a lack of supervision and government funding in community based programmes. Dalgety (2010) has carried out a VEP study in the

Gauteng Province and identified the challenges as primarily a lack of funding and a lack of permanent staff at the designated centres. Findings from the study reveal the following the following challenges.

#### ***4.3.4. Lack of funding***

Victim empowerment centres are run by officers who are not fully based at the centre. These officials are employed elsewhere and come to the centres to assist the victims after assessing them. The programme is also having volunteers who receive stipends and the sometimes work without receiving stipends due to a lack of funds at the centre. This has impacted negatively towards the full implementation of the victim empowerment programme. It has led to lack of employment of permanent staff. The VECs are run by social workers who are employed elsewhere. These come casually to the centres, the fact that the centres are managed by volunteer staff and that they may leave anytime makes the turnover of staff to be high hence there are no proper records which are at the centres.

#### ***4.3.5 Lack of permanent staff***

Victim empowerment centres are run by a social workers and a committee of five employees drawn from police, judiciary, health and municipality. Except for the VEP coordinator and two counsellors who are always stationed at the centres they are not permanent and they can leave the centre if ever they can get permanent job. These five come when there is a need.

#### ***4.3.6. Lack of accommodation for victims of domestic violence***

Office and lodging of accommodation space and facilities have been cited as a major challenge. Such important centres need good offices with good receptions where visitors could access any time, even during the night. From the evidence gathered through the questionnaires, centre A is using a caravan; centre B rented a four roomed house and centre C a log cabin. It therefore means the three centres have a serious lack of offices and lodgings for the victims of domestic violence before the victims are referred to major centres. Also, the staff members

running the centre need individual offices to carry out their duties effectively. Some victims need to be placed in the centre as they cannot go back to their homes where they have run away from. This puts the operation of the victim empowerment centres in difficulty as victims need to be assisted, counselled and referred in a reasonable time.

#### ***4.3.7. Limited working hours***

Victim empowerment centres should operate for twenty-four hours. The three centres are operating 8h00 to 16h00. This puts victims into difficulties as some of them come after hours for shelter and find no one at these centres.

The stakeholders (who work on a permanent basis elsewhere) now only occasionally come to the centres between 08:00 to 16:00 on rotational basis. This lessens the impact of these centres which are supposed to receive, counsel and refer victims of domestic violence to the requisite centres.

#### ***4.3.8. Lack of publicity or awareness about the centres***

The publicity of the VE centres seem to be very small. Besides the annual campaigns on no domestic violence, there seems to be no other way of marketing these centres. The VECs claim that they lack funding to advertise through the print and electronic media.

#### ***4.3.9. Which strategies could be implemented to reduce the challenges at the Bushbuckridge VECs?***

The last open-ended question for respondents managing the VEPs in Bushbuckridge was: “Which strategies could be implemented in order to reduce the challenges at the VECs?” In answering this question, a compilation of the responses from the respondents shows a wide spectrum of strategies which are all anchored in government funding.

According to the data collected through questionnaires, there is a unanimous agreement on the need for government to fully fund the operations of the VECs

and their respective VEPs. The respondents also unanimously agreed that the centres should employ permanent staff to manage them. Many of respondents said that the government should build permanent structures at the VECs. They also suggested that there should be vigorous publicity and marketing of the programmes. Some of the respondents were of the view that the involvement of the communities in the running publicity and management of the VECs was necessary.

#### **4.4 SECTION C: THE VICTIMS OF DOMESTIC VIOLENCE**

The six victims of domestic violence who were purposively sampled provided essential data which was analysed as well as this was done in order to determine whether there is any congruency between data from the committees running the VECs and the victims themselves. As shown on the Table 10, all the victims at the three centres were female. Below their responses are analysed for each of the questions asked as shown in the appendix B.

##### **4.4.1 WHAT CAUSED YOU TO GO TO THE VICTIMS' EMPOWERMENT CENTRES TO SEEK HELP?**

**Table 09: Why victims came to report at the VECs**

<b>Respondents</b>	<b>Reasons</b>
<b>1</b>	I was beaten by my husband on several occasions
<b>2</b>	Social problems – I was beaten by husband and thrown out
<b>3</b>	Economic problems – my husband died. When he was alive, he did not support me and when I complained he would beat me
<b>4</b>	Social problems - we have no children, so he wanted to kick me out of our house
<b>5</b>	I was constantly beaten by my husband and his other wife
<b>6</b>	Harassment by my husband on many occasions

Table 10 gives a wide range of the reasons why the six victims of domestic violence came to report their cases at the VECs. A close analysis of the reasons clearly shows that they are primarily social and economic in nature and involving households. Being beaten or being harassed by a husband was mentioned by also almost all of the respondents with the threat of being “thrown out” of the house also being noteworthy. This implies that security of tenure is another reason why women stay with abusive partners because they may not have alternative places to stay. In an African context, a woman’s “worth” is enhanced if she can produce children. In the case cited above, not having children was given as a reason why the wife was abused. These are some of the African cultural practices which need to change.

#### **4.4.2 Causes of domestic violence**

The six victims of domestic violence were asked to list the causes of domestic violence. Below is a summary of their views.

One of the questions asked to the six victims of domestic violence who were purposively sampled was: “what are the causes of domestic violence?” Three out of the six respondents (50%) attributed poverty as a contributory factor. This simply means women are afraid to report domestic violence because the man will no longer maintain them or if he were to go to jail there would be no visible means of support. All the six respondents attributed domestic violence to power issues (e.g. “I’m the head of the family no one can tell me because I paid lobola”). Social belief that men are the bread winners makes them to treat women as secondary to them and they are superior. These men see their wives as their assets. A third (2 out of 6) or 33% attributed violence to poor upbringing of domestic violence perpetrators. This simply implies that if someone has been raised in an abusive family he or she can end up being abuser. All of the respondents (100%) also concurred that substance abuse is the major causes of domestic violence because men can physically assault them one day but the next day they pretend as if they didn’t remember what happened, since they were drunk. Overall, according to the victims, the causes are largely social and economic.

#### 4.4.3 Efficiency of the VECs

One of the questions asked to the victims was about the efficiency of the centres(s) where they went to seek help and how they were assisted. Below is a summarised table of their views.

**Table 12: Efficiency of the VECs when assisting victims**

Respondents	Very efficient	Efficient	Moderately efficient	Inefficient
1				✓
2				✓
3			✓	
4				✓
5			✓	
6				✓
<b>TOTAL</b>			2	4

Out of the six respondents (victims) who were asked about the efficiency of services provided by the VECs, none rated the centres as *very efficient* or *efficient*. A third of the respondents rated these centres as *moderately efficient* and the majority rated them as *inefficient*. This seems to support the notion that there are challenges faced by these centres when dealing with victims of domestic violence.

#### 4.4 Challenges faced by the victims of domestic violence when they go to report

This section provides the real life experience of victims of domestic violence at the time of reporting. These are the views of the victims as narrated by them.

- Respondent 1:

“I went there at 5pm and found no one to assist me. I then went back the next day from 08:00am to 10:00am only to be asked to book an appointment with the social worker.” (Mpho, a 32 year old lady)

- Respondent 2:

- “From my personal experience I condemn the centre. I think it has no relevance as there are no structures or permanent officers to talk to.”  
(Sibongile, a mother of 3 children)
- Respondent 3:  
“The centres are vital but should have permanent workers and offices, rooms and so forth, as there is virtually no office hence no privacy.”  
(Catherine, a 47 year old mother of 4)
  - Respondent 4:  
“These centres must be run by professionals who permanently work there for 24 hours. I spent a month trying to get in touch with the social worker.”  
(Mapula, a 27 year old lady)
  - Respondents 5:  
“I am now complaining because I did not receive any attention for days. What type of thing is this?” (Nandi, a 36 year old lady)
  - Respondent 6:  
“The so-called centre which I visited has a makeshift log cabin with no personnel and lacked the impression of a VEC.” (Naledi, lady aged 31 years old)

These challenges seem to be the same as echoed by the respondents running the centres.

#### **4.4.5 Which strategies could be implemented to reduce the challenges faced by the VECs?**

The summarised responses to these questions from the victims of domestic violence are:

- There is a need for government's vigorous intervention in terms of funding; This could enable the centres to build permanent structures and employ permanent staff;
- There should be intensive marketing and extensive publicity of the VEPs and VECs; and
- These centres should be attached to hospitals and police stations.

#### **4.4.6 CONCLUSION**

This chapter provided the findings of this study and their implications. The major finding is that the victim empowerment centres (VECs), as currently configured, are not structured and managed to deliver effective service to citizens. For the interventions to work effectively, the government needs to reconfigure the victim empowerment centres (VECs) by providing more funding for the hiring of permanent personnel and for the establishment of the required infrastructure to make the centres work.

## **CHAPTER 5**

### **SUMMARY, FINDINGS AND RECOMMENDATIONS OF THE STUDY**

#### **5.1 INTRODUCTION**

This study investigated the challenges faced by the victim empowerment centres of the Bushbuckridge Local Municipality in the Mpumalanga Province. A literature review was conducted to scrutinise the views of prominent scholars pertaining to government policies and issues of domestic violence and the VECs and VE programme. This was done to understand what other authors are saying about the topic.

The data collected from the respondents through semi-structured questionnaires and oral interviews was analysed and presented in the previous chapter. The current chapter focuses on the summary of the study, limitations to the study, the key findings from the study as well as recommendations for future research.

#### **5.2 SUMMARY OF FINDINGS**

The case study investigated the challenges faced by the three VECs of the Bushbuckridge region as they strive to provide sound service delivery to the victims of domestic violence in the region. The study was carried on all the three VECs of the Bushbuckridge Municipality. As Leedy and Ormond (2010:164) argue, when the elements to be studied are few, and then all of them should be studied.

A qualitative approach was used informed by a phenomenological worldview to analyse and interpret the data. This was found to be consistent with qualitative research.

This study found that:

- The VECs are run by volunteers who are social workers, a police officer and individuals. The officials who are involved in the VEP centre are having other responsibilities. They are not fulltime in the centre.
- There are no permanent workers managing the centres. The centre rely on volunteers.
- The caravans, log cabins and rented house are only used between 08:00 to 16:00, limiting access to the services to those times.
- There is a high turnover of staff given the voluntary nature of the work. They leave the centre if they get a permanent post.
- There are no proper records being kept – poor recording keeping means that it is easy for records to get lost, if at all they are kept.
- Victims are not assisted timously; Since they operate only up to 16:00, if victims go there after hours they don't get assistance.
- There is an acute lack of funding by the government and other stakeholders. The centre relies on the funds.
- Victims, who seek assistance, undergo a painstakingly long process in order to meet the social worker. They are referred to the area social workers since there is no social worker based in the centre.

### **5.3 LIMITATIONS OF THE STUDY**

According to Hemming (2004:26) limitations of the study are weaknesses noted in the entire study. Accordingly, the following limitations were identified in the current study:

- Although the three VECs were used for the study, the reflections may not be generalised to centres found throughout the country because provinces use different approaches in addressing the issue.

- There were some dimensions of domestic violence that were not included in the in-depth open-ended items of the interviews with the victims.

#### **5.4. REALISATION OF THE OBJECTIVES**

**Objective 1:** To describe the basis for government intervention in establishing the VEP and VEC.

This objective was realised because violent crime in the country prompted the government to act on matters of domestic violence as it has negative effects on social stability. The National Policy Guidelines for Victim Empowerment (RSA, undated: 4) also acknowledges that South Africa has unacceptably high levels of crime and violence. The Department of Social Development links the high levels of crime in South Africa to the historic past. The high crime rate means there is a high victim rate for whom assistance is necessary. As such, the programme was officially launched in August 1998 as part of the National Crime Prevention Strategy and other initiatives which aimed at empowering victims of crimes.

**Objective 2:** To analyse the functional challenges facing victim empowerment centres in the implementation of the VEP in the Bushbuckridge Local Municipality.

This objective was realised because some of the functional challenges that these centres face, include: over-reliance on volunteers as opposed to having their own permanent workers managing the centres; makeshift offices; limited working hours from 08:00 to 16:00 which in turn limits the access to the services to the designated hours; poor recording keeping, inadequate programme funding and so forth.

**Objective 3:** To identify health-related consequences of domestic violence for both the victims and perpetrators.

Objective 3 was realised because the related consequences of domestic violence were articulated as resulting in deaths, injuries, gynaecological problems, harmful effects in pregnancy, mental health consequences, depression and post traumatic

stress and so forth. The trauma affects both the victims and perpetrators of domestic violence.

## **5.5 FINDINGS FROM THE STUDY**

General findings were made during the course of this study regarding the challenges faced by victim empowerment centres and programmes. However this section deals with the findings that are linked to the research questions.

### **5.5.1. Findings with regard to personal background of the respondents**

The people who volunteer to assist the VECs are mature, experienced and qualified for their jobs. The sampled respondents were victims of domestic violence and were knowledgeable and mature as they provided real life narratives.

### **5.5.2. Findings with regard to the gender of victims**

All the victims of domestic violence who report at the VECs are females. Does it suggest that there are no woman who beats their husbands or these husbands are reluctant to report because of cultural connotations? From our African perspective, this could be another relevant topic for research.

### **5.5.3. Findings with regard to the major challenges faced by the VECs**

The major challenges currently faced by the VECs of Bushbuckridge region are:

- Lack of funding.
- High staff turnover: if a committee member is transferred or promoted at his permanent job, he/she will cease to come to do voluntary work at the centre.
- No proper offices or houses to temporarily shelter the victims before a solution is found. One centre operates from a caravan; the other from a rented four-room RDP house and another in a log cabin.
- Limited office hours. These centres operate between 8:00 to 16:00 and they are run by volunteers. Although each centre is administered by a social worker, the social worker is permanently employed somewhere else.

- Lack of publicity and marketing. The work and rationale of the VECs and their VEPs is dealt with casually; many people may not be even aware of their existence.

#### **5.5.4. Findings with regard to the causes of domestic violence**

There was unanimous agreement from the interviewed victims of domestic violence that the major causes of this are social and economic factors in the home.

#### **5.5.6. Findings with regard to the strategies that could be implemented to reduce the challenges at VECs**

Both the respondents from the committee running the centres and victims of domestic violence agree on the following strategies:

- That the government should fully fund these centres;
- That permanent staff should be employed at the centres;
- That the centres should operate twenty-four (24) hours daily;
- That proper centres should be built by the government and include offices, houses and ablution facilities;
- That intensive marketing and publicity of the VECs and VEPs should be combined with raising awareness in the community of the causes and consequences of domestic violence;
- That proper records must be kept and referral systems must be implemented at all VECs.

#### **5.5.7. Concluding remarks**

Findings from this study prompt the researcher to make the concluding remarks that the VECs in the Bushbuckridge area are faced with many challenges that militate against them hence their operations are curtailed. The major challenge is funding. Using volunteers to manage such essential institutions is not only unrealistic but defeats the essence of caring for a large sector of the population who are women.

Women bear the brunt of men's battering and as such institutions like VECs could be their main protection in their marginalised communities. Accordingly, a holistic approach is necessary in order to alleviate the challenges faced by victim empowerment centres throughout the country.

## **5.6. Recommendations from the study**

### **5.6.1. Recommendation with regard to funding**

That the government takes steps to own the VECs and increase their funding to such institutions. The funding should include building of structures and salaries for full time employees.

### **5.6.2 Recommendation with regard to persona hiring**

That permanent officers should be employed to run the centres. The issue of volunteers coming to casually assist victims is unworkable

### **5.6.3. Recommendation with regard to organisational structure**

That each centre be manned by an administrator with clinical staff, a nurse and a police officer or someone from the judiciary.

### **5.6.4 .Recommendations with regard to office hours**

That each centre should be operational twenty-four hours every day including weekends. There are some victims who are employed full time and may need assistance on Saturdays or Sundays.

### **5.6.5. Recommendation with regards to marketing**

That the centres should be marketed through the print and electronic media. Volunteer organisations and companies could be encouraged to do so through income tax rebates.

## **5.7 CONCLUSIONS**

This study investigated the challenges faced by the three VECs of the Bushbuckridge region of Mpumalanga. Nine committee members drawn from health, police, municipality, legal affairs and social workers as well as six victims of domestic violence formed the sample of fifteen which was purposive.

A variety of literature references was demonstrated to establish and analyse scholarly views on domestic violence and the sentiment that the task of running VECs should be well coordinated, marketed and funded. However, this is not the case with the three VECs of the Bushbuckridge region which are underfunded, have no proper structures and lacked permanent staff.

A qualitative approach was used. The data collection tools comprised of a semi-structured questionnaire and interviews which were conducted with the six victims of domestic violence.

Major findings of this study were provided. Pertinent to these findings was the view that domestic violence is rife in many communities. The VECs face numerous and complex operational problems but these challenges could be addressed if the government reorganises and fully funds VEC activities.

Various recommendations were given based on the findings of this study. Prominent to these recommendations is the researcher's suggestion that funding proper structures and marketing of these centres should be done with the assistance of the government. If seriously considered, the recommendations could alleviate the challenges faced by these VECs and will improve service delivery.

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## **APPENDIX 1: LETTER TO THE RESPONDENTS**

-

### **Dear Respondent**

MBOWANA P.T, student number: 9731713 hereby conducting a survey on the governmental intervention in maintain victim empowerment centres at Bohlabela local municipality-Mpumalanga. The survey is conducted in fulfilment of the requirements for the degree of Master of Public Administration in the faculty of Management and Law at the University of Limpopo.

Participants in the survey are encouraged to respond freely as the information provided by the respondents will be treated with confidentiality and identity of respondents shall under no circumstances be published. The information will remain solely for the purpose as outlined above.

All data collected from this questionnaire will be reported as aggregate rather than individual data. The questionnaire will require 10 minutes of your time and summary of the outcome will be available to you after the data have been analysed

Your cooperation is highly appreciated

**For any enquiry, please contact PT. Mbowana at the following contacts:**

**Tel: 0137958678**

**Cell: 0726495691**

## **APPENDIX 2: QUESTIONNAIRE**

### **GOVERNMENTAL INTERVENTIONS IN MAINTAINING VICTIM EMPOWERMENT CENTRES**

**Mbowana P. T.**

Survey questionnaire on the assessment of governmental intervention on maintaining victim empowerment centres in Mpumalanga province. The purpose of this study is to assess the governmental intervention on maintaining victim empowerment centres.

#### **INSTRUCTIONS TO RESPONDENTS**

- i. Kindly read all questions carefully.**
- ii. The questionnaire consists of three sections (section A, B and C).**
- iii. Use a cross (X) where applicable to indicate your option or choice of the answer.**
- iv. Note that there are no wrong or right answers.**
- v. Your name will not be revealed, linked neither to anyone nor to your responses.**

## SECTION A: DEMOGRAPHIC PROFILE

### 1. What is your gender?

Male	
Female	

### 2. Your highest qualification?

Grade 12 (standard 10)	
Diploma or certificate	
Bachelor's degree	
Post graduate	
Other	

### 3. What is your job title?

Social worker	
Psychologist	
Police officer	
Forensic nurse	
Volunteer	
VEP coordinator	
Other	

### 4. What is your age?

18 – 35	
36 – 45	
46 – 55	
56 and above	

**5. What is your marital status?**

Married	
Single	
Divorced	
Widow	
Other	

**6. How long have you been involved with victims of domestic violence?**

1 year or less	
1 – 5 year	
6 – 10 years	
11 – 20 years	
21 – 30 years	
31 years +	

**SECTION B FACTORS RELATED TO THE EFFECTIVENESS OF VICTIM EMPOWERMENT PROGRAMME**

**7. In your opinion and/or experience, what is the main reason the centre was established?**

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**8. Are you involved in the VEP programme?**

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**9. Since when have you been involved in the VEP programme?**

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**10. What are the active committees or forums of the VEP programme?**

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**11.How often does the committee or forum meet?**

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**12.Do you believe that the structure of the centre meet the standard requirement of the VEP centre? Please provide the reasons for the response.**

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**13 Are you aware of any guidelines / policies or legislations that guide your centre activities? Please provide the reasons for the response.**

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**14.In your experience, do you believe that community members are aware of the services you are providing? Please provide the reasons for the response.**

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**15.How do you market your service?**

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**16.How often do you do your campaigns?**

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**17.Are there proper safe keeping of the victims' records?**

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**18.Are there any monitoring tools for the VEP programme?**

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**19.How often do you receive training?**

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**20.What kind of training have you received on VEP Programme?**

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**21.In which area do you need further training on VEP Programme?**

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**APPENDIX 3: INTERVIEWS WITH VICTIMS OF DOMESTIC VIOLENCE**

**INTERVIEWS WITH VICTIMS OF DOMESTIC VIOLENCE**

**Section A BIOGRAPHICAL DATA**

1. What is your name?.....
2. How old are you?.....
3. Your marital status? .....
4. How long have you been married?.....

**SECTION B: THE CHALLENGES FACED AT THE CENTRE**

**5. What caused you to go to the VEC to seek help?.....**

**6. In your view what are the causes of domestic violence?.....**

.....

.....

.....

**7. How would you rate the help that you received at this victim empowerment centre?**

**A. Very efficient**

**B. Moderate**

**C. Moderate efficient**

**D. Inefficient**

**8. What challenges did you encounter when you came to report your case at the VE?**

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**9. How did you come to know about this centre?**

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.....

**10. In your view which strategies should be employed in order to reduce the challenges evident at the VEC?**

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.....  
.....  
.....

**Thank you for answering all question so well**



**University of Limpopo**  
Research Development and Administration Department  
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**TURFLOOP RESEARCH ETHICS  
COMMITTEECLEARANCE CERTIFICATE**

**MEETING:** 03 September 2014

**PROJECT NUMBER:** TREC/19/2014: PG

**PROJECT:**

**Title:** An assessment of Government interventions in maintaining Victim Empowerment Centres  
**Researcher:** Ms PT Mbowana  
**Supervisor:** Prof K Phago – University of Limpopo  
**Co-Supervisor:** N/A  
**Department:** Public Administration  
**School:** Turfloop Graduate School of Leadership  
**Degree:** Masters in Public Administration

  
**PROF TAB MASHEGO**  
**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**.

**Note:**

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.  
**PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

*Finding solutions for Africa*

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## Department of Health

Litiko Letemphilo

Umnnyango WezaMaphilo

Departement van Gesondheid

**Enquiries: Themba Mulungo (013) 766 3511**

**04 September 2014**

**Ms. Thandekile Mbowane  
P.O Box 474  
Thulamahashe  
1365**

**Dear Ms. Thandekile Mbowane**

**APPLICATION FOR RESEARCH & ETHICS APPROVAL: ASSESSMENT OF GOVERNMENTAL INTERVENTION IN MAINTAINING VICTIM EMPOWERMENT CENTRES**

The Provincial Research and Ethics Committee has approved your research proposal in the latest format that you sent.

Kindly ensure that you provide us with the soft and hard copies of the report once your research project has been completed.

Kind regards

**MR. MOLEFE MACHABA  
RESEARCH AND EPIDEMIOLOGY**

*04/09/2014*  
**DATE**

