GUIDELINES FOR INTEGRATED SOCIAL WORK PRACTICE
IN THE EMPOWERMENT OF ABUSED WOMEN: A CASE
STUDY IN LIMPOPO PROVINCE

by

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THESIS
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UNIVERSITY OF LIMPOPO

SUPERVISOR: PROF. M. D. M. MAKOFANE
DECLARATION

I declare that the thesis hereby submitted to the University of Limpopo, for the degree of Doctor of Philosophy in Social Work, Guidelines for integrated Social Work practice in the empowerment of abused women: A case study in Limpopo Province has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Mhango M. E. (Ms) September 2012
DEDICATION

This work is dedicated to all the victims of domestic violence and all the service providers in the public and private sectors.
ACKNOWLEDGEMENTS

Undertaking this study was not an easy journey. Without the cooperation, assistance, support and guidance of the following people, it would not have been successful:

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All the respondents who participated in the research, namely:

- Limpopo Province Department of Health and Social Development VEP District Coordinators
- Health, medical and social development professionals providing services to abused women in Limpopo Province
- Project managers of VEP initiatives in Limpopo Province
- Abused women who utilised the VEP services in Limpopo province.

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- The late Moloko Mahapa (may your soul rest in peace), Mahlatse Mogoane and Joyce Mohapi.

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My brothers, sisters, relatives and friends - I have kept a distance for some time, in my struggle with this mammoth task. I will make it up to you.

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SUMMARY

The integrated, multi-disciplinary approach of service delivery is the core of the Victim Empowerment Programme (VEP) National Crime Prevention Strategy (NCPS), and seeks to identify the best possible ways of providing quality service to abused women. For an inter-disciplinary approach to service delivery as well as the various empowerment strategies to be interrogated, a comprehensive study is imperative. Both qualitative and quantitative research methods were considered as an endeavour to collect data. Both methods supplemented one another for more accurate results.

Quantitative research method was used to collect data from eighty professionals providing service to abused women on a daily basis (social workers, medical doctors, psychiatrists, psychologists, and professional nurses). The probability stratified sampling was deemed fit for this sample.

Furthermore, the qualitative research method was used to conduct a study with a diverse population comprising the following groups:

- Ten managers of Victim Empowerment Programme (VEP) centres and shelters who shared their experiences of assisting abused women in their communities, and how the government meet them half-way to execute these duties.
- Five district VEP coordinators (social workers) as experts in the field of VEP.
- Ten abused women who shared their experiences about the service rendered to them, presented in the form of case studies.

The purposive sampling technique was used for the qualitative study with the above groups as it enabled the researcher to purposely select activists in matters of VEP with rich information.
The major findings indicated that not all professionals in Limpopo Department of Health and Social Development (DoHSD), who are in contact with abused women do not have knowledge of VEP. Of the 80 professionals, 70% reported to be conversant with VEP. Only 62% reported to have received short term training on VEP.

The referral of clients from one agency to another proved to be a challenge for the helping professionals. Although 43% of these professionals developed their own referral tools, gaps were identified in their referral notes (see Annexure I, J, K). The coordination of services, which is the core of the National Crime Prevention Strategy, was evidenced to be implemented by the helping professionals to a lesser extent. Of the 80 professionals, 55% never came together to address issues of domestic violence nor specific cases. A major challenge for managers of VEP centres was mentioned to be inadequate and irregular funding from the DoHSD. A concern for all the five district VEP coordinators was the shortage of staff, which impedes services to abused women.

As a result of the non-standardised referral system in the DoHSD, the researcher developed guidelines and templates of referral forms, notes and summary reports that should be used by professionals and Civil Society Organisations (CSOs) for client referral. The referral tool will assist the client to seek further expert assistance with ease.

Key words:

Integrated service delivery; intervention; multi-disciplinary team; National Crime Prevention Strategy; survivor; trauma; victim of violence; victim empowerment and support; victim empowerment initiatives; violence.
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<td>CGE</td>
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<td>CPF</td>
<td>Community Policing Forum</td>
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<td>Centre for the Study of Violence and Rehabilitation</td>
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<td>DV</td>
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<td>Department of Health and Social Development</td>
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<td>DSD</td>
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<td>EAP</td>
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<td>EPWP</td>
<td>Expanded Public Works Programme</td>
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<td>FAMSA</td>
<td>Family and Marriage Association of South Africa</td>
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<td>Family Group Conferencing</td>
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<td>GBH</td>
<td>Grievous Bodily Harm</td>
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<td>HIV</td>
<td>Human Immune Virus</td>
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<td>ICD</td>
<td>Independent Complaints Directorate</td>
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<td>IJS</td>
<td>Integrated Justice System</td>
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<td>Integrated Service Delivery Model</td>
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<td>MIPAA</td>
<td>Men In Partnership Against AIDS</td>
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<td>NCPS</td>
<td>National Crime Prevention Strategy</td>
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<td>NICRO</td>
<td>National Institution for Crime Prevention and Reintegration of offenders</td>
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<td>NGOs</td>
<td>Non Government Organisations</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NPO</td>
<td>Non Profit Organisation</td>
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<td>POPPETS</td>
<td>Programme for Primary Prevention through Education, Training &amp; Stories</td>
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<td>POWA</td>
<td>People Opposing Women Abuse</td>
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<td>RADAR</td>
<td>Routine, Ask, Document, Assess and Review</td>
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<tr>
<td>RAVE</td>
<td>Recognizing, Acknowledging, Validating and Eliciting</td>
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<tr>
<td>SAITS</td>
<td>South African Institute of Trauma Services</td>
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<td>SANCA</td>
<td>South African National Council for Alcohol and Drugs</td>
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<td>SAPS</td>
<td>South African Police Services</td>
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<tr>
<td>SASSA</td>
<td>South African Social Security Agency</td>
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<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
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<td>TCCs</td>
<td>Thuthuzela Care Centres</td>
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<td>UCAP</td>
<td>UNISA Centre of Applied Psychology</td>
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<td>VEP</td>
<td>Victim Empowerment Centre</td>
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<td>WAWA</td>
<td>Women Against Women Abuse</td>
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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Violence of any form to any person is viewed in a very serious light by the law and society. However, women have been the most victimised and vulnerable members of society. Violence against women is undeniably on the increase when compared to victims of other categories. This statement is supported by the South African Police Services National Statistics report (2010:12-13), which states that 197,877 serious crime cases against women were reported in 2009 and 2010. The categories of the crime cases covered in the report are murder, sexual offences, assault with the intent to inflict grievous bodily harm, common assault, robbery with aggravating circumstances, and common robbery.

A number of authors (compare Nel & Kruger, 1999:15; Makofane, 2001:96; Lewis, Packard & Lewis, 2004:30; and Higham, 2006:6) contend that a comprehensive model accommodating integrated service delivery for victims of crime and violence in the form of the Victim Empowerment Programme (VEP) is essential for abused women. Interdepartmental and inter-sectoral collaboration is crucial for restoring abused women’s self-worth. Hence, this study is based on examining the intervention processes and strategies used to address the plight of abused women in Limpopo Province.

1.2 STATEMENT OF THE PROBLEM

Formulation of a research problem is the most crucial part of the research journey on which the quality of the project depends and serves as the foundation of a research study (Kumar, 2005:44). According to Leedy and Ormrod (2005:47) researchers get off to a strong start when they begin with a clear statement of the problem. Problem formulation is the first phase in which a difficulty is recognised for which more knowledge is needed (Rubin & Babbie, 2007:45). Blaikie (2009:16)
refers to a research problem as an intellectual puzzle that the researcher wants to investigate.

Violence against women in South Africa is a serious and prevalent challenge for all. It is however, often unrecognised and underreported. Despite vigorous efforts by various service providers to curb violence against women, it remains remarkably on the increase throughout South Africa. Nel, Koortzen and Jacobs (2001:3) maintain that extremely high levels of interpersonal violence, both in public and in the domestic sphere, create an enormous demand for police services. According to Dangor, Hoff and Scott (1998:125), 50-60 percent of marital relationships involve violence and abuse.

Currently in South Africa, a number of non-government and government organisations are involved in programmes of gender based violence. However, the researcher’s experience in the social services has proved that services provided to the abused women by the different departments and organisations are still fragmented as most of them work in isolation. This hampers the effectiveness of support and empowerment programmes for victims of violence and crime. There is a need for a multidisciplinary approach in order to coordinate services offered by the different departments and organisations. In some instances government and non-government organizations do come together and hold discussions on attempts that should be made to address gender-based violence. Unfortunately, the VEP has proved to be ineffective due to uncertainty and a lack of role clarification (see Annexure H - minutes of the district VEP stakeholders meeting).

As stated in the White Paper for Social Welfare (1997:73), women’s experiences are diverse and differ according to race and class but commonalities between them exist regarding gender inequality. Black people, especially rural women have been severely disadvantaged by the policies of the apartheid regime. Most of them are isolated and do not have access to social and economic opportunities that could improve their lives. The cabinet introduced a number of legislations soon after the new government came in operation in 1994 with special consideration of women and other vulnerable groups such as children, the disabled and older persons.
Despite these legislations, gender inequality and the violation of statutes are still common throughout the country.

In Limpopo Province, like in all other provinces in South Africa, there is a vast majority of cases of rape, battering, high-jacking, and many other forms of abuse reported by the media. As experienced by the researcher and colleagues in the field of social work, violence against women has a strong and negative impact on the lives of those involved and affected. Disintegrated services for abused women create a sense of reluctance for the victims of violence to seek for assistance. As a result, abused women suffer in silence in the hands of their partners. In some cases death even occurs, leaving the children unattended and frustrated, concomitantly resorting to street life and crime.

The researcher observed that there is a high incidence of culpable homicide in the province, which includes cases of abusive partners killing their wives and then themselves. This might be the result of unattended or not properly attended abuse cases. Nel et al. (2001:5) point out that violence has an overwhelming influence on individuals as well as society as a whole. People either indirectly carry the financial costs of violence, or experience the social and emotional stress of living in a violent environment, or both.

A number of researchers (Dixon, 1998:163; Nel & Kruger, 1999:1; and Pretorius & Louw in Davis & Snyman, 2005:80) state that the long-term National Crime Prevention Strategy (NCPS), announced in 1996, seeks to address the factors that contribute to high levels of crime in South Africa, with the purpose of re-engineering the criminal justice system. Furthermore, it is important to address the needs of victims as one of the objectives of NCPS, namely the VEP. The VEP was initiated to offer support and effective services to victims of crime and to engage in proactive ways to prevent the recurrence of crimes. The VEP study by Nel and Kruger (1999:63) and Makofane (2001:90), revealed that through discussions with social workers, nurses, and other service providers, it is evident that the NCPS is only known but not implemented.
The challenge faced by Limpopo Province includes the unavailability of professionals who should be involved in empowerment services on a full time basis, where consistency with regard to client care and support is most needed. This has resulted in clients losing trust and interest in making use of support and empowerment services. Staff turnover is another challenge that has resulted in a lack of consistency in service delivery to enable a holistic approach to service delivery. The problem can therefore be stated as *inadequate integrated services to empower abused women by the helping professionals in Limpopo Province.*

The following section justifies the researcher’s intention to undertake the research project on the integrated intervention strategies for addressing violence against women in Limpopo Province.

**1.3 MOTIVATION FOR THE STUDY**

The researcher was prompted by a number of factors to undertake this study. She observed that, despite many attempts and efforts made to curb violence against women in Limpopo Province by various service providers, the rate of violent acts continues to escalate. Cases of violence are regularly reported by abused women to the South African Police and the Social Development services. Large numbers of casualties as a result of battering, rape and other assaults are treated at clinics and hospitals. A number of authors affirm that among the crisis intervention services that have received considerable attention in the past decade are hospitals, the police and treatment programmes (Camerer & Kotze, 1998:12 and Barnett, Miller-Perrin & Perrin, 2005:269). There is not much evidence of this in South Africa, as crisis intervention centres started to take shape only in 1996, when the National Crime Prevention Strategy was introduced.

The then President of the Republic of South Africa, Mr Thabo Mbeki, mentioned during his parliamentary opening speech in February 2006 that South Africa had entered its age of hope, and that the era of formulation and development of policies had passed and given way for service delivery. Subsequently, during the State of Nation Address in 2010, President Jacob Zuma declared 2010 as the year
of action, emphasising that the defining feature of his administration was that it
knows where people live, understands their needs, and responds faster. He further
urged the government employees to work faster, harder and smarter. This should
be done jointly by government, the private sector, civil society, and patriotic
individuals in order to achieve the objectives of a better life for all citizens. A joint
effort will make it possible for the citizens of South Africa to access developmental
opportunities, especially the vulnerable groups like women and children.

Subsequently, the Integrated Service Delivery Model (ISDM) publication was
introduced to Social Development service providers towards improved social
services. During the launch of this document on 28th of November 2005, the deputy
minister of Social Development, Dr. Jean Benjamin, emphasised that a
developmental framework demands interrelated, inter-sectoral and integrated
service delivery from the many sectors and government departments involved.
This clearly implies that effective service delivery to people with social problems
should not be fragmented, but should be coordinated.

The success of empowerment and support programmes to abused women relies
on collaboration and coordination of service by various professionals, each with a
unique expertise. The report on the Policy Framework and Strategy for Shelters for
Victims of Domestic Violence in South Africa (September 2002), indicates that the
purpose of this policy is to provide a strategy for establishing safe shelters for
victims of domestic violence, especially women as the vulnerable group. In this
way secondary victimisation will be prevented and the safety and protection of the
victim would be ensured. Shelters are essential as they are identified by the
National Department of Social Development as a crucial measure for the effective
implementation of the Domestic Violence Act (Act No. 116 of 1998), to ensure that
the rights and security of abused women are protected.

Every concerned group is getting involved in the programmes of violence against
women. The concern in this regard is the lack of coordination of services by
different professionals with special reference to the Provincial Department of
Health and Social Development. With regard to the existing programmes,
coordination is not clearly visible in the Department of Health and Social Development (DoHSD) as the lead department in VEP. This concern is supported by Nel et al. (2001:2) who state that although a multitude of initiatives at the local level cater for the needs of victims of crime and violence, the officially designated victim empowerment initiatives need capacity building at national, provincial and local levels. While there is an attempt for coordinated services among service providers, disintegrated services are still widely practised by government and community service organisations.

It is, therefore, crucial for the success of the VEP that all role-players understand their responsibilities regarding the empowerment and support for abused women. This study, therefore, provides an insight on the best possible strategies of implementing services to abused women in Limpopo Province. The researcher was also motivated by the willingness of the government to address issues pertaining to violence against women, even though the process is moving at a slow pace. Since reducing the trend of violence against women is one of the crucial objectives of the provincial department of Health and Social Development, implementation of programmes by various service providers will be possible and supported by the department.

The questions relating to the problem statement are formulated in the next session as a guiding tool for the researcher to remain focused during the research process.

1.4 RESEARCH QUESTIONS

A research question is a formal statement of the goal of a study which states clearly what the study will investigate or attempt to prove (Marion, 2004:iv and O’Leary, 2004:2). Graziano and Raulin (2000:54) on the other hand perceive a question as a statement in need of a solution or answers. A number of researchers (Alton & Bowles, 2003:51; Creswell, 2003:105; Marion, 2004:5) contend that research questions are logical statements that progress from what is known or believed to be true to what is unknown and requires validation.
The researcher formulates a question based on what is known relevant to a practice decision that must be made and what additional information is needed to best inform the decision (Rubin & Babbie, 2007:22). The research questions kept the researcher on track during the research process.

The research questions for this study were as follows:

- From the perspectives of professionals, what are the integrated intervention strategies that address issues of violence against women in Limpopo Province?
- From the perspectives of professionals and VEP district coordinators, what forms of support and empowerment measures are utilised to address the trend of violence against women?
- From the perspectives of abused women, what are the perceptions of abused women about the services they receive?
- From the perspectives of professionals and VEP district coordinators, how are the multi-disciplinary teams addressing violence towards abused women?
- From the perspectives of managers of VEP centres, how is the government responding towards violence against women?
- From the perspectives professionals, VEP district coordinators, managers of VEP centres, and abused women, what are the achievements of the Department of Health and Social Development towards addressing violence against women in Limpopo Province?
- From the perspectives of professionals, VEP district coordinators, and managers of VEP centres, what factors hinder victim empowerment programme in Limpopo Province?

The aim and objectives are formulated below to provide a clear understanding of the researcher’s intentions with the study.
1.5 AIM AND OBJECTIVES OF THE STUDY

The overall aim and objectives of the research study which provided direction and focus are presented below.

1.5.1 Aim of the study

The aim describes the scope of the research effort and specifies the information to be addressed by the research process (Struwig & Stead, 2001:35). According to Fouché and De Vos (in De Vos, Strydom, Fouché & Delport; 2005:100) the aim refers to the broader, more abstract conception of the end toward which effort or ambition is directed. It further guides researchers to determine why they want to do the research study and what they intend to accomplish (Creswell, 2003:87). The aim of this study was as follows:

- To develop guidelines for integrated social work practice in relation to the empowerment of abused women based on the exploration and description of the integrated intervention strategies utilised by various service providers in the Department of Health and Social Development in empowering abused women through the implementation of Victim Empowerment Programmes.

1.5.2 Objectives of the study

Objectives are usually derived from the aim and they inform the researcher in practical terms, what exactly needs to be investigated. They denote the more concrete, measurable and more speedily attainable conception of the aim (Fouché & De Vos in De Vos et al., 2005:100). Objectives are narrowed down and are short-term outcomes that contribute to the final or ultimate aim of the research (Babbie, 2007:114). According to Kumar (2005:46) objectives transform questions into behavioural aims by using action-oriented words such as to find out, to determine, to ascertain or to examine.

The following objectives were formulated to achieve the aim of the study:

- To explore and describe the current collaborative efforts and intervention
strategies by helping professionals to address violence against women in the Department of Health and Social Development, from the perspectives of professionals.

- To explore and describe the challenges faced by managers of VEP centres in Limpopo Province, from the perspectives of managers of VEP centres and the VEP district coordinators.

- To determine the perceptions of abused women in terms of the service provided by the helping professionals in the Limpopo Province, from the perspectives of abused women.

- To develop and provide practice guidelines and conceptualise the referral process for helping professionals addressing violence against women, based on the findings of the study.

Based on the aim and objectives of the study a theoretical perspective in relation to service delivery, intervention strategies, and quality service is selected and discussed.

1.6 THEORETICAL FRAMEWORK

Theory and research are dubbed the dynamic duo by Neuman (2000:60) as they are interrelated. Creswell (2003:120) defines a theory as “a set of interrelated constructs, definitions and propositions that presents a systematic view of phenomena by specifying relations among variables, with a purpose of explaining natural phenomena.”

Rubin and Babbie (2007:38) and White (2009:19) contend that theory plays an important role in social work research as it does in social work practice and cite the following important factors that:

- Assist the researcher to make sense of and see patterns in diverse observations.

- Help direct the researcher’s inquiry into those areas that seem more likely to show useful patterns and explanations.

- Help to distinguish between chance occurrences and observations that have
value in anticipating future occurrences.

Theories pertaining to violence against women are limited to behavioural patterns of the abuser, the abused and factors leading to the abuse. However, Braye and Preston-Shoot (1995:99) link partnership and empowerment to the feminist theory in accordance with innumerable ways in which patriarchal social relations undermine women’s well-being and locate the origin of women’s social problems in social factors.

The functionalism theory was singled out for this study as it explicates special characters such as problems to guard against, in order to maintain the equilibrium in service delivery. This theory was regarded as a core of this study as it is based on an integrated system of service delivery to abused women. It also gives cognisance to role clarification, division of labour, goal attainment, and sustainability of the functions.

Wallace and Wolf (1999:20) adopted the functionalist ideas of Durkeim (1858 – 1917) which emphasise the integration and division of labour. The perspective is also labelled structural functionalism because of its focus on the functional requisites, or needs of a social system that must be met if the system is to survive. A social entity such as an organisation can be viewed as an organism made up of parts, each of which contributing to the functioning of the whole. Social scientists using the structural functionalism paradigm note that the function of one structure is often not complete without the involvement of other structures (Babbie, 2002: 32).

The functional imperative of systems (Lewis et al., 2004:7 and Neuman, 2006:71) is that the system is confronted with four problems that need to be solved so that the state of equilibrium within the system can be maintained, namely:

- Adaptation – the way in which the system obtains resources from the outside, which will be used towards the realisation of a number of future objectives. Adaptation will ensure sustainable services to abused women as a result of available and accessible resources.
- Goal attainment -- the way in which the action within the system is aimed at the effective implementation of its objectives. The system will ensure that services are provided to the satisfaction of abused women.

- Integration – a function that creates coherence and solidarity. The different systems' elements are coordinated to prevent internal conflict and tensions. Integrated services will always enable service providers to share their expertise for the abused women to be holistically assisted.

- Latency – the attempt by different systems to control tensions whenever they arise.

Intervention for abused women will involve a number of professionals who might have different perceptions and views about the abused women’s conditions. While service providers are aware of their different roles with regard to providing services to abused women, the researcher noted that integrated service delivery is not prioritised among the role players. Functionalism will, therefore, assist in cautioning the role players of the essence of providing a holistic and effective service to the abused women (Patton, 2002:122).

The following section serves to clarify what the researcher means by the concepts that are frequently used in the research study.

1.7 DEFINITION OF CONCEPTS

Conceptualisation is defined by Babbie (2007:124) as “a process through which researchers specify what they mean when they use particular terms.” The definition of key concepts used in the text was necessary and essential to offer the reader clarification. Definitions are used to facilitate communication (De Vos in De Vos et al., 2005:440) to the extent that they make it possible to say something more clearly to be understood by the reader. Leedy and Ormrod (2005:56) suggest that each term must be defined operationally in the sense that the definition must interpret the term as it is used in relation to the researcher's project. The concepts are presented below.
1.7.1 Empowerment

A number of authors (Adams, Dominelli & Payne, 2002:38; Jasper & Jumaa, 2005:116; Roos, 2005:142; Sale, 2005:81; and Barsky, 2007:70) define empowerment as the process by which individuals, groups and/or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards maximising the quality of their lives.

Several researchers (Poulin, 2005:55; Kirst-Ashman & Hull, 2009:124; Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010:44) perceive empowerment as a process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situations. The process of empowerment emphasises the acquisition of power, which is the capacity to influence the forces which affect one’s life space for one’s own benefit.

Empowerment is aimed at increasing the energy level, motivation, coping, self-esteem, self-sufficiency, and self-determination for the abused or traumatised person (De Vos, 1998:407). As viewed by Tjale and De Villiers (2004:40), empowerment refers to “a quality that should be encouraged in the client or as an activity that aims to reduce powerlessness that has been created by negative valuations.”

Yadav (2000:263) defines empowerment in terms of “access to knowledge and resources as well as individuals or groups to have greater control over their circumstances that influence their lives and free them from shackles imposed on them by custom, beliefs and practice.” In this study empowerment refers to a process that seeks to inspire women as the vulnerable group with the courage to break free from the patterns of abuse and maltreatment by their partners. This is done through information dissemination and development of skills, for example, negotiation and decision making skills.
1.7.2 Victim

A comprehensive definition of the term ‘victim’ is provided by The United Nations on Crime Prevention and Criminal Justice (1996:6) as “a person who, individually or collectively, have suffered harm, including physical and mental injury, emotional suffering, economic loss and substantial impairment of her rights, through acts or omissions that are violations of national criminal laws or of intentionally recognised norms relating to human rights.” On the other hand Gadsby and Rundell (1995:1593) are of the view that “a victim is someone who has been attacked, robbed or murdered. A victim is someone who suffers because she is affected by a bad situation or by an illness.”

The Victim Support Information Brochure (2005:6) defines a victim as “anyone who has suffered harm or loss as a result of crime and violence; has suffered some or all of the following: loss of goods, physical harm, mental distress, trauma, fear and anxiety.” In this study a victim refers to a woman who is physically, emotionally or sexually abused or whose rights have been violated in one way or another.

1.7.3 Victim empowerment

Victim empowerment refers to services rendered by organisations (governmental, non-governmental or community-based), that endeavours to assist by assessing their needs and actively work to address needs. The services aim at skilfully supporting victims to deal with their trauma, and preventing crime and violence by advising and guiding victims towards a preventative lifestyle (Nel et al., 2001:8; Kgosimore, 2004:223).

Conversely, Nel and Kruger (1999:97) define victim empowerment as “a certain philosophy, method or technique of handling victims in which it is accepted that, rather than being dependent on the expertise and assistance of a professional or someone else, all people have certain skills and competencies which, when facilitated appropriately, can come to the fore to assist individuals to help themselves or to cope better with an incident of victimisation.”
Holtmann (1998:16) refers to victim empowerment as “a way of making it feasible for a victim of crime to heal and continue with her life after the crime with the least possible harm or loss. Furthermore, Holtmann (1998:16) contends that “victim empowerment is a process of making sure that the victim is empowered to contribute to a process of restorative justice, by entrenching internationally accepted basic victim’s rights as agreed by the United Nations.”

Victim empowerment has, therefore, been used by the researcher as an attempt by various service providers to equip abused women with the knowledge of their rights and information about procedures to follow after the abuse. Victim empowerment will enable abused women to take control of their lives and deal with the acts of abuse encountered in their relationships.

1.7.4 Victim empowerment initiatives

These comprise all groups and organisations in communities that address issues of domestic violence and may be crisis intervention services or centres, trauma centres or public awareness campaigns. The victim empowerment initiatives play the main role of providing care and emotional support for abused women (Nel & Kruger, 1999:97).

Camerer and Kotze (1998:12) regard victim empowerment initiatives as “coordinated victim friendly practices or services offered by non-governmental and interdepartmental sectors to eradicate secondary victimisation.” O’Vretveit (1995:7) states that victim empowerment initiatives are those community care groups that provide the intervention and support to enable people to achieve the maximum independence and control over their lives.

Victim empowerment initiatives are those programmes or projects addressing violence against women where government departments (Social Development, Health, Education, Justice, Correctional Services, and South African Police Services) and non-government sectors, each with a unique focus and area of
expertise, work jointly towards the physical and mental well-being of the victims of violence.

In this context victim empowerment initiatives refer mainly to shelters and centres for abused women, where they can be provided with care and support during their time of despair.

1.7.5 Violence

Lauer (1992:204) states that violence implies the use of force to kill, injure or abuse others. Although the word violence is used under a blanket meaning, there are different types of violent acts. Interpersonal violence occurs between two or more individuals. Inter-group violence involves identifiable groups in the society between two or more different races, religions or political groups.

According to Slabbert (1995:90), violence is the use or threatened use of force against women that can result in the destruction of the home, person or property, or the deprivation of individual freedom. Gadsby and Rundell (1995:1596) view violence as behaviour that is intended to hurt other people physically. Violence is any behaviour by an individual that intentionally threatens, attempts to inflict, or does cause physical, sexual or psychological harm to others (Lewis, Gewirtz & Clarke, 2000:18). A number of authors define violence as a behaviour by an individual that intentionally threatens, attempts to inflict, or does cause physical, sexual or psychological harm to others (Kemp, 1998: 228; Lewis et al., 2000:18; Ludsin & Vetten, 2005:17).

Violence as used in this study refers to destructive harm towards women including not only physical assault that damage the body, but also other psychological and emotional means of inflicting harm such as name calling, financial deprivation and degrading utterances.
1.7.6 Intervention

Intervention refers to interceding in or coming between groups of people, events, planning activities or conflicts. Many social workers prefer using the term intervention because it includes treatment and also encompasses the other activities the social worker uses to solve or prevent problems or achieve goals for social betterment (Barker, 1991:120). This is in line with a definition provided by Schilling(1997:173) which states that intervention is “an action taken by a social worker or other helping agent, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population.”

According to Hansen and Harway (1993:9), intervention refers to working psychotherapeutically, providing emotional support for a woman who is usually isolated from others, validating feelings and experiences that the battered woman may minimise or discount, helping her work through her anger or rage, doing self-esteem and self-nurturing work, working on developing assertiveness skills, exploring choices and options for lifestyles, and assisting in gathering information about healthy, non-violent relationships.

In this study, the concept ‘intervention’ is utilised to refer to service delivery strategies or techniques that are employed by social workers, medical doctors, professional nurses, psychologists, psychiatrists, police officers, justice system officers as well as non-government stakeholders to address violence against women.

1.7.7 Multidisciplinary team

A multidisciplinary team comprises a group of practitioners with different professional training (multidisciplinary) employed by different agencies (multi-agencies). Such a team meets regularly to coordinate their work of providing services to one or more clients in a defined area (Rosnow & Rosenthal, 2000:18).
Day (2006:29) refers to a multidisciplinary team as the way people from different professions and agencies work together to meet the health or social needs of people. Essentially, it is about using different skills to meet people’s needs, and creating satisfying and supportive working groups. Day (2006:93) also regards a multidisciplinary team as the client’s journey through the system to ensure that all relevant professionals play an active role in the care and support of the client.

According to Dyer (2003:186) a multi-disciplinary team takes the form of an organisational support infrastructure that promotes work interdependence, increases self-management and responsibility on the part of team members. A multidisciplinary team in this context refers to service providers from different relevant settings or sectors (government departments and community based organisations) that assist the victim of abuse with emotional, health and social services.

1.7.8 Survivor

Davies (in Davis & Snyman, 2005:353) states that “the term survivor is more future-oriented. This implies that the individual who was harmed is on the road to recovery, overcoming hardships and adjusting successfully.” On the other hand, Edleson and Eisikovits (1996:106) view a survivor as an abused individual who responds to the abuse by seeking help. Survivors include battered women who do their best to resist and survive violence and oppression (Whalen, 1996:51).

A survivor in this context refers to an abused woman who is empowered about her rights and knowledge on how to respond to crime and violence, in order to be out of the abusive situation.

1.7.9 Victim Support

Victim support is defined by Nel and Kruger (1999:98) as “the philosophy of care and assistance and to a specific approach by service providers. It is the empathetic, person-centred assistance rendered by an organisation or individual
following an incident of victimization. "Kgosimore (2004:223), Pretorius and Louw (in Davis & Snyman, 2005:77) contend that victim support seeks to assist victims or survivors of violence with practical and emotional support, information and advocacy. Victim support is aimed at reducing the psychological shock that victims may experience. Victim support therefore pertains to emotional support and counselling for the victim during the period of distress and despair as a result of the abuse incurred.

1.7.10 Trauma

According to the Shiel and Stoppler (2008:322), "trauma is the Greek word for a wound or damage or defeat." Trauma has both a medical and psychiatric definition. Medically, trauma refers to a serious or critical bodily injury or shock. In psychiatry, trauma has assumed a different meaning and refers to an encounter that is emotionally painful and stressful, which often has lasting mental and physical effects.

On the other hand, Nel et al. (2001:95) define trauma as the immediate or long-term effects of a crisis experienced by an individual, which restricts his or her options. A traumatic incident is any situation faced by victims that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or at a later stage. Smith and Segal (2008:12) and Hepworth et al. (2010:384) define trauma as a stressful situation that is imposed on an individual by circumstances or events out of his or her control that emotionally overwhelms the individual. Examples include the unexpected death of a loved one, sudden loss, rape, receiving health status information, and illness. In this context trauma refers to the cognitive and emotive experiences the victim faces at the hands of the perpetrator.

In the following section, a broad picture of the research methodology is provided, outlining the research type, approach, and design as the major elements of giving direction of the study. The description of the population, sample selected for the study and the area of study are discussed for a clear understanding of the
research process. Methods of data collection analysis and interpretation are also discussed.

1.8 RESEARCH METHODOLOGY

According to Unrau, Krysik and Grinnell (1997:256), research methodology is the use of qualitative or quantitative, or both approaches, to find answers to specific questions. Therefore, research methodology means the way in which to solve problems (Fouché & Delport in De Vos et al., 2005:71). The methodology of this study delineates the process that was followed in conducting the investigation, which included the research design, the type and methods of the research study.

1.8.1 Type of research

The researcher found applied research to be relevant for this study as it is set out to provide solutions to practical problems (Rubin & Babbie, 1993:99), in this case, violence against women. Several authors (compare Neuman, 2000:22; Singh, 2007:48; Jackson, 2008:15), contend that applied research is designed with a practical outcome in mind in which the assumption that some group or society as a whole will gain specific benefits from the research.

De Vos (in De Vos et al., 2005:392) recommends the use of intervention research as the new view of applied research for the caring professions. This study sought to explore and describe the intervention strategies by different professionals, i.e. medical doctors, social workers, professional nurses, psychologists and psychiatrists, as well as other stakeholders such as managers of victim empowerment centres. Victims of abuse also formed part of the interest groups of the research.

1.8.2 Research approach

After a thorough scrutiny of the qualitative and the quantitative research methods, the researcher concluded that both methods are equally essential, particularly if a
A comprehensive study on service delivery for the empowerment of abused women was to be conducted. A combination of both methods was therefore regarded to be appropriate; however more emphasis was on the qualitative study as it allowed in-depth collection of data (Fouché in De Vos et al., 2005:272). The emphasis was placed on the qualitative research approach since little was known about the phenomenon (Donalek & Soldwisch, 2004:354) which was the type and quality of services provided to abused women by various professionals employed by the DoHSD. It is also important to note that qualitative and quantitative research approaches differ with regard to their purpose, process, data collection methods, data analysis, and communication of findings (Leedy & Ormrod, 1997:106-107).

Multiple sources of information were used for this study. The use of multiple methods and techniques is viewed as one of the best ways to improve the quality of research (Spalter-Roth in Bamberger, 2000:52; Yegidis & Weinbach, 2006:106; Creswell & Plano-Clarke, 2008:9).

Qualitative research is interdisciplinary, multi-paradigmatic and multi-method. It focuses primarily on the depth or richness of the data and, qualitative researchers generally select samples purposefully rather than randomly (Struwig & Stead, 2001:121; Thomas, 2003:1). Fossey, Harvey, McDermott and Davidson (2002:717) define qualitative research methods as methods that “describe and explain person’s experiences, behaviours, interactions and social contexts without the use of statistical procedures or quantification.” The assertion is validated by Donaleck and Soldwisch (2004:356) that, the qualitative researcher seeks to gain in-depth understanding of a phenomenon under study from the participants’ point of view because they are experts in their experiential worlds and are able to share and describe their experiences and feelings. This approach enabled the researcher to explore the perceptions of professionals, VEP district coordinators, VEP managers in relation to the type of services provided to empower abused women. In addition, the experiences of abused women were sought to gain insight into their views pertaining the type of service they have received from the VEP centres.
Conversely, studies using quantitative research methods typically attempt to formulate all or most of their research procedures in advance and then try to adhere precisely to those procedures with maximum objectivity as data are collected (Rubin & Babbie, 2007:34). The quantitative research methods are more highly formalised and more explicitly controlled (Fouché & Delport in De Vos, et al., 2005:73). With quantitative studies, measurement is normally focused on specific variables that are quantified through rating scales and frequency counts (Fouché & Delport in De Vos, et al., 2005:73 and Thomas, 2003:2). The advantage of using the quantitative study is perceived by Patton (2002:227) as making it possible to measure the reactions of many respondents to a limited set of questions.

Integrating the qualitative and quantitative research methods was therefore essential for this study as mixed methods are designed to include at least one quantitative method designed to collect numbers and one qualitative designed to collect words, where neither type of method is inherently linked to any particular inquiry paradigm (Creswell, 2009:3). In this instance, a questionnaire was utilised to obtain quantitative data from diverse groups of professionals who have been offering empowerment services to abused women in Limpopo Province.

1.8.3 Research design

Due to the complexity of the study, the researcher opted to utilise the exploratory, descriptive and contextual research designs to complement each other. The researcher also used an explorative and descriptive design because, the exploratory design focuses on answering the “what” question, while the descriptive design focuses on answering questions such as “who”, “when”, “where” and “how” (Neuman, 2006:35). A descriptive design paints a picture of specific details of a situation, social setting, or relationship (Neuman, 2006:34-35).

The explorative research is conducted when the researcher needs to present a detailed view of the topic and also to study individuals in their natural setting (Neuman, 2000:19; Babbie, 2001:91). Holloway (2005:4-5) purports that researchers using the qualitative research approach use the person-centred and
holistic perspective to understand the human experiences, without focusing on specific concepts. Hence, explorative studies are most typically carried out for three purposes:

- To satisfy the researcher’s curiosity and the desire for better understanding.
- To test the feasibility of undertaking a more extensive study
- To develop a method that should be employed in any subsequent study (Babbie, 2008:98).

The exploratory design enabled the researcher to gain new insights, discover new ideas and increased knowledge on the experiences of professionals, VEP district coordinators and managers including abused women on the functioning of the VEP. The researcher entered the research field with curiosity from the perspective of knowing little in order to provide new data regarding the phenomena under study (Burn & Grove, 2003:313 and Creswell, 1994:145).

Descriptive research refers to studies that have as their main objective the accurate portrayal of the characteristics of persons, situations or groups (Polit & Hungler, 2004:716). According to Goddard and Melville (2004:32) descriptive studies provide more information and explain phenomena in detail. Furthermore, descriptive research attempts to describe systematically, a situation, problem, phenomenon, service or programme, or provides information of a community (Kumar, 2005: 86).

Neuman (2000:21) states that studies may have multiple purposes, example, both to explore and to describe, though one purpose is usually dominant. Neuman (2000:21) further suggests that exploratory research may be the first stage in a sequence of studies as a researcher may need to know enough to design and execute a second, more systematic and extensive study. Rubin and Babbie (2007:41) indicate that many social work studies seek a second purpose to describe situations and events. The researcher observes and then describes what was observed.
In this study the contextual research design was deemed fit to focus on service delivery strategies for abused women in Limpopo Province. Several researchers (Craig & Baucum, 2002:6; Burns & Grove, 2001:103; Durrheim in Terre Blanche, Durrheim, & Painter, 2006:48) contend that the contextual design refers to immediate and extended setting in which a phenomenon occurs. Such a setting includes the socio-cultural context such as language, ethnicity and other aspects of personal and group identity shared by the individuals concerned (Neuman, 2006:92).

Yin (2003:1) indicates that exploratory and descriptive studies are preferred when ‘how’ and ‘why’ questions are posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context. A combination of the exploratory, descriptive and contextual research designs assisted the researcher to gain an in-depth understanding of service delivery strategies for abused women since the description of the integrated services received by abused women was paramount for the study. Hence, face-to-face interviews were conducted with ten abused women from five districts of Limpopo Province who received services from the professionals in the DoHSD and the Victim Empowerment Programme centres.

1.8.4 Research population

According to Neuman (2000:203) a population specifies the unit being sampled, the geographical location, and the temporal boundaries of the population. A number of researchers (Marion, 2004:16; Pannerselvam, 2005:192; Singh & Bajpai, 2007:14) view a population as any set of people or events from which the sample is selected and to which the study results will generate. Strydom (in De Vos et al., 2005:193) refers to a population as a totality of persons, organisation units, case records or other sampling units with which the research problem is concerned.

A population of a study is regarded as the entire set of objects or people which is the focus of the research and about which the researcher wants to determine some
characteristics (Babbie, 1998:109; Bless & Higson-Smith, 2000:84; Neuman, 2000:210). To define a population, a researcher specifies the unit being sampled, the geographical location, and the temporal boundaries of the population (Neuman, 2000:203).

In order for the researcher to attain the primary aim and objectives of the study, three levels of service providers were considered for the study, namely:

- Ninety-four professionals employed by the department of Health and Social Development (medical doctors, professional nurses, social workers, psychiatrists and psychologists)
- Five Department of Health and Social Development VEP district coordinators specialising in victim support and empowerment services, who became the sample given the small number
- Seventy managers of victim support centres.

The population also comprised of abused women who utilised the services of VEP for the past twelve months. The total number of abused women from all five districts was fifty-eight.

1.8.5 Sampling

Yegidis and Weinbach (2002:181) indicate that time and resources usually do not allow researchers to study the whole population which is of interest to them. A sample is a portion or a subset of the population that will be selected for inclusion in the study (Yegidis & Weinbach, 1996:115; Langford, 2001:115). Grinnell (2001:207) on the other hand, defines sampling as a process of selecting participants from the population to take part in the research study in order to learn about the population from which the sample is drawn.

Since the population consisted of five groups or strata of professionals from the DoHSD who rendered services to abused women, two types of sampling techniques were used namely; the probability stratified sampling and the non-probability purposive sampling. The probability stratified sampling technique was
utilized in the selection of professionals who rendered services to abused women. This technique was appropriate for the study as stratification consists of the universe that is divided into a number of strata (Blaikie, 2009:174) which are mutually exclusive. The strength of this procedure (Sarantakos, 2005:158) is that it allows all population groups to be represented in the final sample. It also enabled the researcher to select ninety-four professionals who had two year experience of working with abused women. However, of the selected professionals, only eighty completed and returned the questionnaires. The response rate was good at 85%.

The non-probability purposive sampling was employed to procure a sample from three population groups namely; district VEP coordinators, managers of VEP centres and abused women who utilised VEP services. According to Grinnell (1993:446) purposive sampling procedure enables the researcher to purposely select a sample of people with certain characteristics to participate in the investigation. The technique was deemed appropriate as it enabled the researcher to seek out participants for inclusion in the sample because of their knowledge and ability to describe the phenomenon under study (Donalek & Soldwisch, 2004:356). This facilitated the acquisition of qualitative data.

Since there were only five district coordinators and experts in the field of Victim Empowerment Programme, this target group became the sample. A total of ten project managers (two per district) from VEP centres for abused women in Limpopo Province were also purposively selected. The assistance of the area social work supervisors was sought to identify knowledgeable VEP centre managers who were able to articulate their experiences on service provision for abused women. In addition, ten abused women (two per district) who utilised VEP services during the last twelve months were selected. The researcher enlisted the assistance of social workers to identify abused women who had received medium to long-term services at VEP centres and social development agencies. The selection of the smaller sample size is in line with qualitative research as postulated by various authors (Maree & Pietersen in Maree, 2007:177; Langford, 2001:152 and Fossey et al., 2002:726).
A schematic outline of the population and sampling methods used for the study is presented in Chapter 2.

1.8.6 Data collection methods

Data were collected through structured questionnaires and face-to-face interviews, since both the qualitative and quantitative research methods were utilised in this study. Therefore, triangulation of data collection methods was utilised. For example, quantitative data was gathered from various professionals (medical doctors, professional nurses, psychiatrists, psychologists and social workers) through questionnaires while qualitative data was gathered from the VEP district managers, managers of VEP centres and abused women through face-to-face interviews. Bless and Higson-Smith (2000:109) assert that the most important advantage of using questionnaires is that a large coverage of the population can be realised with little time or cost.

Face-to-face interviews were used as they are regarded by Tutty, Rothery and Grinnell (1996:52) as one of the methods that can be used to collect qualitative data from participants that aim at gaining understanding a phenomenon from the participants’ point of view. The interview schedule with open-ended questions allowed the researcher to use probes to encourage participants to provide more depth on the issues under study (Meadows, 2003:466).

As an experienced social worker, the researcher used acquired skills to conduct face-to-face interviews with managers of facilities at ten service points throughout the province, two managers per district. For a comprehensive data collection, the researcher also conducted interviews with the abused women who received service from the VEP shelters. The advantage of face-to-face interviews with abused women afforded the researcher first-hand information about their experiences and perceptions with regard to the services they received. Their stories are presented as case studies in Chapter 6.
To make the data collection process a success, permission was sought from the Department of Health and Social Development for the participation of Victim Empowerment Programme coordinators as well as professionals involved in the programme.

1.8.7 Pilot study

Several researchers (Bless & Higson-Smith, 2000:155; Burns & Grove, 2001:106; Strydom in De Vos et al., 2005: 205) refer to a pilot study as a specific pre-testing of research instrument which is done in preparation of the actual intended study to determine whether the methodology, sampling, and instruments are adequate and appropriate. In order to familiarise herself with the study, the researcher conducted a pilot study to ensure effective process of data collection.

1.8.8 Methods of data analysis

The researcher was in direct contact with participants, conducting interviews. Data were analysed using Computer Assisted Qualitative Data Analysis Software (CAQDAS) and was typed on a word-processing programme and saved as an ASCII file. The file was then transferred to qualitative data analysis software. A variety of non-formatted textual database systems have been developed for qualitative research (Henning, 2004:130). The researcher utilised the NVIVO7 system for the management of textual data. Most analysis is done with words that can be assembled, sub-clustered and broken into semiotic segments. The recordings were well organised to enable the researcher to contrast, compare, analyse and bestow patterns upon them (Miles & Huberman, 1994:7).

For quantitative data analysis, a code sheet was used to prepare data for computer analysis. The Statistical Package for Social Sciences (SPSS) was used to create a data file that can be repeatedly accessed for analysis (Rose & Sullivan, 1996:70). The simple frequency distribution was used in table and graphic forms for data to be well illustrated and interpreted. The methods of data analysis applied for this study will be comprehensively presented in Chapter 2.
A clear description of the areas chosen for the study is provided below to highlight the demarcation of Limpopo Province according to the five districts, where the study was conducted.

1.9 AREA OF THE STUDY

The research study was conducted in Limpopo Province, which is made up of five districts, namely: Waterberg, Capricorn, Vhembe, Mopani, and Sekhukhune (Annexure A – a map of Limpopo Province and the demarcation of districts). The province is characterised by unemployment, poverty and a high rate of illiteracy, especially around the low resourced rural areas. A larger part of the province is made up of rural areas and farms. Informal settlements are mushrooming around the city of Polokwane, and in towns such as Mokopane, Phalaborwa, Tzaneen, Thabazimbi, Makhado, Musina and their surrounding townships.

According to the Mid-year Population Estimates (2004:12), Limpopo Province had a population of 5 273 642 derived from the census conducted in 2001. The female population is estimated at 3 003 295 while the male population is at 2 481 028. Theoretically, services of empowerment and support to victims of crime and violence are provided in all areas without discrimination. However, a substantial number of areas do not have VEP facilities and could not be accessed for research purposes. This study was conducted only in those areas where facilities are available, for the purpose of accessing service providers collectively (Annexure C-VEP services in Limpopo Province).

Limpopo Province is vastly rural, made up of few townships, fewer towns, one city and many informal and farm settlements. The province is characterised by poverty and unemployment. Migration by men to the bigger cities in Gauteng Province is still rife. Polygamy is practised in many parts of the province, especially in rural areas where traditional and cultural practices are adhered to. In these areas, women are often subjected to inequality and conform to cultural rules and norms.
The researcher was instructed to sit down on a home woven mat on the ground with a head scarf on to gain entry into the area while the chief's advisors sat on the benches, as a sign of authority. Formal hearing procedures for social problem cases (including marital disputes) in these areas often take place at the chief’s kraal known as the ‘kgoro’, where only men are allowed to take part. The rulings are in most cases finalised in favour of men, who are mostly supported by the traditional laws.

The next section indicates how the study will be of benefit to service providers, policy makers and other researchers.

1.10 SIGNIFICANCE OF THE STUDY

This section highlights the positive contributions and value of the study.

- Service providers, i.e. persons who are directly involved in the programmes and projects that address violence against women will benefit from the findings. The integration, support and empowerment strategies mentioned in the text will assist them to improve their service.

- Policy makers or the directorate of the Department of Health and Social Development, South African Police Services, and other participating government departments that address domestic violence will make use of the recommendations and information from the study to consider some changes with regard to existing policies, e.g., the funding criteria for Victim Empowerment Projects, which has been a recurring issue in Limpopo Province.

- Other researchers will be able to utilise the research report for reference purpose. The findings will serve as a baseline for future in-depth research. Training organisations such as the National Institution of Crime Prevention and Reintegration of Offenders (NICRO) and Centre for the study of Violence and Reconciliation (CSVR) will utilise the findings to develop
training manuals.

- Different helping professionals are likely to benefit from the suggested guidelines and the conceptualised referral process developed by the researcher.

- The client system will benefit through quality service delivery by knowledgeable service providers. The developed guidelines will enhance the referral process by service providers who will ensure that the abused women have access to the required services.

The challenges encountered by the researcher during the research process are discussed below.

1.11 LIMITATIONS OF THE STUDY

A number of factors hampered the progress of the study:

- The main challenge that the researcher encountered was the financial constraints for the preparation and the actual conducting of the research study as the project was not sponsored.

- The researcher took time to reach all the professionals as a result of the vastness of the area of study, Limpopo Province. It took the researcher approximately six months (January to June 2007) to reach all professionals and seven months to access all participants (September 2007 to March 2008).

- The study was a long process as the research population comprised of three groups of service providers (helping professionals, district coordinators and the managers of VEP centres) as well as ten women who sought assistance from the service providers.

- The researcher had to wait for long hours for participants who were working.

- The reschedule of appointments with VEP managers occurred regularly as their programmes are flexible, especially in relation to their unanticipated meetings with and workshops provided by the government departments.

Researchers have an obligation of safeguarding participants from all form of harm
and discomfort (Taylor, 2005:15). The ethical considerations are highlighted in the following section.

1.12 ETHICAL CONSIDERATIONS

Rubin and Babbie (2007:256) view ‘ethics’ as typically associated with morality, dealing with matters of right or wrong also associated with conformity to the standards of conduct of a given profession, group or organisation (Rubin & Babbie, 2007:256). Yegidis and Weinbach (2002:26) assert that most social work research depends on human beings to provide the information and data required for knowledge-building. Researchers therefore have an ethical obligation to ensure that the participants are well treated and that their health and wellbeing are always taken into consideration. The dignity of the participants should not be compromised by any means.

Since the study involved women who were physically, sexually, economically and emotionally abused by their partners, the researcher observed the following principles as suggested by Usherwood (1996:50):

- Respect and autonomy – participants have the right to make informed decisions about matters that affect them.
- Non-maleficence – the obligation not to do harm.
- Beneficence – the obligation to do good if possible.
- Justice – resources should be allocated and used fairly and equitably.

The following ethical issues were considered and adhered to when conducting this study:

1.12.1 Informed consent

The participants were informed about the purpose of the investigation and the procedure that would be followed. A number of researchers (Barnett et al., 1997:37; Graziano & Raulin, 2000:65; Silverman, 2000:201), contend that one solution adopted by investigators is to inform research participants in advance of
the limits of confidentiality and to specify how they plan to address disclosures of abuse (Annexure T - consent form). Rubin and Babbie (2007:25) assert that all participants must be aware that they are participating in a study, be informed of all the consequences of the study, and consent to participate in it.

1.12.2 Voluntary participation

The researcher made sure not to reveal the identity of the participants as well as any confidential information obtained during the study without their permission. The participants and the respondents were not coerced to take part in the research; their participation was voluntary. According to Rubin and Babbie (2007:25) and Usherwood (1996:50) a major principle of research ethics is that participation must be voluntary and no one should be forced to participate in a research project.

1.12.3 Anonymity and confidentiality

Creswell (2007:141) and Jackson (2008:38) contend that the protection of participants’ identities is the clearest concern in the protection of their interests and wellbeing in research. A respondent may be considered anonymous when the researcher cannot identify a given response with a given respondent. Confidentiality is applied when the researcher is able to identify a given person’s responses, but essentially promises not to do so publicly. The researcher clearly indicated in her letter of request for participation that all the information would be handled with confidentiality.

1.12.4 Deception of respondents

The researcher informed the participants and the respondents of the real goal of the study and all the procedures that would be followed. According to Sarantakos (2005:19) deception occurs when researchers encourage people to take part in a study by deceiving them, hiding aspects of research that the respondents might find undesirable, or presenting an attractive but false image of the research. The research proposal served before the University of Limpopo Ethics Committee for
approval.

1.13 CONTENTS OF THE RESEARCH REPORT

The study was divided into 8 chapters as follows:

CHAPTER 1: A general orientation to the study is presented in this chapter. The motivation for undertaking the study and the research problem were stated. The research questions, goal and objectives of the study were formulated as the starting point of the study. The research methodology and a description of the research population, sampling method and methods of data collection were discussed.

CHAPTER 2: This chapter provides a comprehensive description of the research process, highlighting the fundamentals of the study. The description of participants, data collection methods and data collection procedures are also highlighted.

CHAPTER 3: This chapter provides a variety of empowerment and support services and programmes for abused women are extensively discussed. The empowerment functions, process and principles are extensively discussed. The service delivery approach is also outlined in this chapter.

CHAPTER 4: The integrated service delivery model was outlined, which included the NCPS/VEP. Service coordination and teamwork as key concepts of the interdisciplinary approach of service delivery were included in this chapter.

CHAPTER 5: The status quo of the organisational structures of VEP in Limpopo Province is highlighted, indicating implementation of services, challenges and successes at all the levels of service delivery of the province.

CHAPTER 6: The qualitative and quantitative research data are presented and interpreted in this chapter.
CHAPTER 7: Suggested guidelines to be utilised by social workers and other helping professionals to enhance quality service for abused women are provided by the researcher.

CHAPTER 8: A summary of the most important findings of the study is presented, conclusions are drawn and recommendations are made.

The following chapter will describe the application of the research methodology followed in this study.
CHAPTER 2

RESEARCH METHODOLOGY AND ITS APPLICATION IN THIS RESEARCH PROJECT

2.1 INTRODUCTION

Conducting research on issues related to violence against women is not an easy undertaking as some women would not like to talk about their plight for fear of reprisal from their partners. In this particular study, the researcher set out to study the type of services provided by various professionals to the abused women in Limpopo Province and the challenges encountered. In Chapter 1, the general introduction of the study was outlined.

According to Blaikie (2009:15), research methodology is an integrated statement of and justification for the technical decisions involved in planning a research project. Strydom (in De Vos et al., 2005:252) suggests that the actual procedure of the study should be described comprehensively, so that the reader should develop confidence in the methods used. For instance, the descriptions of the participants, research design, sampling plan, data collection procedures, the apparatus and measuring instruments should be included in the research methodology.

Conversely, Leedy and Ormrod (2007:134) view the research methodology as a qualitative study evolving over the course of the investigation and also assert that qualitative research requires considerable preparations and planning. Hence, this chapter highlights how appropriate research methods and strategies were employed during the study to enhance a better understanding of the phenomenon under investigation. A description of the application of major components of the qualitative and quantitative research processes followed is presented. Furthermore, a detailed description of the application of the research approach, research design, population and sampling methods, data collection tools, data analysis and interpretation as well as ethical considerations is also provided.
2.2 RESEARCH APPROACH

The researcher adopted Blaikie’s (2009:33) framework of a research methodology as a logical structure of the research process presented in Figure 1 below. The following steps are included in the framework: research strategy/approach, research purpose/design, research population and sampling methods, data collection, data analysis, interpretation of data, and report writing.

Figure 1: Elements of a research process

Adapted from Blaikie (2009:33)

The above figure depicts the process followed for this research study and all aspects of the application of the qualitative and quantitative research process are discussed in this chapter. The following section provides the research approach that was suitable for this study. Due to the complexity of the study, the researcher opted to employ both the quantitative and the qualitative research methods.
However, the major part of the study relied on the qualitative research method. One of the purposes of qualitative research is to formulate research questions that will give shape to the study. The research questions that guided the researcher throughout the research process are stated below.

### 2.2.1 Research questions

The research questions for this study were formulated based on the statement of the problem. The formulation of the research questions is the real starting point in the preparation of a research design or process (Blaikie, 2009:17). According to Marion (2004:6) the research question is a logical statement that progresses from what is known or believed to be true to what is unknown and requires validation. The research questions summarise what will be achieved by the study (Voce, 2004:3) and should be closely related to statement of the problem.

The following functions of the research questions are cited by Voce (2004:3):

- Help to focus the study.
- Help to organise the study in clearly defined parts or phases.
- Facilitate the development of the research method.
- Uncover the deeper layers of the research problem.

The research questions were formulated based on the sampling frame for this study, namely, helping professionals of the Department of Health and Social Development, district VEP coordinators, managers of VEP centres, and abused women who accessed health and social development services. The following key questions were formulated:

- What are the integrated intervention strategies for enhancing organisational efforts to address violence against women, from the perspectives of helping professionals providing services to abused women as well as the district VEP coordinators who oversee the effectiveness of the services in their respective districts?
- How is the Limpopo provincial government responding towards violence against women, from the perspectives of abused women who utilised the VEP services in the province?
- From the perspectives of VEP project managers, what support systems are provided to CSOs by the provincial Department of Health and Social Development in Limpopo?

The above questions enabled the researcher to extract extensive data from service providers at the local and district levels of service delivery. The questions also assisted the researcher to determine the level of satisfaction among the victims and survivors of domestic violence who utilised VEP services in the province. The CSOs level of satisfaction in terms of support from the Provincial Department of Health and Social Development was also determined. Based on the formulated research questions the researcher was able to formulate the aim and objectives of the study as outlined below.

2.2.2 Aim and objectives of the study

The aim or goal of the research study describes the major reasons of undertaking the research study. Reasons might range from satisfying curiosity, solving a personal problem, achieving a credential or pursuing career goals. Some reasons might be more public or altruistic (Blaikie, 2009:17), such as making a contribution to knowledge in a discipline, solving some social problem, or contributing to the welfare of some organisation or a sector of society. Struwig and Stead (2001:35) point out that the aim delineates the scope of the research effort and specifies what information needs to be addressed by the research process. The aim also guides researchers to determine what they intend to accomplish at the end of the study (Creswell, 2003:87).

The reason for conducting this study was to make a contribution to knowledge in the helping professions, particularly in the Department of Health and Social Development. The aim of the research study was to develop guidelines for integrated social work practice in relation to the empowerment of abused women
based on the exploration and description of the integrated intervention strategies utilised by various service providers in the Department of Health and Social Development in empowering abused women through the implementation of Victim Empowerment Programmes.

Closely linked to the aim of the study are research objectives which, according to Kumar (2005:46) and Kothari (2008:2), transform questions into behavioural aims by using action-oriented words such as to find out, to determine to ascertain, and to examine. The following key objectives of the study were formulated:

- To explore and describe, from the perspectives of helping professionals, the current collaborative efforts and intervention strategies they follow to address violence against women in the provincial Department of Health and Social Development in Limpopo.
- To explore and describe, from the perspectives of VEP project managers, the challenges they encounter in their quest to address violence against women.
- From the perspectives of abused women who utilised the VEP services in Limpopo Province, to determine their perceptions of the service provided by helping professionals.
- To develop the referral guidelines and conceptualise the referral process for helping professionals addressing violence against women.

A summary of this sub-section is provided in Chapter 8 (Section 8.7 and 8.8), indicating whether the aim and objectives were achieved or not, and how they were achieved.

2.2.3 Motivation for choosing the qualitative research approach

Qualitative research assists in answering complex questions about a phenomenon often with the purpose of describing and understanding the subject under study from the participants’ point of view (Leedy & Ormrod, 2001:101). On the other hand, Rubin and Babbie (2007:34), contend that qualitative research methods are more flexible and they allow research procedures to evolve as more observations
are gathered. The method typically permits the use of subjectivity to generate deeper understanding of the meaning of human experiences. Another feature of the qualitative approach to research is that it is concerned with subjective assessments of attitudes, opinions, and behaviour (Kothari, 2005:5). A qualitative research method was deliberately chosen to dominate this study as it is multi-method in nature (Thomas, 2003:1), involving an interpretive, naturalistic approach to its subject matter. Data collection was done through face-to-face interviews with five district coordinators and ten managers of VEP centres respectively, while case studies of ten abused women were conducted.

Qualitative research methods were used as they are more flexible (Rubin & Babbie, 2007:34) and they allow research procedures to evolve as more observations are gathered. The methods permitted the use of subjectivity to generate deeper understanding of the meanings of human experiences. The use of qualitative research method is assistive as it is informative and detailed (Sarantakos, 2005:144) as it offers thick descriptions and allows entry to subjective social constructions of people. It also presents the information gathered in a detailed and complete form, not in numbers or formulae.

The researcher sought to acquire an in-depth understanding of the perceptions of abused women with regard to the services they received from the VEP, thus the consideration of the case studies. Thomas (2003:33) supports the use of case studies as they typically consist of a description of an entity and the entity’s actions. Case studies allowed abused women to state their opinions and express their feelings relating to their level of satisfaction or dissatisfaction with regard to the services they accessed. This was in line with the aim of qualitative researchers who study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meaning people bring to them (Thomas, 2003:1).

The qualitative multi-method study was conducted in a parallel manner to save time. Chung (in Bamberger, 2000:45) asserts that a simultaneous approach is essential when the methods are used to inform each other. The findings from the helping professionals augmented those from the VEP district coordinators and the
managers of VEP centres. Discrepancies could also be detected from the data where district coordinators viewed the VEP as smooth running, whereas the VEP project managers stated their dissatisfaction with the support they receive from the district coordinators.

Triangulation of data collection methods such as questionnaires and face-to-face interviews were applied in the study to facilitate acquisition of relevant information from the respondents and the participants. Sarantakos (2005:145-146) mentions triangulation as a way of combining several data collection methods in the same study, which allows the researcher:

- To be thorough in addressing all possible aspects of the topic.
- To increase the amount of research data, and hence increase knowledge.
- To enrich the nature of research data.
- To facilitate a study, where one procedure serves as a stepping stone for the other.
- To allow comparisons in longitudinal studies.
- To achieve a higher degree of validity, credibility, and research utility.
- To overcome the deficiencies of single method studies (Sarantakos, 2005:145-146).

Face-to-face interviews were conducted with the VEP district coordinators and the VEP project managers. A case study of abused women was also conducted to gain more insight into the service delivery model employed at all the levels of implementation. The use of personal interviews is supported by Monette et al., (2008:180) as they offer an opportunity to explain questions that may not be understood by the participants. The presence of the researcher made it easier for the flow of the interview sessions. Through face-to-face interviews, the researcher was able to add observational information to the responses such as the respondents’ attitude towards the interview and other emotional attributes.

2.2.4 Motivation for choosing the quantitative research approach

The quantitative research approach was also applied to the study to augment the
qualitative data. According to Thomas (2003:2) quantitative research uses numbers and statistical methods. It intends to be based on numerical measurements of specific aspects of phenomena, it abstracts from particular instances to seek general descriptions. The quantitative approach was followed to collect data from helping professionals who provided health and social services to abused women on a regular basis. The population and sample, and sampling techniques are portrayed in a tabular form in sub-section 2.4.1.

Bamberger (in Bamberger, 2000:18) asserts that a fully integrated research approach would draw on the conceptual and analytical frameworks of two or more disciplines in the design, analysis, and interpretation of the research, while at the same time combining a broad range of data collection methods, in most cases including both quantitative and qualitative research methods. Mixed methods designs are those that include at least one quantitative method, designed to collect numbers and one qualitative method designed to include words, where neither type of method is inherently linked to any particular inquiry paradigm (Spalter-Roth in Bamberger, 2000:52; Creswell, 2009:3; Creswell & Plano Clarke, 2011:256). In this study, qualitative and quantitative methods were integrated and conducted in parallel. A simultaneous approach is essential in situations in which the two research methods are used to inform each other (Chung in Bamberger, 2000:450).

Details of the rationale for the choice of the research designs are provided in the next section.

2.3 RESEARCH DESIGN

The purpose of this section is to provide a clear picture of the research design employed and to justify why the design was appropriate for this study. Ritchie & Lewis (2005:28) are of the view that “qualitative research is, by nature and function, mainly explorative and descriptive and therefore an explorative and descriptive design will be used in most qualitative research projects.” According to Marshall and Rossman (2011:69) and Babbie (2008:98) the exploratory research design has the purpose of investigating little understood phenomena and to identify
or discover important categories of meaning.

The knowledge base with regard to the intervention strategies as well as the interdisciplinary approach of service delivery for abused women is relatively inadequate. The researcher employed the exploratory research design in order to investigate deeply into the service delivery strategies applied by the helping professionals in Limpopo Province. Rubin and Babbie (2007:41) argue that many social work studies seek a second purpose to describe situations and events. The researcher observed, and then described what was observed.

Sarantakos (2005:137) and Babbie (2008:98) provide the following functions of exploration:

- Feasibility - to show whether a study of the issue in question is warranted, worthwhile and feasible.
- Familiarisation - to familiarise the researcher with the social context of the research topic, with details about relationships, values, standards, and factors related to it, and with methods.
- New ideas - to help in generating ideas, views and opinions about the research objects, which are used when constructing the research design.
- Operationalisation – to help to operationalise concepts, by explaining their structure and by identifying indicators.

The descriptive research design was also applied to describe phenomena in the field of violence against women and VEP. In qualitative studies, description is likely to refer to a thicker examination of phenomena and their deeper meanings. Qualitative descriptions tend to be more concerned with conveying a sense of what it is like to walk in the shoes of the people being described, providing rich details about their environment, interactions, meanings and everyday lives (Goddard & Melville, 2004:9).

The researcher also employed the contextual research design in the qualitative research study as part of the strategy of inquiry as the study was conducted in
Limpopo Province, being a specific geographical context, as well as on women abuse within the context of Victim Empowerment Programme. Neuman (2006:158) explains that a contextual research design is used in a qualitative research study to understand the social meaning and significance of the social action from the social context in which it appears. Craig and Baucum (2006:6) support the above opinion as they refer to context as immediate and extended setting in which a phenomenon occurs.

In quantitative studies, description typically refers to the characteristics of a population and is based on data obtained from a sample of people that is thought to be representative of that population (Rubin & Babbie, 2007:34). As a result of the vastness of Limpopo Province, and the large numbers of various professionals involved in the empowerment of abused women, the researcher gathered valuable information from these groups through questionnaires that comprised of questions with predetermined responses and open-ended questions.

The following section provides some insights into how the population was determined and how samples were selected for the study.

### 2.4 RESEARCH POPULATION, SAMPLING AND SAMPLING TECHNIQUES

In this section the researcher describes the populations that were considered for the study and the sampling technique that was used to address the various populations. Due to the complexity of the populations, a schematic outline of the populations and selected samples is presented in Tables 1 and 2 on pages 45 and 48. The term target population refers to the specific pool of cases that the researcher wants to study (Chung in Bamberger, 2000:206). Marion (2004:2) defines a population as a set of people or events from which the study results will generate.

#### 2.4.1 Population from which the sample was drawn

A population includes all elements that meet certain criteria for inclusion in a study.
A population is an ‘entire set or universe, of people, objects or events of concern to a research study’, from which a sample is drawn (Unrau, Krysik & Grinnell, 1997:251). Yegidis and Weinbach, (2002:180) explain that, in order to answer the research questions formulated for the study, a population is drawn from the universe as it has a narrower connotation of the specific and realistic characteristics that the researcher is interested in studying. The population of the intended study comprised:

- Three levels of service providers were considered, namely: professionals employed by the Department of Health and Social Development; managers of victim support centres, and district coordinators specialising in victim support and empowerment services.
- For more accurate findings regarding the type of service rendered to abused women, the population also comprised service consumers who shared their experiences on how they were assisted at service points. The population for the study is illustrated as follows:

At the time of the study, the total number of professionals in Limpopo Province and those who had two years and more experience in VEP and rendering services to abused women are illustrated in Table 1 below.

**Table 1: The population of professionals as at 2008**

<table>
<thead>
<tr>
<th>Professionals</th>
<th>Total number of professionals</th>
<th>Number of respondents involved in VEP for a minimum of two years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>650</td>
<td>85</td>
</tr>
<tr>
<td>Professional nurses</td>
<td>2100</td>
<td>226</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>80</td>
<td>42</td>
</tr>
<tr>
<td>Psychologists</td>
<td>128</td>
<td>58</td>
</tr>
<tr>
<td>Social workers</td>
<td>478</td>
<td>83</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3456</strong></td>
<td><strong>494</strong></td>
</tr>
</tbody>
</table>

Of the identified 58 women who had received services from VEP centres in the five district a year prior to the study, ten abused women (two per district) were selected.
to participate using the criteria in Table 3.

This table indicates the population distribution, the sampling frames as well as the data collection method used for each sample. Out of ninety-four questionnaires sent out to the helping professionals selected through the probability stratified random sampling, eighty fully completed questionnaires were returned. The response rate was good as more than three quarters of the professionals contributed to the study.

The contributing factor towards the good response rate was the telephonic follow-up of the respondents by the researcher. All the district coordinators, managers of VEP centres and abused women selected for the study were willing to participate. The district coordinators assisted in securing appointments with the participants. The sampling and sampling techniques will be discussed in the next sub-section while the data collection methods will be discussed in section 2.5.

The information about the helping professionals was sought from the Human Resource Management office in the Department of Health and Social Development, Limpopo Province. The information about the managers of victim support centres was sought from the Department of Health and Social Development provincial VEP Manager. The information about the 5 district VEP coordinators was known to the researcher as a former district VEP coordinator in the same province. Information about the abused women was sought from the district VEP coordinators’ consolidated district statistics.

2.4.2 Sampling and sampling techniques

Strydom (in De Vos et al., 2005:194) refers to sampling as a subset of measurements drawn from a population in which the researcher is interested. The use of samples may result in more accurate information that might not have been obtained if one had studied the entire population. With a sample, money, time and effort can be concentrated to produce better quality research. The observation or study of a phenomenon in its entirety would be tedious and time consuming and
would produce a massive amount of data which will be difficult to process, analyse and interpret (Sarantakos, 2005:153).

Since the population comprised of three groups of service providers and abused women, sampling triangulation (Sarantakos, 2005:145), which refers to the use of two or more samples within the same project, was employed. In this study, the probability stratified random sampling was used to select professionals from five districts and the non-probability purposive sampling was employed to select abused women who had received professional services from the VEP centres and government institutions.

For the selection of the professionals, the procedure in which the choice of respondents is guided by the probability principle was considered (Sarantakos, 2005:154). This procedure, according to Blaikie (2009:173) allows every unit of the target population to be equally included in the sample. The advantage of stratified random sampling is the equal representation of each of the identified strata (Leedy & Ormrod, 2001:215). Thus the probability stratified simple random-sampling was utilized (Grinnell, 1993:159) as an appropriate technique for the selection of the professionals. This procedure is also used when the researcher wishes to ensure that particular categories of the population are represented in the sample in the same proportion as in the population (Blaikie, 2009:174).

The researcher obtained lists of various professionals who were involved in rendering services to abused women from the DoHSD Human Resource Management. The lists which were presented according to the five districts facilitated the analysis of the distribution of the professionals. From the various groups, the researcher identified professionals who had a minimum of two year experience in providing services to abused women at the VEP centres. The following table provides the samples selected from lists of professionals who render services to abused women in the Limpopo Province.
Table 2: Samples selected from lists of professionals

<table>
<thead>
<tr>
<th>Professional</th>
<th>Total in five districts</th>
<th>Selected</th>
<th>Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>85</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Professional nurses</td>
<td>226</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>42</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Psychologists</td>
<td>58</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Social workers</td>
<td>83</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>494</strong></td>
<td><strong>95</strong></td>
<td><strong>80</strong></td>
</tr>
<tr>
<td>Managers of victim support centres</td>
<td>40</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>District coordinators (social workers)</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

The unequal number of professionals who have been involved in the provision of services to abused women within the VEP programme resulted in the drawing of disproportionate samples (Grinnell, 1993:160).

Qualitative sampling is concerned with information-richness and therefore the sampling methods should be appropriate and adequate (Fossey et al., 2002:726). In qualitative studies non-probability sampling methods are utilised and in particular purposive sampling techniques when the research deals with a selection of a sample from what Neuman (1997:206) calls a difficult-to-reach specialised population. For example, issues related to women abuse are sensitive and hence many are afraid to report the abuse to the authorities. The non-probability purposive sampling was therefore deemed fit for this study. In purposive sampling, the researcher samples with a purpose in mind, usually with one or more specific predefined groups of interest (Strydom in De Vos et al., 2005:202). Thus, managers of VEP centres, and abused women were purposively selected, a process which enabled the researchers to seek participants judged to be good sources of information. The criterion followed in the selection of the participants is presented...
Table 3: Criteria for inclusion in the sample

<table>
<thead>
<tr>
<th>Population</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEP centre managers</td>
<td>• Good sources of information</td>
</tr>
<tr>
<td></td>
<td>• Dedicated and committed to assisting abused women</td>
</tr>
<tr>
<td></td>
<td>• Raising awareness about abuse of women and advocating for the victims of abuse</td>
</tr>
<tr>
<td></td>
<td>• Ability to express their experiences</td>
</tr>
<tr>
<td>Abused women</td>
<td>• Those who received services at VEP centres a year prior the investigation</td>
</tr>
<tr>
<td></td>
<td>• Regarded as good sources of information (those who were able to articulate their experiences)</td>
</tr>
<tr>
<td></td>
<td>• Willingness and ability to share their stories in relation to the type of service they had received from the VEP centres</td>
</tr>
</tbody>
</table>

Qualitative researchers seek out individuals, groups and settings where specific processes being studied are more likely to occur (De Vos et al., 2002:334).

All the five VEP district coordinators were included in the study because of their experience and expertise in the programme. They were viewed as a critical target group to provide first-hand information about service delivery in their respective districts. The VEP managers assisted in the identification of the ten women (two per district) who met the criteria for the selection of the sample as presented in Table 3 above.
2.4.3 Determination of the sampling size

A very important issue in sampling is to determine the most adequate size of the sample. A large sample is representative but costly, while a smaller sample is less accurate but more convenient (Bless and Higson-Smith, 2000:93). According to Patton (2002:227) qualitative methods typically produce a wealth of detailed data about a much smaller number of people and cases. Another factor of determining the sample size is the consideration of the resources available to the researcher (Struwig & Stead, 2001:125), such as financial constraints to cover the study.

For a better understanding of the integrated intervention strategies for services to abused women, the researcher selected smaller samples for the qualitative data collection methods. Five VEP districts coordinators, who happened to be the entire population of coordinators in the district, became the sample to provide first-hand information about services rendered in their respective districts. Ten managers of VEP centres were also selected to provide detailed services they render for abused women, at the same time detailing the support and assistance they receive from the government departments involved in crime prevention and victim empowerment. Involvement of ten abused women in the study was deemed fit to augment the information about service delivery in Limpopo Province.

Patton (2002:27) states that quantitative instruments have the advantage of making it possible to measure the reactions of many respondents to a limited set of questions. Since the researcher involved diverse professional groups (strata) for the quantitative data collection methods, the sampling decision for different professionals was made according to the population size and access to the professionals. Although the population of the professional nurses were higher than those of other professionals, the same number was selected as those of psychologists and psychiatrists due to their day and night duty reporting arrangements. The following sub-section presents the actual access gained to the study area, participants and respondents.
2.5 THE METHOD OF DATA COLLECTION

Leedy and Ormrod (2005:143) contend that qualitative researchers often use multiple forms of data in a single study, using observations, interviews, objects, written documents, audiovisual materials, and anything else that can help them answer their research questions. Quantitative researchers, on the other hand, use self-administered questionnaires and structured interviews (Blaikie, 2009:205). Questionnaires are diverse (Sarantakos, 2005:239) and vary according to the way they are administered.

2.5.1 The preparation of instruments for data collection

Three interview schedules (for the five district VEP coordinators, ten managers of VEP centres and ten abused women who utilised the VEP services) were developed for the interviews with the mentioned participants. The interview schedules were tested with one manager of a VEP centre and one activist of domestic violence and women issues who fitted the selection criteria in a location within close proximity to the researcher. By pre-testing the interview schedule, the researcher intended to make modifications to rectify the identified error (Babbie, 2001:250). The pilot sample did not form part of the final investigation of the study.

For the quantitative research instrument, one social worker, one social work manager and one professional nurse were selected to test the suitability of the questionnaire. Strydom (in De Vos, et al., 2005:211) maintains that a pilot study is necessary for refining the wording, ordering, layout and to prune the questionnaire to a manageable length. The process of piloting the interview schedules and questionnaire took approximately three weeks due to the busy schedules of some of the pilot samples.

2.5.2 The preparation of the participants for data collection

Donalek and Soldwisch (2004:354) maintain that it is crucial for researchers to create and maintain relationships with participants when conducting qualitative
research to ensure that participants feel comfortable to share their stories which can sometimes be sensitive. This is confirmed by Nziyane (2010:42-45) who maintains that in qualitative research, knowing the participants and establishing rapport should precede data collection.

Early intervention for abused women is in most cases provided by social workers who, depending on the nature of the case, might refer the client to a VEP centre for further assistance. The researcher visited the area social workers in all the five districts who were always conversant with the case load of the abused women, to make arrangements for the interview with abused women who utilised the VEP service. The arrangements were also made with managers of VEP centres as abused women accessed their facilities for further intervention. Out of the ten women, the researcher was able to make personal contacts with four potential participants in close proximity (two from Waterberg district and two from Capricorn district). The researcher relied on the telephonic contacts to finalise arrangements with the potential participants (all in possession of cell phones) from Mopani, Sekhukhune and Vhembe districts.

The researcher held the position of a district VEP coordinator in Limpopo Province prior her current employment. As a result, making arrangements with her previous colleagues was easy to achieve as regular contacts were maintained. Arrangements with managers of VEP centres were also made telephonically.

For the quantitative data collection method, the researcher, through the assistance of area social work managers, was able to request a number of professionals for the participation in the study. The researcher managed to make arrangement with professionals in close proximity (from Waterberg and Capricorn districts), while the arrangements with professionals from the other three districts as mentioned above, was done through the assistance of the VEP district coordinators, social work managers and supervisors.

Establishing rapport with prospective participant is essential and will enhance positive response from them, while at the same time building trust between the
parties. This is confirmed by Nziyane (2010:43) who maintains that establishing rapport will enable the participants to further get to know the researcher and to establish trust in their natural environment where they will feel comfortable to explore and describe their life experiences. The preparation of prospective participants and professionals took approximately four weeks.

2.5.3 Gaining access to the study area and participants

Strydom (in De Vos et al., 2005:279) cautions that gaining access to a community can be problematic, since a researcher is expected to avoid disturbing the community as far as possible. The qualitative study involved interviews with five district VEP coordinators, ten managers of VEP centres (two per district) and ten abused women who utilised the VEP services in the province (two per district). The quantitative study on the other hand involved five categories of helping professionals who provide service to abused women on regular basis.

The researcher ensured full coverage of the research area, Limpopo Province. Access was easily gained in the Waterberg and Capricorn Districts as they are in close proximity. Extensive travelling was done to access areas in the Sekhukhune, Mopani and Vhembe Districts.

- Gaining access to the helping professionals who rendered services to abused women

Strydom (in De Vos et al., 2005:279) cautions that permission granted at the beginning of the project does not entitle the researcher to all information; therefore, further permission should be sought from time to time as and when necessary. Through the verbal permission of the district managers, the researcher was able to distribute the questionnaires to the helping professionals. Some of the questionnaires were distributed with the assistance of the district coordinators and supervisors during the professionals’ monthly meetings. The same assistance was sought for the collection of some of the completed questionnaires. For some of the helping professionals within close proximity with the researcher, telephonic
arrangements were made for the distribution and collection of the questionnaires.

- **Gaining access to district VEP coordinators**

Permission was granted by the Department of Health and Social Development, Limpopo Province, to conduct research in the province. Access to the VEP district coordinators was easier for the researcher as a former VEP district coordinator (from 1998 to 2006 when still an employee of the Department of Health and Social Development), and a close associate to them. Several telephonic arrangements were made with the coordinators to secure appointments for interviews. The interviews were conducted at the participants’ place of employment, after working hours to ensure that their work schedules were not disrupted.

Gaining access to the district VEP coordinators was, however, not always easy and automatic due to their busy work schedule: attending workshops, meetings and other administrative duties throughout their respective districts. Four of the five VEP coordinators had other specialised fields to coordinate as well, thus making it difficult to secure an appointment for the interviews.

- **Gaining access to managers of VEP centres**

In some areas the traditional leaders are more actively involved in matters that concern their communities. The researcher had to gain entry through the Chief’s kraal to access the VEP centre in the area. The researcher was mostly assisted by the district coordinators with information of how to approach the traditional house of authority, what to wear and the general behavioural expectations.

For the VEP centres in urban areas it was easier to make arrangements with the managers of the centres, though sticking to the arrangements was a common challenge due to their constant meetings and workshops, as well as their fund-raising missions in some cases. Interviews were conducted at the respective centres, granting the opportunity for the researcher to observe the proceedings of the day at the centres.
- Gaining access to abused women who utilised the VEP services in the Province

During the visit at two of the VEP centres, the researcher was able to arrange with the managers of the centres for the interview of their clients. The clients were found to have accessed the services of the government welfare services, justice services as well as the services from the VEP centre. The two abused women were interviewed at the centre. For the eight abused women, arrangements were made with the district coordinators and further with the area supervisors. A request was made to interview the abused women at the social workers’ offices, where an unused space, usually the boardroom, was given for the interview purpose.

2.5.4 Conducting a pilot study

Before embarking on the main investigation of the study the researcher conducted a pilot study to familiarise herself with the process of data collection. Sarantakos (2000:291) cautions that researchers should not start the main inquiry unless they are confident that their chosen procedures are suitable, valid, reliable, effective and free from problems and errors. Strydom (in De Vos et al., 2005:205) refers to a pilot study as a prerequisite for the successful execution and completion of a research project. Shuttleworth (2010:1) affirms that a pilot study is a scientific tool for ‘soft’ research and a small scale rehearsal of the larger research designs.

The researcher gathered as much information from the provincial, national and international sources on the relevant literature for the study, in the form of books, journals, internet, dissertations, theses and conference presentations. Furthermore the researcher consulted with experts in the field of social work and VEP, to access more information about the situation of services rendered to abused women. Experts in the Department of Justice and the South African Police Service were also consulted. Despite the fact that the researcher is a resident of Limpopo Province, a feasibility study in terms of the research area and population was necessary as many changes could be expected. Several researchers (Yegidis &
Weinbach, 1996:191; Burns & Grove, 2001:106; Strydom in De Vos, 2005:209) affirm that a feasibility study is valuable in gaining practical knowledge of and insight into the research area.

To test the research instrument, the researcher requested a social work manager, a social worker and a professional nurse to complete the questionnaires and provide valuable feedback on the structure of the instrument. The feedback was to determine whether the questions were clear and to the point. The professionals indicated that the questionnaire was well structured (divided into sections) and that the questions were clear and straightforward. They also commended the researcher for undertaking the study. The three professionals who participated in the pilot study were not included in the actual research. The pilot study took approximately three weeks.

2.5.5. The collection of the data

Data triangulation was employed for a comprehensive information collection as a combination of the quantitative and qualitative approaches was preferred for this study. Face-to-face interviews were conducted with five district VEP coordinators, ten managers of VEP centres and ten abused women who utilised the services of VEP. By measuring phenomenon in more than one way, researchers are more likely to see all aspects of the phenomenon (Neuman, 2000:124).

- Data collection on district VEP coordinators

Personal individual interviews were conducted with all the VEP district coordinators. Interviewing is a more flexible form of data collection (Monette et al., 2008:181; Donalek & Soldwisch, 2004:354) and the interviewing style can be tailored to the needs of the study. The researcher asked open-ended questions which allowed the participants to provide ample information about the services rendered in their districts. The researcher also probed for more information, and from time to time paraphrasing was used to maintain clarity. The process of collecting data from district VEP coordinators took three weeks. The following are
some of the questions that were posed to the participants in addition to the biographical questions:

Questions relating to programme facilitation and supervision in terms of the victim empowerment programme:

- How often do you hold meetings with social workers at local areas?
- How effective are the meetings with social workers at local areas?
- How often do you hold meetings with other professionals within your department who are involved with abused women?
- How effective is the meetings with these professionals?
- In which way do you offer support to victim empowerment initiatives in your district?
- Working with abused women can develop a psychological impact on service providers. How do you ensure that service providers do not experience vicarious victimisation?
- Domestic violence occurs any time of the day and any day of the week. How do you ensure availability of service to abused women at all times?

Questions relating to integration of services to abused women:

- How do you ascertain integration of services to abused women by professionals in your department?
- How often do you hold multi-disciplinary meetings?
- How effective are these multi-disciplinary meetings?
- Which professionals from your department are involved in the multi-disciplinary teams?
- What challenges did you come across with regard to integrated service delivery?
- How did you ascertain that the challenges are resolved?

Questions relating to capacity development for service providers:

- What training did the following professionals in your department receive to enable them to deliver effective service to abused women?
  
  Medical doctors
Professional nurses  
Psychiatrists  
Psychologists  
Social workers

Questions relating to self-development:

- How are you capacitated as the programme manager?
- What source of support do you receive in managing the programme?
- How does this support assist you as the programme co-ordinator to execute your duties?

- **Data collection on managers of VEP centres**

Interviews were conducted to gather information from the managers of VEP centres. Open-ended questions were posed as a way of allowing the participants to provide information freely. Observational notes were taken during the interviews to describe the participants’ reactions during the interview.

During the interview sessions, the researcher was able to apply the interview techniques such as paraphrasing, clarification, clarification and probing, to ensure an effective interview (Greeff in De Vos et al., 2005: 288-289).

The researcher made use of the interview schedules to guide the researcher throughout the interview. Greeff (in De Vos et al., 2005:296) and Alston & Bowles (2003: 116) maintain that the interview schedule provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain. A number of researchers (Fossey et al. 2002: 727; Rubin & Babbie, 2007:94; and Monette et al., 2008:180 -181)) affirm that an interview guide assists the researcher to be more focused and allows participants to be flexible and conversational. The interview schedule was used for interviews with district VEP coordinators, managers of VEP centres and abused women who utilised the VEP service (Annexure D-G).
Much as the researcher desired to use a voice recorder, it was ruled out as most of the participants were not comfortable with the usage of the device, despite the confidentiality reassurance by the researcher. However, detailed process notes of the interviews were taken. The researcher made sure to write down her interview impressions soon after the interview as cautioned by Greeff (in De Vos et al., 2005:298), as the notes will assist the researcher to remember and explore the process of the interview. The case studies of abused women are presented in Chapter 6.

The interview were conducted in English combined with other languages spoken in Limpopo Province, i.e., Sepedi (spoken in Waterberg, Sekhukhune and Capricorn districts), Xitsonga (spoken in Mopani district), and Xivhenda (spoken in Vhembe district). There was no need for interpreters as the researcher has a basic knowledge of the languages, while the participants were all conversant with English. It took the researcher two months and two weeks to complete the data collection process. The following are some of the questions that were posed to the participants in addition to the biographical questions:

**Questions in relation to skills and knowledge with regard to victim empowerment and support:**
- What training did you undergo with regard to VEP?
- Who conducted the training?
- What skills do you have to manage the VEP initiative?

**Questions relating to services delivered to victims of violence and crime**
- What services are offered by your project to abused women?
- How do you assist abused women and their families?
- What prevention strategies do you use to address domestic violence?

**Questions in relation to coordination of services in terms of VEP**
- How do you coordinate services with other stakeholders?
- Which government departments form part of your intervention team?
- Which non-government organisations form part of your intervention team?
- What guiding documents do you utilise as a team in addressing violence against women?
- Who takes the lead in facilitating team activities such as meetings, case conferences and others?
- What are the challenges that you experience as a team

- Data collection on abused women who utilised VEP services in the province

The researcher employed case studies as another qualitative research technique, which is the detailed descriptive account of an individual’s life (Monette et al., 2008:238). Case studies are qualitative strategies in which the researcher explores in depth a programme, event, process, or one or more individuals (Creswell, 2009:227). According to Thomas (2003:33) case studies typically consist of a description of an entity and the entity’s actions and also offer explanations of why the entity acts as it does. Patton (2002:450) provides the following 3 steps as the process of constructing case studies:

Step 1: Assemble the raw data consisting of all the information collected about the individual or setting for which a case study is to be written.
Step 2: Construct a case record, which is a condensation of the raw case data organised, classified, and edited into a manageable and accessible file.
Step 3: Write a final case study narrative. The case study should be a readable, descriptive picture of a story about the person, making accessible to the reader all the information necessary to understand the case in all its uniqueness. The case story can be told chronologically or presented thematically or both.

The case studies comprised of abused women who utilised the VEP services in the province. Ten women were selected for this purpose, two from each of the five districts of the province. Interviews were conducted, using open-ended questions to enhance unrestricted responses from the participants. The researcher used the probing technique from time to time for clarity purposes. Paraphrasing was also
used to verify the information given by the participants. It took the researcher two months to complete the process of data collection from the abused women as a result of the vastness of the study area. The following are some of the questions that were posed to the participants in addition to the biographical questions:

Questions in relation to the participants’ level of satisfaction regarding services received:

- Which services were you mostly happy about?
- What specifically made you happy about the service?
- Which services were you mostly unhappy with?
- What made you unhappy about the service?
- How do you think you should have been assisted in terms of the services you were unhappy with?

Questions in relation to coordination of services for abused women:

- How did different professionals work together to assist you?
- What did you like most about a team of professionals working together to assist you?
- What did you like the least about the team of professionals working together to assist you?

Questions in relation to the level of empowerment for abused women who utilised the VEP:

- How are you involved in your community to assist abused women?
- How essential are the prevention strategies of the VEP towards reducing violence against women?

Data were collected mainly to determine the perception of abused women who utilised the services of the VEP in their respective areas. The level of satisfaction in terms of service delivery could also be detected though collected data.

- **Data collection on the helping professionals in the DoHSD**

Since it was not feasible for the researcher to gather data from all diverse population groups namely; the health professionals and social workers who render services to abused women in Limpopo Province, a questionnaire was designed,
distributed and sent to the helping professionals as an instrument for collecting quantitative data. In some instances, the assistance of area supervisors and district coordinators was sought for delivering the questionnaires to the respondents during meetings which were mostly held by the social workers. The researcher used both closed-ended and open-ended questions to allow the respondents to elaborate on their answers. It took the researcher seven months (September 2007 to March 2008) to complete the process of collecting data from the professionals.

A high response rate was achieved at 85%. Out of ninety-six questionnaires distributed to the helping professionals, eighty were returned and completed. The good response rate was probably due to the researcher’s telephonic follow-up. The following are some of the questions that were posed to the participants in addition to the biographical questions:

**Questions in relation to skills and knowledge with regard to victim empowerment and support:**

- How conversant are you with the concept of victim empowerment and support?
- What skills do you have to ensure effective service delivery to abused women?
- Who provides information and training for you?
- What impact does the training make to the service that you provide to abused women?
- How do you determine client satisfaction with regard to the service that is offered to them?

**Questions in relation to services delivery for victims of violence and crime:**

- The policy framework and strategy for shelters for victims of domestic violence in South Africa stresses the vitality of shelters and centres to address violence against women. What is your starting point of assisting
organisations to establish centres for abused women?

- What are the prevention strategies that are used to reduce violence against women in your area of operation?
- What are the intervention strategies that address the needs of abused women?
- In which way do you reduce violence against women in your area?
- What expertise do you have as a professional, to address violence against women?

Questions in relation to coordination of services in terms of VEP:

- The integrated service delivery model emphasises coordination of service and partnership for effective service delivery. How do you coordinate services with other professionals from your department?
- How does the inter-sectoral plan of action assist you in rendering services to abused women?
- Which professionals from your department form part of the inter-disciplinary team?
- Based on your knowledge and experience of the duties and responsibilities of various service providers, what are the strategies for sharing best practices when addressing violence against women?
- Who takes the lead in facilitating team activities such as meetings, case conferences and others?
- What challenges have you met whilst working with other professionals from your department?

Questions relating to job satisfaction

- State any barriers or challenges that you face when executing your daily duties.
- What are your successes in addressing violence against women?
- In which way are your achievements in addressing violence against women acknowledged by your supervisor?
2.5.6 Protecting data

The researcher has the obligation to protect the data since confidentiality is to be observed and always adhered to. Collected data are unique and precious. The researcher took heed of Patton’s (2002:441) warning that exact observations the researcher has made and the exact words people have spoken in interviews can never be recaptured in precisely the same way, even if new interviews can be conducted. Hence, completed questionnaires and notes made during face-to-face interviews with the participants were safeguarded. The researcher always made sure that backup copies of all the data were kept, especially as multi-methods of data collection were employed.

2.6 DATA ANALYSIS AND INTERPRETATION

Regardless of which qualitative research methods have been employed, a mass of data will be processed either in the form of textual material or by means of computer assisted programme that should be analysed and interpreted (Rubin & Babbie, 2007:304).

2.6.1 Data analysis

The goal of qualitative data analysis is to extract meaning from observations made by the researcher (Gibbs, 2002:11). Monette et al., (2008:364) assert that all research involves some form of data analysis, which refers to deriving some meaning from the observation made during a research project. A comprehensive definition of data analysis is provided by Fossey, et al. (2002:728) as "...a process of reviewing, synthesizing and interpreting data to describe and explain the phenomena or social worlds being studied."

Data were analysed using a Computer Assisted Qualitative Data Analysis Software (CAQDAS) and was typed on a word-processing programme and saved as an ASCII file. The file was then transferred to qualitative data analysis software. A variety of non-formatted textual database systems have been developed for
qualitative research (Henning, 2004:130; Monette et al., 2008: 250). The researcher utilised the NVIVO 7 system for the management of textual data.

For quantitative data analysis, a code sheet was used to prepare data for computer analysis. The Statistical Package for Social Sciences (SPSS) was used to create a data file that can be repeatedly accessed for analysis (Rose & Sullivan, 1996:70). The simple frequency distribution was used in tables and graphic forms for the illustration of data.

Case analysis involves organising the data by specific cases for in-depth study and comparison. Well-structured case studies are holistic and context sensitive. Patton (2002:446) states that the purpose is to gather comprehensive, systematic, and in-depth information about each case of interest. The analysis process results in a product, a case study, which can refer to either the process of analysis, or the product of analysis or both (Patton, 2002:447). According to Schoenbach (2004:452) major objectives of data analysis are to:

- Evaluate and enhance data quality;
- Assess potential for bias (e.g., non-response, refusal, and attrition);
- Estimate measures of frequency and extent (prevalence, incidence, means, and medians);
- Assess the degree of uncertainty from random noise;
- Control and examine effects of other relevant factors;
- Seek further insight into the relationships observed or not observed, and
- Evaluate impact or importance.

Key objectives of data analysis were met such as the researcher’ understanding of the nature of the problem presented by the ten participants, the services they received from VEP centres, their assessment and general impressions of such services.
2.6.2 Interpretation of data

Patton (2002:438) asserts that interpretation involves explaining the findings, answering ‘why’ questions attaching significance to particular results, and putting patterns into analytic framework. Patton (2002:480) further refers to interpretation as means of attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and imposing order on an unruly but surely patterned world, including:
‘Making the obvious obvious.’
‘Making the obvious dubious.’
‘Making the hidden obvious.’

The analyst examines a story, a case study, a set of interviews or a collection of field notes and elucidate the meanings. Interpretation means going beyond the descriptive data (Patton, 2002:477). Data for VEP district coordinators were interpreted based on their responses and perceptions of the service provided to the abused women (within the prescribed legislative framework) at all levels of service delivery.

2.6.3 Verification of data

Data are verified to evaluate whether data have been generated according to specifications, satisfy acceptance criteria, and are appropriate and consistent with their intended use. Data verification is a systematic process for evaluating performance and compliance of a set of data when compared to a set of standards to ascertain its completeness, correctness, and consistency using the methods and criteria defined in the project document (Flick, 2007:13).

2.6.3.1 Qualitative data verification

After assembling the raw data, data screening was done to ensure the true reflection and quality of information gathered. Flick (2007:12) cautions that poor
data quality such as inconsistent definitions, missing data, or extreme data values may lead to biased results.

Qualitative researchers seek to describe accurately the experiences of the phenomenon in their natural settings. De Vos (in De Vos et al., 2005: 345-346) provides the following criteria against which the trustworthy of the project can be evaluated:

- **Credibility:** The aim of credibility is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described. According to Brewer (2000:188) credibility involves an assessment of whether any truth claim is likely to be accurate given the nature of the phenomenon investigated. The researcher used the methodological credibility strategy of triangulation, that is, method and data triangulation, to ascertain the credibility of the research findings.

- **Transferability:** The ability of the research findings to fit into contexts other than that of the study situation, which have some degree of similarity. The researcher applied transferability through the purposive sampling indicating how participants were included in the research study. The explorative research design was used to explore the integrated method of service delivery for abused women while the descriptive research design was used to provide a description of the integrated process of service delivery by a multi-disciplinary team.

- **Dependability:** This is explained in terms of consistency that is achieved when the study is replicated using the same participants or similar contexts and still produce the same findings. The researcher followed the research methodology that included the research approach (the qualitative and quantitative methods), research design(exploratory and descriptive), sampling procedures, data analysis and interpretation for both the quantitative and qualitative research methods to ensure consistency in the research findings.

- **Conformability:** This explains the extent to which the research procedures and findings are free from bias. Data triangulation was employed to extract data from multiple sources. Data were collected from the helping
professionals who provided services to abused women, district coordinators who ensure quality service from the helping professionals and managers of VEP centres who strive to augment services to abused women. Data were also sought from the consumers of the service to compare the responses from all the sources.

2.6.3.2 Quantitative data verification

On the other hand, quantitative research seeks to describe the findings in terms of reliability and validity. Both validity and reliability reflect the degree to which researchers may have error in their measurements (Leedy & Ormrod, 2005:29). It is important to report the nature of the sample tested when using measures to avoid misleading results (Struwig & Stead, 2001:146). The demographic information of all the respondents which included the age, religious affiliation, language proficiency and gender of professionals that participate in VEP, were provided. The researcher reviewed the statistical sample of data to ensure completeness and accuracy. The accuracy and credibility of the quantitative research findings were also verified.

- Quantitative reliability

Bless and Higson-Smith (2000:125) view reliability as the extent to which the observable or empirical measures that represent a theoretical concept are accurate and stable when used for the concept in several studies. If the results of a study can be produced under a similar methodology, then the research instrument is considered to be reliable (Rosnow & Rosenthal, 1999: 135 and Golafshani, 2004:598). The researcher employed the nominal level of measurement as recommended by Delport (in De Vos et al, 2005:163-165). By means of this process the characteristics of objects can be categorised. Nominal measurement is essentially a classification system which involves variables being divided into categories. Nominal variables that were used to classify the professionals included the gender, the number of years that they have been rendering services to abused women, religious affiliation, level of education, home language, and age group.
Delport (in De Vos 2005:164) asserts that the use of figures is not to measure but only to identify the objects. Struwig and Stead (2001:133) caution that reliability studies should be conducted ideally on representative samples of 200 or more individuals. This was the case with this study as eighty professionals participated in the study.

- **Quantitative validity**

Validity on the other hand (Bless & Higson-Smith:125) and Babbie, 2004:143) is concerned with how accurately the observable measures actually represent the concept in question. Struwig and Stead (2001:136) view validity as the extent to which a research design is scientifically sound or appropriately conducted. The following types of validity of instrument’s scores were employed as a means of measuring what it was meant to measure.

**Face validity:** With face validity Struwig and Stead (2001:139) point out that the items of the test appear to measure what the test claims to measure. The researcher explained the nature of and the reason for the research study to the professionals in the letter that requested them to participate in the research project. The nature of the questionnaire was also explained to afford them the opportunity of knowing what to expect in the research instrument. This was done to inform them of the study intentions to enable them to feel free to participate or not.

**Content validity:** This refers to the extent to which the items reflect the theoretical content domain of the construct being measured (Bless & Higson-Smith, 2000:131 and Struwig & Stead, 2001:139). Since the researcher was set out to establish the stance of service delivery to abused women in Limpopo Province, all the aspects of quality service for abused women were included. This covered application of the VEP and NCPS strategies and principles that are linked to the multidisciplinary service delivery.

**Construct validity:** This is the initial concept, notion or question that determines which data is to be gathered and how it is to be gathered (Golafshani, 2004:599). Delport (in De Vos et al, 2005:162) cautions that with construct validity the researcher need to know what the instrument mean, what is it in fact measuring,
and how and why does it operate the way it does. During the research proposal stage, the researcher made a decision to include multiple samples to gather as much data as possible in an attempt to uncover the service delivery strategies for abused women used by different professionals in Limpopo Province. Data was collected from five groups of professionals namely; medical doctors, professional nurses, psychiatrists, psychologists and social workers, as those who come into contact with abused women on daily basis. These professionals were regarded by the researcher as suitable sources of information that will be in a better position to provide first-hand information about the service they render to abused women as well as the experiences as they execute their duties.

In the next section, the researcher examines the common ethical concerns that researchers confront in the research process. The ethical principles and considerations are also highlighted to guide research and researchers.

2.7 ETHICAL CONSIDERATIONS

There are several reasons why it is important to adhere to ethical norms in research. Norms promote the aims of research such as knowledge, truth, and avoidance of error, prohibitions against fabricating, falsifying, or misrepresenting research data (Resnik, 2009:3). The ethical considerations focus on the research study, participants and the researcher (Resnik, 2009:8). According to Strydom (in De Vos et al., 2005: 69) ethics is a set of widely accepted moral principles that offer rules for, and behavioural expectations of, the most correct conduct towards experimental subjects and respondents, sponsors, other researchers and students.

The following research requirements and ethics were adhered to during the research process:

2.7.1 Ethical considerations and requirements for the research study

The researcher is expected to consider and adhere to the basic requirements and principles of research throughout the research process. A number of researchers
(Rosier, 2002:39; Herman & Flecker, 2003:1-6; Taylor, 2005:15-16; Rubin & Babbie: 2007:256) provide the following as the code of professional conduct for researchers:

- The researcher should balance professional integrity with respect for national and international laws.
- The researcher should ensure that research is commissioned and conducted with respect for, and awareness of gender differences.
- The researcher should ensure that research is commissioned and conducted with respect for all groups in society regardless of race, ethnicity, religion, and culture.
- The researcher should ensure that an appropriate method is selected on the basis of informed professional expertise.
- The researcher should ensure factual accuracy and avoid falsification, fabrication, suppression, and misinterpretation of data.
- The researcher should ensure that reporting and dissemination are carried out in a responsible manner.
- The researcher should ensure that the methodology and findings of the research study are open for discussion and peer review.

In addition to the code of conduct, the researcher should always adhere to the research principles as stated by Orb, Eisenhauer and Wynaden (2000:93-96):

- **Respect and autonomy**

The protection of human rights is a mandate in research guided by this principle. The recognition of participants’ rights, including the right to be informed about the study, the right to freely decide to participate or not, and the right to withdraw at any time without any penalty, are key to this principle (Orb et al., 2000:94). The researcher explained through a covering letter attached to the questionnaire and at the onset of the interviews onset what the study was about, that the participants were not obliged to take part if they did not wish to do so and that they were at liberty to terminate their involvement at any point during the process of the study.
The procedure for the collection of information was also well explained prior the interview sessions.

- **Beneficence**

Doing good for others and preventing harm for the participants is vital in the research process. Paternalism, which indicates the denial for autonomy and freedom of choice, should be avoided at all costs (Graziano & Raulin, 2000:65). The researcher made sure that all the participants were treated in an ethical manner by making efforts to secure their well-being. The interviews for the abused women were conducted at the welfare offices, far from the prying eyes of community members. The interviews were not done at their homes to avoid the disturbance from children and the discomfort of their partners.

- **Justice**

This principle refers to equal share and fairness for all participants (Jackson, 2008:380). The principle also involves avoiding exploitation and abuse of participants. The researcher should be in a position to recognise vulnerability of participants prior or during the research process. The researcher should ensure equal and similar treatment for all the participants.

The research proposal was presented to the School of Social Sciences' Senior Degrees Committee for consideration and approval. After minor modifications, the proposal was presented to the University of Limpopo Research Committee for the continuation of the research study. The research data gathering instruments were submitted to the University Ethics Committee soon after the approval of the research proposal, to ensure protection of the respondents and participants. The researcher further sought for the permission from the Department of Health and Social Development to conduct the study in Limpopo Province (Annexure T).
2.7.2 Ethical considerations for participants

Goddard and Melville (2004:49) caution that collecting data from people raises ethical concern. This includes taking care to avoid harming people, having due regard for their privacy, and respecting them as individuals and not subjecting them to unnecessary research, guard against physical and psychological harm (Graziano & Raulin, 2000:65; Silverman, 2000:201; Creswell, 2007:141; Jackson, 2008:38). The following ethics were considered for the participants of the study:

- **Informed consent**

  According to Monette et al. (2008:52) and Flick (2007:1), informed consent refers to telling potential research participants about all aspects of the research that might reasonably influence the decision to participate in the research study. The researcher informed the participants about the nature of the research through a letter requesting them to participate in the study. They were informed that the study was voluntary and nothing was binding them to participate in it. The informed consent form (Annexure S) was signed by the abused women, the researcher and supervisors, while the coordinators and managers of VEP centres gave oral consent. During the face-to-face interviews participants were encouraged and afforded an opportunity to ask questions and the researcher provided clarity.

- **Voluntary participation**

  All the participants agreed to participate in the research project after the researcher explained the purpose of the study and the procedure to be followed during data collection. Jackson (2008:38) and Callahan (2010:3) argue that the agreement to participate in research constitutes a valid consent only if voluntarily given. This argument implies that a research must be free of any coercion or promises of benefits unlikely to result from the participation (Rubin & Babbie, 2007:256). Voluntary participation of the participants was clearly stated in the covering letters (Annexure D) accompanying the questionnaire for the professionals, the interview schedules for the district coordinators (Annexure E),
managers of VEP centres (Annexure F) and abused women (Annexure G).

- **Anonymity and confidentiality**

  Smith (2003:8) and Resnik (2009: 8) assert that upholding individual’s rights to confidentiality and privacy is a central tenet of every researcher’s work. Researchers need to devise ways to ask whether participants are willing to talk about sensitive topics without putting them in awkward situations (Silverman, 2000:201). The researcher used pseudonyms to protect the identity of the participating abused women from their friends, relatives and partners. The researcher further promised the participants that confidentiality concerning their information would always be maintained.

- **Deception of participants**

  Deceiving people to participate in a research study is unethical (Marion 2004:12; Babbie, 2007:70; Creswell, 2007:141). The researcher gave participants a clear picture of what the study would entail, what was expected from them as participants, as well as how and where the study would be conducted. The participants entered into the agreement without any hidden agendas from the researcher.

  **2.7.3 Debriefing**

  Babbie (2007:700) suggests that an appropriate solution for researchers is to debrief participants following a study. Teddlie and Tashakkori (2009:333) view debriefing as a personal communication in which investigators provide information to participants regarding the study’s purpose, any instances of withholding information, any deception, and the reason for that deception. Babbie (2007:70) on the other hand refers to debriefing as interviews to discover any problems generated by the research experience so that those problems can be corrected.

  The study involved women who have gone through traumatic experiences of abuse
in the hands of their partners. Involving them in the study might revive the previous encounters and cause discomfort for some of them. The researcher reassured them that psychological intervention would be provided should the need arise. They were also reassured that there were no risks involved in the study, as only interviews would be conducted. None of the ten participants required professional assistance after the face-to-face interviews. Furthermore, the researcher did not observe any discomfort in the participants.

2.8 SUMMARY OF THE CHAPTER

In this chapter the researcher’s application of the quantitative and qualitative research methodology was outlined and depicted in figure 1. Triangulation of the research approach, design and data collection methods were preferred for this study to extensively explore and describe the phenomenon studied.

Research method triangulation (qualitative and quantitative) was deemed fit as the study intended to investigate intervention strategies fit for the study as the study sought to investigate intervention strategies used to empower abused women from multiple points of view. Combining the qualitative and quantitative research methods proved to have accommodated all the avenues of the investigations in the field of VEP. Quantitative research instruments were used to measure the reactions of many respondents (five groups of professionals involved in VEP), while qualitative research was appropriate to produce detailed data from smaller numbers of groups (district VEP coordinators, managers of VEP centres and abused women who utilised the VEP). Sampling triangulation (probability stratified random and non-probability purposive sampling techniques) and subsequently triangulation of data collection (a questionnaire and face to face interviews) were therefore necessary to provide definitive answers with regard to the services rendered to abused women in Limpopo Province.

In this chapter, a step-by-step description of the research application was also provided, indicating how entry was gained into the communities and agencies of Limpopo Province to access professionals and participants that took part in the
research project. Since violence against women is a sensitive matter for both the VEP implementers and the service consumers, the ethical issues such as informed consent, voluntary participation, anonymity and confidentiality including management of information were taken into consideration to protect the professionals and participants at all times.

The next chapter will give an overview of the empowerment and support services for abused women. The empowerment concept, principles of the empowerment approach, and the central functions of empowerment are highlighted. Of importance are the empowerment and support strategies in terms of the four levels of service delivery (prevention, intervention, continuum of care, and reintegration of services).
CHAPTER 3

EMPOWERMENT AND SUPPORT SERVICES FOR ABUSED WOMEN: AN OVERVIEW

3.1 INTRODUCTION

A description of empowerment and support services for abused women is provided in this chapter. Service delivery strategies are outlined in terms of the four levels of service delivery, namely, prevention, early intervention, continuum of care and reintegration services.

Abused clients are usually striving for competence in mastering their lives and as having the capacity for learning, understanding and solving problems (Parsons, Jorgensen & Hernandez, 1994:xxi). Abused women often see themselves as being powerless and defenceless against their abusers, in most cases, their partners. As perceived by Parsons et al. (1994:105), an empowerment based practice towards abused women is essential in problem solving and the helping professions.

A number of authors (Braye & Preston-Shoot, 1995:48; Jack, 1995:1; Nel et al., Holtmann, 1998:8; 2001:95; Adams et al., 2002:38; Roos, 2005:142; Sale, 2005:81; Barsky, 2007:90) point out that empowerment is the process of reducing powerlessness in client systems. It is a philosophy of care and assistance, and a process by which individuals, groups or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards maximising the quality of their lives.

3.2 EMPOWERMENT AND SUPPORT FOR ABUSED WOMEN

Pickup, Williams and Sweetmen (2001:32) view empowerment as “a process of enabling abused women as victims of violence to develop self-confidence, self-esteem and negotiation skills.” Professionals enable victims to cope with their shortcomings and adapt to their abusive situations. Nel et al. (2001:8) perceive
victim empowerment as services rendered by organisations (governmental, non-governmental or community based) that strive to assist victims by assessing their needs and actively work to address these needs. These services aim at skilfully supporting victims to deal with their trauma, and preventing secondary victimization, as well as preventing crime and violence by advising and guiding victims towards a preventative lifestyle.

Professionals are also expected to liberate the victims by raising their consciousness of the true source of their problems. Davis (in Davis & Snyman, 2005:353), on the other hand, views empowerment as being more future-oriented, and implies that the individual (referred to as a survivor), who is harmed, is now on the road to recovery, overcoming hardships and adjusting successfully. In this text, the terms service provider and professional will be used interchangeably as professionals are regarded as service providers. Some service providers are not professionals whereas they render services to abused women.

Empowerment, care and support are interactive processes. A number of aspects are considered as an endeavour to provide a comprehensive and holistic service to abused women. These include counselling, advocacy, lobbying, mediation, capacity building, among others. A diverse service delivery model is, therefore, critical.

It is undisputable that domestic violence continues to be a widespread social problem (Steinberg, Pineles, Gardner & Mineka, 2003:560). In most areas of the province the services needed by abused women were inaccessible. The cases were handled as casually as any family matter by service providers including the police. Victims of domestic violence were not given special attention as there were gaps within the previously used Prevention of family violence Act (Act No. 133 of 1893) which was subsequently amended by the Domestic violence Act (Act No. 116 of 1998). As a result, cases of domestic violence were underreported. The VEP is relatively new in South Africa (conceptualised in 1996 and launched as explained in Chapter 4) in the attempt to render essential and quality service to women as vulnerable victims of violence and crime.
In the field of provision of services to victims of domestic violence, two general models of support can be discerned, namely the care model and the criminal justice model. The care model is characterised by services such as a compensation scheme for victims of crime, and care-oriented services in the form of rape crisis centres, shelters and other forms of moral and practical support. The criminal justice model aims at creating a meaningful role for the victim in the criminal justice system (Snyman in Davis & Snyman, 2005:10). The two models are aimed at seeing the abused woman through the process of being saved from the ordeal until she can stand on her two feet.

The vision of empowerment and support for victims of violence, as formulated by the sub-district VEP coordinators of Limpopo Province who attended the coaching and development workshop provided by UCAP in 2005, is stated as: “to render integrated, effective and sustainable empowerment and support services to victims and survivors of violence and crime as per the National Crime Prevention Strategy”.

A number of authors (Seden, 1999:43; Lee, 2001:34; Shadel & Ward, 2003:102, and Coulshed & Arme, 2006:77) cite the following as aims of empowerment:

- To help abused women as clients to see themselves as causal agents in finding solutions to their problems.
- To help clients to see social workers and other service providers as having knowledge and skills they can use.
- To help clients to see service providers as peers and partners in solving problems.
- To help the client to see the power structure as complex and partly open to influence.
- To awaken abused women to their rights and powers, and potential as the primary need, because injustice against them will continue as long as they remain reconciled to the myth of femininity (Coulshed & Arme, 2006:77).
It can, therefore, be deduced that victim support and empowerment will provide emotional support through counselling, debriefing and caring for the victim as well as equipping her with the knowledge and information for dealing with victimisation. Assisting the victim with the relevant procedures and referrals are also considered to be support and empowerment services. This leads to a model of practice that enables individuals to see themselves as having control over their situation.

3.2.1 Empowerment concepts

A number of researchers (Perkins & Zimmerman, 1995: 574; Lee, 2001:34 and Pickup et al., 2001:34) spell out interlocking dimensions of empowerment, namely the development of a more positive and potent sense of self, the construction of knowledge and capacity for a more critical comprehension of the web of social and political realities of one’s environment and the cultivation of personal and collective goals. Lee (2001:34) and Pickup et al. (2001:32-34) provide the following empowerment concepts:

- **Intra-personal empowerment** - includes believes, attitudes, self-determination, efficacy, decreasing self-blame, personal consciousness, and competency.

- **Interpersonal empowerment** – includes working with others on changing oppression on a broader level, group consciousness, shared feelings and experiences of a group, mobilising resources, and working to see commonalities between group members.

- **Workplace empowerment** – includes innovative behaviours, role effectiveness and a partnership approach.

- **Political empowerment** – lets the empowered person feel as if they can advocate to change policies, educate the public about the oppression and inequality, linking clients so that it enhances their social self-esteem and problem solving skills, linking clients to resources so that they can work towards achieving their own independence and own control over their lives (Pickup et al., 2001:34).
3.2.2 Principles of the empowerment approach

Principles determine the structure of an approach and contain constraints that prescribe the limits of choice of action open to the worker. The worker uses principles creatively and skilfully in enacting the approach. These are empowerment principles that are specific to the relational system with which the worker is dealing, the one-to-one, family, small group, community, programme, policy, and political level (Lee, 2001:59).

Lee (2001:60) further describes the following principles that need to be adhered to by care givers:

- All oppression is destructive to life and should be challenged by workers and clients. A parochial view of oppression that negates the experiences of other groups leads to divisiveness, fragmentation and loss of power.
- Workers do not need to choose among oppressions but to share their expertise and unite against them.
- The worker should maintain a holistic vision in situations of oppression.
- The development of a multi-focal vision is needed to maintain a holistic view.
- Workers are there mainly to assist clients to empower themselves.
- The principle of self-empowerment emphasises the client’s rights and responsibilities in the process of human empowerment.
- People who share common grounds need to attain empowerment. The principle focuses on the power of collectivity in the empowerment process and the worker’s role in assisting people through groups.
- Workers should establish a mutual and reciprocal relationship with clients. They need to value the unique personhood of each actor and the ways in which people help each other, so that two whole persons of dignity and worth stand together against adversity and oppression.
- Workers should encourage the client to say her own words. People who are oppressed have learned to think and talk in the language of the oppressor. The client may need to work on renaming and re-creating her own reality.
- The worker should maintain a focus on the person as victor and not as
victim. Clients do not choose to be oppressed, but can only throw off internalised oppression or challenge the oppression is forced upon them. To throw off the role of victim, the client should be helped to obtain the resources needed and subsequently take action.

- Workers should maintain a social change focus. The principle of social change is directed to the role of both client and worker in working toward structural change, human transformation, justice, and liberation (Lee, 2001:61).

In addition, O'Connor, Hughes, Turney, Wilson, and Setterlund (2006:110) state the following principles and activities that facilitate the change process in empowerment.

- Service users and practitioners work in partnership with each other, especially around outcome setting, where the agreed upon are owned by the service user.
- Service users develop a stronger and more active sense of self.
- Service users learn problem-solving, communication and assertiveness skills.
- Service users, whether as individuals, groups or communities, are supported in developing a more critical analysis of wider social and political issues and the ways these may be disempowering, and strategies that may reduce their negative impacts (O'Connor et al., 2006:110).

3.2.3 The central functions of victim empowerment

The key functions of empowerment and trauma management are stated by Pretorius and Louw (in Davis & Snyman, 2005:75-76) as:

3.2.3.1 Emotional support for abused women

This involves making time to listen to and talk with the victim of violence and members of the family where possible and necessary. These supportive conversations may recognise, acknowledge and show understanding of the impact
It is imperative for government employees as well as community service centres to be constantly equipped with skills for emotional support. Emotional support is the cornerstone of victim assistance, where the victim is at her utmost vulnerability. The need for emotional support is vital to stabilise the victim’s emotive reactions, which might be characterised by fear, confusion, anger, and other negative emotions.

3.2.3.2 Informational support for abused women

Victims of violence frequently need clear information about resources, processes and procedures, particularly if they need to interact with the criminal justice system at a time they are in shock or in a state of crisis. They also need information about the resources available for their support and the emotional reactions that they may expect to experience.

3.2.3.3 Immediate practical support for abused women

Following a crisis, victims may need assistance to manage the practical implication of the situation, e.g. ensuring their safety, clothing, replacing lost items, and informing significant others (Pretorius & Louw in Davis & Snyman, 2005:76).

3.2.3.4 Networking support for abused women

In order to coordinate the service that is offered to the victim and the family, it is vital that the services work together cohesively with a full understanding of the various roles that each service undertakes.

3.2.4 The empowering roles

The roles of a partner, collaborator, co-teacher, co-investigator, dialogist, critical question poser, guide, bridge builder, ally, power equalizer, co-activist, and co-
worker are all needed to enact the principles of an empowerment approach. The prefix co- is used to indicate that these are roles shared by clients, with each partner bringing her own expertise and perspective to the process of empowerment. The roles are additional to those of mediator, advocate, resource broker, clinician, organiser, innovator, coach, facilitator, sensitizer, trainer, and enabler (Seden, 1999:43; Lee, 2001:62-63).

3.2.5 The empowering process

In the empowerment approach, empowering processes include critical education methods as well as a blending of more traditional social work processes, roles and skills. The central processes of this approach are developing individual potentialities and critical consciousness in the context of a relationship through consciousness raising and praxis, strengthening individual capabilities, and problem-solving skills in building a group, collectivity, and community, and taking action to change oppressive conditions (Lee, 2001:65-66).

Parsons et al., (1994:106), perceive empowerment as a process that begins with individual growth, and possibly culminates in larger social change. It is also regarded as a psychological state marked by heightened feelings of self-esteem, efficacy and control. Parsons et al. (1994:107) regard empowerment as a developmental process with four phases of the empowerment process described as follows:

Entry phase – the individual realises the immediate threat to self and or family and sees the limit of her ability to act. The client becomes engaged in those activities to change the limitations.

Advancement phase – the individual establishes ties with an enabling agent and becomes critically aware of the external causes of problems and of the interrelations of social, economic and political structures.
Incorporation phase – the individual experiences maturation of self-concept, develops strategic ability and critical comprehension of her challenges. The lessons and concepts learnt during the previous phase become internalised.

Commitment phase – the individual continually applies empowerment skills and abilities to change the environment and enable others to empower themselves in a similar process.

From her past experience as a social worker, and from current observations in social development services, the researcher is convinced that clients are completely dependent on the service provider. The service providers are also reluctant to enter into the termination stage with their clients. The empowerment process will alleviate the high volume of case load which is a common challenge across the country (Parsons et al., 1994:107).

Sale (2005:81) defines empowerment as ...“a process by which individuals and groups gain power, access to resources and control over their own lives. In doing so, they gain the ability to achieve their highest personal and collective aspirations.”Empowerment processes include participation in community activities, collective decision making and shared leadership. For organisations, empowerment suggests processes and structures that enhance member participation and improved goal achievement for the organisation. At the community level empowerment refers to collective action to improve the quality of life in the community and to the connections among community organisations (Perkins & Zimmerman, 1995: 570).

Empowerment is not only based on the individual but also on the social systems within which the individual exists. Empowerment, therefore, suggests participation with others in order to achieve goals collectively. Integrated service systems play a vital role for the realisation of individual and group empowerment. As the functionalism theory proclaims, the systems approach of service delivery adds a useful dimension to understanding and intervening inter-professional and inter-agency systems. When systems are combined in service delivery, they
complement each other with essential competencies for multi-disciplinary and holistic work.

Perkins and Zimmerman (1995:570-571) further explain empowerment in terms of the following processes and outcomes, suggesting that action, activities or structures may be empowering, and that the outcome of such processes results in a level of being empowered:

- Empowerment processes for individuals refers to participation in community organisations. On the other hand, empowered outcomes for individuals suggest situation-specific perceived control and resource mobilisation skills.

- At the organisational level empowerment processes include collective decision making and shared leadership, while outcomes for organisations include the development of organisational networks, organisational growth and policy leverage.

- Empowerment at the community level includes collective action to access government and other community resources. Community based empowerment outcomes include evidence of pluralism, existence of organisational coalitions and accessible community resources.

In service delivery more goals are often attained when decisions are made jointly by different stakeholders (Bronstein, 2003:301). The division of labour according to expert functions is a cornerstone of the functionalism theory of service delivery, as a theory selected for this study, where each profession is expected to contribute towards the solution to the problem at hand. The findings of the study show that while efforts are made to provide integrated services to abused women, some government departments are still operating in isolation. This might create duplication of services, especially as the target group for the service is usually the same.
3.3 EMPOWERMENT AND SUPPORT STRATEGIES FOR ABUSED WOMEN

To ensure empowerment and support for abused women, a comprehensive service delivery model needs to be maintained. The developmental approach of service delivery to abused women is adopted by the Department of Health and Social Development and other service providers when addressing violence against women (Developmental approach of service delivery, 1999:2). The developmental approach of service delivery is opposed to the previously used clinical approach, which focuses on the treatment or intervention services to victims of crime. The developmental approach is divided into four levels of service delivery, namely, prevention, early intervention, statutory services, and continuum of care. The developmental approach of service delivery as opposed to the clinical approach is illustrated as follows:

**Figure 2: Paradigm shift from a clinical approach to a developmental approach of service delivery**

<table>
<thead>
<tr>
<th>A developmental approach of service delivery</th>
<th>A clinical approach of service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTION 70%</strong></td>
<td><strong>PREVENTION 5%</strong></td>
</tr>
<tr>
<td><strong>EARLY INTERVENTION 15%</strong></td>
<td><strong>EARLY INTERVENTION 10%</strong></td>
</tr>
<tr>
<td><strong>STATUTORY SERVICE 10%</strong></td>
<td><strong>STATUTORY SERVICES 15%</strong></td>
</tr>
<tr>
<td><strong>CONTINUUM OF CARE 5%</strong></td>
<td><strong>CONTINUUM OF CARE 70%</strong></td>
</tr>
</tbody>
</table>

Adapted from the developmental approach of service delivery: Department of Social Development (1999:22)
The logic behind this illustration is that, with the developmental approach, more focus is placed on the first level of service delivery, which is prevention. This is done to minimise re-victimisation and secondary victimisation. If more preventative measures are taken, there will be less intervention, lesser statutory services and the least continuum of care. More people will be empowered and more victims will become survivors through support services. The diagram below illustrates the process of service delivery that should be followed by all the role players in their endeavour to address violence against women.

**Figure 3: The desired level of social functioning**

![Diagram](image-url)

Source: The integrated service delivery model for victims of violence and crime (2005:28)

In order to achieve the desired outcome, namely the improvement in social functioning, services are rendered at different levels. These levels are on a continuum, so while they may seem to follow a distinct hierarchy, a client may enter the system at any of the levels, and the levels may overlap in practice. The service provider and the client must together determine the client’s current social functioning and develop an intervention strategy that will enable the client to reach
her optimum level of social functioning and be ready for reintegration into society (The integrated Service Delivery Model for victims of violence and crime, 2005:18).

3.3.1 Prevention of violence against women

Government and non-government organisations as well as civil society should aim to endeavour to prevent violence against women at all costs before it could even start. This can be done by making society aware that violence against women is unacceptable (Budlender, 1995:68). Prevention is the most important aspect of social service delivery. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. At this level the client is functioning at an adequate level but there is a possibility of risk behaviour at a later stage (The integrated Service Delivery Model for victims of violence and crime, 2005:26).

Parsons *et al.* (1994: xxi) regard prevention as a priority function of client services. Prevention is a viable, necessary function of the caring professions. Communication is seen as critical to all levels of prevention. The prevention process can be directed towards known contributing factors. Prevention takes place with identified clients as well as non-identified consumers.

3.3.1.1 Education, information and capacity building

Education is used to empower client systems to present and cope with the social problems that affect them. Budlender (1995:70-76) states that the following preventative strategies are essential:

**Public education** – A broad-based public education programme should be embarked on which challenges the view that women are responsible for the violence committed against them (Hayes in Terry & Hoare, 2007:4). Initiatives which foster a clear understanding of issues of violence against women are established, as well as the services available to women. This involves the use of the mass media, the production of educational material such as posters, pamphlets
and the development of educational programmes that make use of drama, puppetry, poetry and other cultural forms (Hayes in Terry & Hoare, 2007:6).

Public education in Limpopo Province is provided by various government and non-government organizations, schools and higher learning institutions, tribal authorities and churches. Private companies such as Pick and Pay, Anglo Platinum, ABSA, First National Bank, as well as leading clothing stores are enthusiastically involved in the social campaigns against the abuse of women. Public education in Limpopo Province is more visible during the national and international events such as the National Women’s Day/Month in August, the 16 days of activism on no violence against women and children (25 November – 10 December of each year). These campaigns are, however, not confined to the stipulated dates only, but throughout the year. In Limpopo Province campaigns are done through partnerships, where all stakeholders are jointly involved in the programmes.

Schools, higher learning institutions and the workplace – Programmes are introduced into educational institutions that counter stereotypes of women. Sexual harassment policies are also put in place. All government departments and a majority of private companies and parastatals have these policies in place and are well adhered to. Whereas learners’ and students’ issues are addressed through Learner Representative Councils (LRCs), Student Representative Councils (SRCs), employees of colleges and universities usually have no specific programmes that cater for their psycho-social and socio-economic related stresses as they are also prone to such. In most workplaces, the Employee Assistance Programme is established to address stress related issues for employees.

Training of personnel on service delivery – Professionals and non-professionals are capacitated with issues pertaining to violence against women. Training is directed at increasing the understanding of the problem of violence against women. The training should include providers in the health, education, social development, safety and security, criminal justice field as well as people in personnel management positions (Tiisanang Newsletter, 2009:11).
**Religion and culture**—There are aspects of religion and culture that oppress women and are used to perpetuate violence against women. Women often fall victims to their partners (Schurink, Snyman & Krugel, 1992:229), because of their traditional roles and status in society. They are perceived as the weaker sex and in some cases are relegated to the same status as children. This needs to be challenged through a change in education and attitude.

**Research**—This is needed to improve the accuracy of statistics. Improved services to women will also improve the reporting of cases, and hence improve statistics (Tshiguvho, Bosilong, Mbecke & Weiderman, 2008:12). Research will promote opportunities for information dissemination and develop data on the issue of violence against women. The research findings and recommendations will also assist the organs of state responsible for or involved in VEP to improve their services to abused women.

Through research, a national database should be established. The statistics will be used as an indicator of how effective intervention programmes are at addressing violence against women. Research will also assist to separate the term domestic assault or violence from general assault when cases of violence against women are reported. Data of all initiatives for abused women are in fact available at all levels of service delivery, and are updated from time to time.

**Reconstruction and development**—Women are economically dependent on their spouses and find it difficult to leave abusive situations. The reconstruction and development of communities is essential to reducing violence in general and against women in particular. Through reconstruction and development, adequate housing and amenities will be provided, employment will be created, community participation in crime prevention will be encouraged, and basic primary health care and social services will be provided.

**Neighbourhood response programme**—This refers to involving the community to take action against violence such as reporting any form of abuse that they see
The community should, however, be cautioned not to take the law into their own hands and also be cautioned that two wrongs do not make a right. A neighbour who turns a blind eye to the abuse next door is just as guilty as the abuser. Neighbourhood response programmes and community policing forums have similar roles of maintaining peace and order, as an immediate mode of response to domestic violence. These programmes need to be encouraged and restored and not only seen as the responsibility of the SAPS.

**Media campaigns** – Fisher and Lab (2010:936) state that media reports are influential and shape understanding about crime. Media can also be viewed as an essential part of the solution for violence against women (Soul City, 1999:4) Radio talk shows and newspaper articles should be encouraged as other forms of spreading messages about domestic violence. There are numerous local newspapers in almost all areas of Limpopo Province as well as community radio stations that can also serve the purpose of campaigning on violence against women.

Sgarzi and McDevitt (2003:145) provide the following additions of prevention methods:

**Mock trials** – Dummy courts can be organised for the community to have a clear picture of what transpires and what to expect during a trial. The police, prosecutor, magistrate, interpreter and other officials take part in these mock trials. This type of prevention strategy had proven to be most informative and practical campaign in some of the districts of Limpopo Province as the public is shown what transpires in the court of law during a court proceedings.

**Peace walks** – Peaceful demonstrations by the community to campaign against violence are commonly practised in Limpopo Province, usually as a way to honour calendar events. Regular peace-walks would make a greater impact than a once-off demonstration. Men are also taking a stance against violence and crime towards women and children. This will caution their fellow men to distance themselves from acts of abuse.
Community panel discussions – Community members and a panel of experts are engaged in a structured discussion where issues can be clarified and debated. Such panels would be ideal for women, young women, youth and men’s indabas as a platform for open discussions. Women’s parliaments had also proven to be successful platforms to debate about women issues in Limpopo Province.

3.3.1.2 Prevention strategy selection

Various strategies can be employed for the prevention of violence against women. The following strategies are cited by Parsons et al. (1994:112-113) as the most appropriate to be used by the helping professionals:

Small system strategy – Strategies for small systems such as individuals and families include those that can be shared with clients for their use in the absence of the practitioner. Education and task-oriented methods as well as group methods are important. Education and task models include teaching and training. A task-centred approach is a relevant strategy for empowerment because clients can learn and employ it for future use without professional help.

Group methods – Clients are linked with others in similar situations for validation of their experience and mutual help and support. Mutual aid can be given through self-help groups, support groups, education groups, social action groups, and networking groups. Such strategies provide the opportunity for the dialogue that is needed to develop critical thinking, knowledge and skill building, validation, and support.

Large system strategy - The strategy is appropriate for empowerment practise including models of campaigning, legislative lobbying, policy development, community organisation, and social planning. The large system strategy is usually used in more institutions or agencies in Limpopo Province as compared to individual and group methods strategies. Prevention is done mostly by observation of international and national events (Parsons et al., 1994:113).
Figure 4: The equality wheel

Source: Sgarzi & McDevitt (2003:148)

The wheel illustrates what qualities a non-abusive, non-controlling relationship can contain. It is recommended that the victims of domestic violence review the information with a specialist, to learn more about healthy relationships.

3.3.2 Early intervention/non-statutory services for abused women

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care (The integrated Service Delivery Model for victims of violence and crime, 2005:28).
3.3.2.1 Levels of intervention for abused women

Social problem intervention includes multi-level systems assessment or communication across systems from micro-systems to macro-systems, and promotion and prevention. Social problem intervention is directed towards primary, secondary and tertiary prevention (Parsons et al, 1994:59), which are described as follows:

- Primary intervention – designed to prevent the harm from occurring at all. The purpose of this intervention is to decrease the client's vulnerability to specific stresses.
- Secondary intervention – develop techniques for early case finding so that treatment can be applied promptly.
- Tertiary intervention – limiting the disability associated with a particular disorder; after the disorder has run its course.

Schurink, et al.(1992:474-475) point out that the goal of services for victims of crime is the amelioration of the effects of criminal victimisation through the operation of victim-oriented programmes and agencies and through the following intervention functions:

**Primary functions**

These are immediate functions that cover a limited range of services to victims of violence and crime. These functions include emergency medical and social services, looking after the client’s needs as well as those of their families, and ensuring that they will not be exploited further.

**Secondary functions**

They are long term functions that cover a wide range of services to victims. They include assisting clients in their role as witnesses; advising them so as to minimise the risk of further victimisation in the future; helping to arrange funerals and insurance claims; arranging for the retrieval of stolen property used as evidence in
court, and encouraging victims to report the crime to the police.

**Tertiary functions**

They are directed at specific categories of victims. Tertiary objectives are concerned with planning and prevention in general and also with creating awareness. Information is collected from individual victims for use in prevention programmes.

### 3.3.2.2 Intervention strategies for abused women

Interventions of both a preventative and reactive nature are implied to expand the services rendered by governmental organisations, NGOs and CBOs; make services more accessible; coordinate service delivery; enhance the understanding and awareness of policy makers, service providers, and the community; prevent repeated victimisation; prevent victims to become perpetrators; create awareness of available services for victim empowerment and support, and to provide guidance towards a preventative lifestyle (Nel & Kruger, 1999:13; Williams, 2005:16).

May, Page and Brunsdon (2001:72) make use of the dominant discourses presented in table 4 below to outline different intervention strategies for a variety of psycho-social problems.
### Table 4: Dominant discourses of services to abused women

<table>
<thead>
<tr>
<th>Ideology</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychopathological</strong></td>
<td>- Emphasis upon health problems, characteristics of the victim, addictive personalities and abnormal behaviour. Psychopathology is popular among therapists, health and social workers.</td>
</tr>
<tr>
<td></td>
<td>Treatment for depression, alcohol, drugs and psychological disorders. Therapy is used to improve the perpetrator's self-esteem and the victim’s addiction to violence.</td>
</tr>
<tr>
<td><strong>Systematic</strong></td>
<td>- Emphasis is on how couple and family interactions create the problems through communication failures, caused by high frustration levels and poor resources. This is popular among therapists, counsellors, social workers, and probation officers.</td>
</tr>
<tr>
<td></td>
<td>Couple counselling or family therapy</td>
</tr>
<tr>
<td><strong>Social learning</strong></td>
<td>- Emphasis is on the cycle of violence from parent to child, learned behaviour, stress factors, conflict, violence in society. Popular with family violence researchers, social workers, and probation officers.</td>
</tr>
<tr>
<td></td>
<td>Tackling of violent society, breaking the cycle of violence through role models for youth, assertiveness training, anger management and stress reduction.</td>
</tr>
<tr>
<td><strong>Feminist</strong></td>
<td>- Emphasis is on violence against women, power and control, political, cultural and social issues and women as “appropriate victims”. This is popular with feminists and violence against women researchers.</td>
</tr>
<tr>
<td></td>
<td>Direct provision of services, e.g. refugees by and for women, self-help, empowerment, and political campaign for social change.</td>
</tr>
<tr>
<td><strong>Pro-feminist</strong></td>
<td>- Emphasis is on violence and masculinity, use of feminist model to inform intervention with men. Popular with feminists, pro-feminists, family violence researchers, and men’s programme workers.</td>
</tr>
<tr>
<td></td>
<td>Promotion of men’s responsibility to change through prevention, re-education and inter-agency working.</td>
</tr>
</tbody>
</table>
Table 4 indicates that each case is unique and should be treated as such, by applying an appropriate intervention strategy. The concept of inclusivity in service delivery is, therefore, crucial and essential.

According to Hansen and Harway (1993:9) and Davis, Lurigio and Skogan (1997:183), appropriate intervention in cases of violence includes the following:

- Assessment for safety, identifying the client’s coping skills, determining whether there is a history of the client’s having been abused as a child, and assessing multiple presenting problems such as sexuality issues, drug and alcohol abuse, and eating disorders.
- Doing crisis intervention, i.e., providing immediate protection to the victim.
- Providing education, such as information about battering and the effects of victimisation as well as about parenting, health care and general skills development.
- Providing referrals for advocacy and other needed services such as shelters, support groups and batterers’ groups as well as social development agencies and legal protection.
- Working psychotherapeutically by providing emotional support for a woman who is usually isolated from others, validating feelings and experiences that the battered woman may minimise or discount, helping her work through her anger, doing grief and loss work, doing self-esteem and self-nurturing work, working on developing assertiveness skills, exploring options and choices for life-styles, assisting in gathering information about healthy, non-violent relationships and teaching the client how to feel deserving of these, and exploring termination issues to learn about positive ways of leaving an abusive relationship. The following table depicts the relationship between the client and the service provider in service delivery.
Table 5: Comparison of habilitation and rehabilitation

<table>
<thead>
<tr>
<th>Major differences</th>
<th>Habilitation</th>
<th>Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>View of the client</td>
<td>Problems exist between the person and the environment. Client is a victim of social problems. Service provider expects fundamental competence and learning of coping skills.</td>
<td>Problem exists within the person. Client is a devalued deviant with a dysfunctional condition.</td>
</tr>
<tr>
<td>View of the client’s behaviour</td>
<td>Behaviour is on a normative continuum. Behaviour is viewed in an environmental context. Current events cause current behaviour. Behaviour is troubling for society.</td>
<td>Specialist expects helplessness. Behaviour is dichotomous: abnormal or normal. Behaviour is attributed to need, deficiency or pathology. Current behaviour is rooted in the past. Behaviour is a problem for the client.</td>
</tr>
<tr>
<td>Relationship between service provider and client</td>
<td>Co-equal problem solvers – each has unique expertise. Treatment expertise is not needed but education and mobilisation are. Risk and responsibility are expected from the client. Client is expected to learn new coping skills and resources. Intervention is independent of etiology. Education is acquisition of new skills required.</td>
<td>Client is dysfunctional. Specialist is a healer. Expert therapist – client is a recipient of service. Fosters dependency of client. Client is expected to be dysfunctional due to pathology. Cause is necessary to determine the cure. Treatment and cure are implied.</td>
</tr>
</tbody>
</table>

Source: Parson et al. (1994:181)

While it is the responsibility of the therapist to provide care and assistance for the client, it is also expected for the client to show signs of determination to have the problem solved.
3.3.2.3 The role of victim assistance

Davis et al., (1997:183,187-188) and Walker (2000:33 ) contend that by helping people recover from the trauma of violence and lead safer lives, victims assistance programmes can reduce the risk of re-victimisation and make a break in the transmission of abuse from one person to another. Working with the victim immediately following the crime is particularly important. At the point of the crisis, people may be more inclined to make changes in their behaviour, their lives and their surroundings to make them receptive to assistance programmes.

Through victim assistance programmes, victims are assisted to feel safer, which is a crucial first step in preventing further violence. Victims are also equipped with the knowledge and techniques of avoiding and preventing victimisation. Victims will, therefore, know what steps to take whenever situations of victimisation arise.

The goals of empowerment-oriented interventions are that clients learn more about the problems confronting them and that they create and carry out solutions that teach them how to deal with future problems. Empowerment for abused women can be done though the following illustration that depicts the conceptual schema for the components of integrated intervention practice:
Figure 5 presents the conceptual schema for components of integrated practice. Through integrated service delivery, goals are more likely to be achieved as compared to services that are not coordinated. The integrated model of service delivery is discussed extensively in Chapter 4.

Adapted from Parson et al. (1994:xxii)
3.3.2.4 Early identification for cases of abuse

Sgarzi and McDevitt (2003:133) make use of the RADAR system as a means of early intervention. The system is outlined as:

- Routinely ask about partner abuse in all intake interviews
- Ask client questions about abuse directly and privately
- Document all findings
- Assess victim’s safety
- Review options with the victim.

Dalpiaz (2004:53), on the other hand, developed the RAVE technique as a healthier communication strategy of engaging the client in discussions of abuse. This technique aims at:

- Recognising the client’s problems by utilising the mask of anger
- Acknowledging those problems because the victim does not want to
- Validating the victim so that they know that what they are feeling is okay
- Eliciting a response to a problem and talking about some alternatives.

Charlton (2004:100) contends that life is a problem-solving process. People’s effectiveness at handling life’s challenges is a precursor to creating their future and helping others to do the same. Life is a sequential process that involves four steps that are vital to effective problem-solving:

- Becoming involved (physically, emotionally and intellectually) with the problem or challenge.
- Exploring and finding out the current reality and the current situation in relation to the problem. This includes diagnosing all the facts about the problem.
- Understanding specifically what should be done about the problem, visions and goals to be accomplished. This includes exploring creative alternative solutions and personalizing responsibility to solve the problem.
- Planning the action to get to the vision and objectives, and finally taking
action and learning to refine behaviour during implementation (Walker, 2000:33).

All the intervention processes mentioned above would make a positive impact to service delivery. Based on the current challenge of staff shortage and the high work load, it will be difficult for service providers or professionals to spend adequate time with each client, as an attempt to explore deep into the presented problem thoroughly. The service delivery related challenges should be prioritised and addressed as service improvement strategy.

3.3.2.5 Rehabilitation of clients

The following steps of intervention for battered women are cited by Hansen and Harway (1993:99-100):

- Ensuring the client’s safety – either by finding a way to stop the violence or helping her find a safe haven away from the batterer. A safe haven can be with friends, family or a shelter.
- Listening to and believing the client – the reported violence must always be taken seriously. The victim needs to tell the story in her own way, without being interrupted or pressured to begin problem solving. The history of the relationship contains valuable information.
- Identifying the client’s feelings – numbness or helplessness may camouflage the anger the battered woman repressed while she lived in fear during the tension-building phase of the abuse cycle.
- Identifying the impact of violence on the client’s behaviour – the victim may need help acknowledging the ways in which she has adapted to the violence in order to protect herself or prevent the violence.
- Self-empowerment – the victim is likely to have many skills that she has used to survive in her situation and may need help in identifying them.
- Problem solving – Instruction in problem solving skills begins after safety is assured. The therapist can help the victim acquire skills and tools to identify and solve problems, especially focusing on how to get help from various social agencies.
Dealing with social agencies – The victim may need someone to be her advocate in systems such as welfare, law enforcement courts, schools and medical agencies. The therapist can teach her methods for getting help by giving her information about how to find resources.

Support groups – in the second phase of therapy, getting the victim into an ongoing support group is adjunctive to individual therapy. Such group participation has been identified as essential for understanding and growth for empowerment.

Ongoing therapeutic support – The victim may remain in therapy until she perceives that the violence has stopped and then return to the relationship. The therapist needs to keep his or her door open for the victim in this transitional time, letting the client know the therapist is available if the victim’s situation worsens (Hansen & Harway, 1993:99-100; Charlton (2004:100; O’Connor et al., 2006:110).

For a victim of crime to be fully empowered, a number of empowering avenues are available and offered by different experts of helping professionals, integrated services are, therefore, crucial in order to provide a holistic service to the victim.

3.3.2.6 Rehabilitation of offenders

In order to break the cycle of violence against their partners, offenders need to be given an opportunity to be rehabilitated from their abusive behaviour patterns. This could be done through an offender programme. A reason to focus on men who abuse women as perceived by Pickup (2001: 203), is that most forms of violence against women will not end until men change their abusive behaviour. Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society in the form of aggressiveness, male dominance and female subordination. They are using physical force as a means of enforcing that dominance (Hayes in Terry & Hoare, 2007:4).

This is still the case in most parts of South Africa and other states, though the concepts of affirmative action, gender equality and women’s rights are talked and
written about. “Wa thinth’a bafazi, wa thinti’ mbokotho”, meaning you strike a woman, you strike a rock, has been chanted since the pass laws era. It is still being chanted, but the violence against women is still going on.

Hansen and Harway (1993:9), caution that most of the intervention is intended to help the battered woman, whereas much less has been written about how to work with the batterer. In many cases the batterer will not be receptive to being helped, especially given that many perpetrators believe that hitting one’s wife is a normal part of a marital relationship. A number of researchers (compare Budlender, 1995:76; Hansen & Harway, 1993:9) contend that intervention with batterers will include:

- Batterers’ group which will be operated in conjunction with battered women services.
- Anger management – identifying provocations that contribute to anger, cues that precede angry outbursts and strategies such as time-outs to interrupt the escalation toward battering.
- Skill building – offers a sequence of psycho-educational sessions that attempt to address the psychological deficits associated with batterers.
- Pro-feminist resocialisation – focus on what might be termed accountability education, which attempts to confront men’s tendency towards power and control.
- Cost-benefit analysis – group exercise in identifying the gains and consequences of violent and non-violent behaviour.
- Safety plans – outlines of strategies and procedures to be used to avoid being abusive and violent.
- Control logs – batterers record instances in which they attempted to control their partners or spouses during the previous week. They also identify the circumstances of those instances and how they might have handled them differently.

A substantial portion of these programmes is used to expose the range of abusive behaviours such as put-downs, ridicule, withholding money, social isolation, intimidation, and sexual abuse. The programmes also attend to group dynamics,
individual denial and rationalisation.

Perpetrators’ programmes should not be seen as the sole responsibility of the department of correctional services only. Although some NGOs such as the National Institution of Crime prevention and Reintegration of Offenders (NICRO) and a few victim empowerment centres are providing rehabilitation programmes for offenders, more organisations need to assist in this regard.

3.3.2.7 Counselling for abused women

Women empowerment involves counselling and educating them about their rights and survival. Professionals need to be equipped with skills to address violence against women as well as appropriate skills to work with the individual client, her family, the group that experiences the same problem and the community at large.

A number of researchers (Chudin, 1995:31; Walton, 1998:113; Coulshed & Arme, 2006:107) contend that counselling is concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crises, developing insight and knowledge, working through feelings of inner conflict or improving relationships with others. The following techniques (Coulshed & Arme, 2006:107) are suggested:

Two main procedures of counselling are identified:

**Sustaining procedures** are techniques familiar to practitioners who talk about offering support or building a relationship. They are meant to sustain the ego. The following counselling techniques fall under this category:

- **Ventilation** – this involves the unburdening of feelings and thoughts, allowing the overwhelmed ego to concentrate on problem solving.
- **Realistic assurance** – keeping the person in touch with actuality, not promising what cannot be done.
- **Acceptance** – allowing the super-ego to soften. Bad feelings need to be defended against.
- **Logical discussion** – this gives the worker scope to assess someone’s ability
to reason and to confront reality without needing to retreat into fantasy, symptoms of physical illness, pessimism, and other related feelings.

- Demonstrating behaviour – the worker models coping. She can be trusted and dependent upon, and be able to tolerate frustration, set limits, keeps perspectives and to reason ego-strengths a client may need to borrow, i.e. copy or internalise.
- Giving information–this will increase the motivation of ego to handle problem-solving.
- Offering advice and guidance – in psychosocial terms this enlarges understanding, sustaining the client’s own efforts to keep control, reducing doubts and fear of the unknown.
- Environmental manipulation – this involves assisting with re-housing, advocacy and reducing anxiety. The helper shares the burden of handling practical problems.

**Modifying procedures** are meant to reduce outer pressures while increasing ego awareness of previously unrecognised aspects of personality dynamics, and include the following techniques:

- Reflective communications–assist to enlarge the client’s self-understanding.
- Confrontation techniques – they assist to point out patterns of thinking, feeling and doing.
- Clarification techniques – this refers to the use of interpretations to point out, e.g. when a person’s use of defence mechanisms is getting in the way of change.

Both modifying and sustaining counselling procedures are vital in all forms of counselling, be it marital/couple counselling commonly known as joint counselling among social workers or individual counselling. The table below indicates the relationship between sympathy, empathy and inter-pathy in relation to counselling techniques for abused women.
Table 6: Boundaries among sympathy, empathy and inter-pathy

<table>
<thead>
<tr>
<th>Sympathy</th>
<th>Empathy</th>
<th>Inter-pathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sympathy is a spontaneous affective reaction to another’s feelings experienced on the basis of perceived similarity between observer and observed.</td>
<td>Empathy is intentional affective response to another’s feelings experienced on the basis of perceived differences between observer and observed.</td>
<td>Inter-pathy is an intentional cognitive and effective envisioning of another’s thoughts and feelings from another’s culture, worldview and epistemology.</td>
</tr>
<tr>
<td>In sympathy the process of “feeling with” the other is focused on one’s own awareness of having experienced a similar event.</td>
<td>In empathy the process of “feeling with” the other is focused on imagination, by which one is transposed into another, in self-conscious awareness of another’s consciousness.</td>
<td>In inter-pathy, the process of knowing and ‘feeling with’ requires that one temporarily believes what the other believes, see as the other sees and value what the other values.</td>
</tr>
<tr>
<td>In sympathy, I know you are in pain and I sympathise with you. I use my own feelings as the barometer; hence I feel my sympathy and my pain, not yours. You are judged by my perception of my own feelings.</td>
<td>In empathy, I empathetically make an effort to understand your perceptions, thoughts, feelings, muscular tensions, even temporary states. In choosing to feel your pain, I do not own it, I share it.</td>
<td>In inter-pathy I seek to learn a foreign belief, take a foreign perspective, base my thought on a foreign assumption; and feel the resultant feelings and their consequences in a foreign context.</td>
</tr>
<tr>
<td>Sympathy is a kind of projection of one’s own inner feelings upon another, as inner feelings are judged to be similar to experiences in the other.</td>
<td>Empathy is the perception of a separate other based on common cultural assumptions, values, and patterns of thinking that provide a base for encoding and decoding.</td>
<td>Inter-pathy is the experience of a separate other without common cultural assumptions, values, and views. It is embracing what is truly other.</td>
</tr>
</tbody>
</table>

Source: Barnett, Miller-Perrin & Perrin (1997:212)
In table 3, the therapist or counsellor is cautioned about the best possible options of dealing with the client’s feelings during modifying and sustaining procedures as counselling techniques. The counsellor should, at all costs, ensure that the appropriate techniques are applied to guard against aggravating the client’s current situation.

**3.3.2.8 Couple counselling**

Counselling for couples or what is popularly termed “joint interviews” by social workers in the Department of Health and Social Development is one other way of intervention in cases of domestic violence. It should, however, be done with great caution as more harm can be done. The timing for this form of intervention is essential, to avoid secondary victimisation.

Evans (2010:11) suggests that the counsellor must be sensitive to the pervasive effects of the abuse and take special precautions to ameliorate its effects in counselling. The abuser’s current attitudes and behaviour and the abused woman’s perception of her safety, as well as the willingness of both partners to remain together should be criteria for consideration of couple counselling. Couple counselling can be considered once the abuser has made a commitment to become non-abusive and to work towards resolving their differences as a couple.

Craig (1998:113) maintains that to do couple counselling successfully and effectively, a successful toolkit of skill from a variety of disciplines is essential. The following are regarded by Stark (2001:353) as steps to be followed when conducting couple counselling sessions:

Addressing the abuse – the first step in doing couple treatment is to address directly the impact the abuse had in the relationship. Treatment should start with a positive induction rather than with a review of complaints and negative content.

Increasing positive behaviour – the second primary goal of couple counselling is to
instigate cases in positive behaviour. The couple learn to pay attention to the quality of their relationship, to identify problem areas where they exist and to learn how to please their partners in effective ways.

Relationship skills – If the couple have successfully completed these initial steps, they may move to building the skills necessary for a successful relationship. The emphasis is on tools necessary to resolve difficulties.

Conflict resolution – Equipped with skills to resolve conflicts, couples can then move to address ongoing problematic issues. A couple should be encouraged to solve their own problems instead of relying on the counsellor for ready solutions.

3.3.2.9 Case conferencing

Family or spousal conflicts do not only affect the two parties involved in the brawl but the next of kin as well as friends. Case conferencing is therefore intended to bring all the affected members together to address the matter at hand. Pennel and Francis (2005:666) suggest safety conferencing as one of the means of building the individual and collective strength to shape connections, make sound choices and promote the safety of women and children from diverse cultures.

Family Group Conferencing (FGC) is taken to mean the immediate family along with its network of kin, friends and other close supports. The conference is a decision-making forum in which the family group develops a plan for addressing the issues of concern. The plan must be approved by the referring social worker in terms of protective measures and the allocation of agency resources.

Family Group Conferencing is envisioned not only as family therapy or couple’s mediation, but also as an opportunity to widen the circle of those committed to safeguarding the victim of violence. The functionalism theory of service delivery stresses the integration of social systems as organised patterns of interaction development. Case conferencing will enable the client and her support systems such as close family and friends as well as a team of expert helping professionals
to be part of the decision making team.

3.3.3   Statutory services for abused women

At this level of service delivery an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level a client may have to be removed from her normal place of abode, either by a court order or on the recommendation of a service provider, to alternative care, or placed in a residential facility.

Living independently after leaving an abusive relationship is a serious challenge for survivors of crime and abuse, especially women who have been dependent on their partners all along. Kirkwood (1993:89) states that the most important problem facing women once they have left their abusers is finding adequate housing and sufficient income to survive. These two aspects of their needs are often confronted at the same time, immediately after leaving the abuser and are interrelated in that securing accommodation can absorb a major portion of a woman’s limited financial resources.

3.3.3.1   Victim empowerment initiatives

Victim support and empowerment centres and shelters have 24 hour crisis intervention services. They provide information, referrals and crisis counselling. Most agencies have trained volunteers as legal and medical advocates to accompany victims to police departments, courtrooms and hospitals. Volunteers provide information about their legal rights and advocate on their behalf. Many centres and shelters actively support a social change agenda by sponsoring public demonstrations, protests, marches and continued lobbying for stronger laws on violence against women.

Services for victims of violence and crime include the 24 hour hotlines, counselling (individual, group and support groups) as well as medical and legal advocacy.
(Meer, 1998:90; Sutherland, Sullivan & Bybee, 2001:1126; Riger, Bennet, Wasco, Camacho & Campbell, 2002:13). In Limpopo Province, victim support centres and shelters are funded and subsidised by the Department of Health and Social Development to enable them to provide service to abused women.

Victim support centres are those initiatives that offer overnight accommodation and assistance to women as victims of violence and crime. Shelters are those that provide a long-term service of a month and up to six months while some means of survival are still sought. Shelters are safe and secure places of accommodation for women (Budlender, 1995:72), who wish to leave violent relationships or who need a safe space to make decisions regarding their situation.

The significance of shelters for abused women is viewed by Hansen and Harway (1993:103) as follows:

- They provide crisis intervention techniques after acute battering incidents as well as social support to change the context of unequal power in which battering develops.
- Victims may regain much of their strength and confidence within a supportive community away from their batterers.
- The convergence of mutual support and care-taking with individual autonomy may result in empowerment.
- Social connectedness and advocacy provided at victim empowerment shelters may enable the victims to consider options available to them within a safe, non-pressured environment.
- Provide residential counselling—a victim uses the shelter as a refuge while she breaks the cycle of abuse.
- Multi-dimensional programme as a prototype of services available to the victim for temporary respite from abuse and as a useful referral source for psychotherapists.

3.3.3.2 Legal framework for victims of violence

The Bill of Rights is the cornerstone of democracy in South Africa as viewed by
Mathebula, Mafunisa and Makobe (2002:5); and it is compiled in such a manner that it enshrines the rights of all the people in the country and acknowledges the values of human dignity, equality and freedom.

**Victims’ rights**

Marecek (1999:31) provides the following advice to all women in or out of relationships: “You have the right to:

- Be treated with respect – regardless of life-style, economic standing, religion, race or gender.
- Be heard – you have a voice, opinions, ideas and values. You have a right to say what you are. No one has to agree with you or like what you say.
- Say no - you may do so without giving a reason. It may be easier for you to say yes, and you may like to say yes rather than saying no. As long as you know that you have the choice to say no, you are okay. If Yes is a “knee-jerk” reaction to all requests, then you are in trouble.
- Have a support system – a single person cannot meet all your needs.
- Diversify: get some needs met by a family, some by friends, by groups, or even by partner. Then when one of your support systems disappoints you, you have others to turn to.
- Come and go as you please – if you don’t feel free to go where you want when you want, it’s time to look at “why”. See what is self-imposed and what is being imposed on you. Make choices.
- Have privacy and space of your own – the need for your own space and privacy does not disappear with marriage and motherhood.
- Maintain a separate identity – many women see themselves only in relation to someone else such as daughter-mother, sister-brother, wife-husband, and secretary-boss. All these women require a separate identity” (Marecek 1999:31).

Other sets of rights are cited by Sgarzi and McDevitt (2003:138) as the rights:

- To file a victim impact statement detailing the financial, physical, and psychological effects suffered as a result of a crime. Bearing in mind that
the victim has the right to complain, he or she can contact the particular government department or service provider if he or she has any complaints with regard to the service he or she is receiving. If the victim is not satisfied with the way the complaint is handled, he or she can contact any of the following organisations:

- The office of the Public Protector
- The South African Human Rights Commission
- The Commission on Gender Equality
- The Independent Complaints Directorate
- The South African Police Services
- The Health Professions Council of South Africa
- The South African Council for Social Service Professions
- A lawyer of her own choice at her own expense.

- To be notified when expected to appear in court, when there is a delay in the proceedings, and when there are changes in case development.
- To seek assistance in seeking witness fees or victim compensation.
- To receive information on the level of protection available when they are threatened by a defendant.
- To be notified of a final disposition of a criminal case.
- To be informed by custodial officials whenever an offender is given a temporary, provisional or final release from custody.
- To seek transportation assistance.
- To creditor of employer intercession services.
- To expedite return of property.
- To be assisted in seeking child care and other family support services during criminal court proceedings.
- To a safe waiting area during a trial or hearing (Sgarzi & McDevitt, 2003:138).

It is amazing that despite all the countless rights, policies and acts that protect women, partner abuse is still encountered at an alarming rate. Despite awareness campaigns and other educational plots, a number of abused women still remain
silent about their ordeal in the hands of their abusive partners.

- **Compensation for victims of violence**

Sections 297 and 300 of the Criminal Procedure Act (Act No. 51 of 1977) make provision for the court, after finding the perpetrator guilty, to order the convicted person to pay compensation to the complainant (Bruce, in Davis & Snyman, 2005:110). Compensation refers to an amount of money that a criminal court awards the victim who has suffered loss or damage to property, including money as a result of a criminal act or omission by the person convicted of committing the crime (Williams, 2005:13).

The right to compensation as stated in the South African Victim’s Charter of Rights (2007:16) spells out that the victim

- Has the right to compensation for loss or damage to property suffered as a result of a crime being committed against them.
- Can request to be present at court on the date of sentencing of the accused and request the prosecutor to apply to court for a compensation order in terms of sections 297 and 300 of the Criminal Procedure Act (Act No. 51 of 1977).
- Will be informed by the prosecutor if a compensation order has been granted.
- Will be informed of the contents of the order and how to enforce it. The victim can institute a civil action against the accused where the criminal court did not grant a compensation order. This will usually happen where the damages are not quantifiable in financial terms, for example, in the case of psychological damages or pain or suffering.

- **Restitution for victims of violence**

This refers to cases where the court, after conviction, orders the accused to give back to the victim the property or goods that have been taken from him or her unlawfully, or to repair the property or goods that have been unlawfully damaged,
in order to restore the position he or she was in prior to the commission of the
offence. The victim has the right to restitution (Russel, 2010:7) in cases where he
or she has been unlawfully dispossessed of goods or property or where the goods
or property have been unlawfully damaged. The prosecutor will inform the victim
what restitution involves and the clerk of court will assist him or her in enforcing
this right.

- **Restraining orders of protection**

There are quite a number of protection means that legally restrain the perpetrator
to continue with his abusive trends. An application for such orders as indicated by
Sgarzi and McDevitt (2003:138) and Hoyle and Young (2002:98) can be done by
the abused woman through a court of law:

- A refrain from abuse order – the abuser is ordered not to abuse again.
- A vacate order – the abuser is ordered to move out immediately.
- A no contact order – the abuser is not allowed to contact the victim directly
  or indirectly.
- A custody and support order – the victim may be awarded temporary
  custody and support until the court makes more permanent orders.
- Restitution – repayment for lost or damaged property or medical expenses
  resulting from the abuse by the abuser.
- Gagging order – the abuser is ordered not to say anything demeaning and
  derogatory about the victim.

The following orders or interdicts are cited by Mbazira (2008:14-17) as means of
protecting women from abuse or re-victimisation:

- Declaratory order – a legal statement of the legal relationship between the
  parties. It is primarily used to declare whether a particular decision or
  conduct is legally valid.
- Mandatory interdict – an order expressed in positive terms requiring the
  person to whom it is directed to undertake positive steps to remedy for
  which he or she is responsible.
- Structural or supervisory interdict - a useful tool to counter possible non-
compliance. This form of remedy has proven effective in countering inefficiency, especially where it has become systematic. This form of remedy allows the court to supervise the implementation of its order by requiring the defendant to report back to court on the measures taken to effect the directions of court.

- **Witness Protection Programme**

Most often people who witness abuse or acts of crime are afraid to bear witness to what took place due to fear of being victimised by the perpetrator. The Witness Protection Programme was launched on 08 May 2008 by the attorney-general as a landmark of the criminal justice system. Bruce (in Davis & Snyman, 2005: 112) points out that the programme is conducted by a multi-agency task team that will enable a comprehensive assistance to the witness. The programme was initiated to provide the following services:

- Temporary protection of witnesses pending placement under protection.
- Protection of witnesses and related persons under protection.
- Direct support to witnesses and addressing their needs in the criminal justice process.

The witness protection programme is a relatively new form of enhancing intervention and providing evidence for cases of partner abuse. Many people are still uninformed about the programme. The programme would bear fruit if it is widely marketed throughout the country. Campaigners and activists of children and gender based violence should be well conversant about the witness protection act and the programme in general, in order to disseminate the information to the relevant stakeholders and the community at large.

- **Legislative mandates for victims of violence**

Understanding the role of the law is fundamental to services offered to victims of violence and crime. Artz and Smythe (in Davis & Snyman, 2005:133) note that in attempting to analyse the effectiveness of victim-centred legislation, the law needs
to be examined on a number of different levels, being

- The substantive analysis, which looks at what the law actually says, how it is constructed, and the extent to which it meets the objective of ensuring equality and protecting victims from violence.
- The contextual analysis, which requires the reader to revisit the history and intentions of the legislation and to assess whether the law achieves the objectives set out in the development of the legislation.
- The conceptual analysis, which looks into what the legislation implies or says about the phenomenon in question. What the law does or says about a phenomenon may affect the beliefs and attitudes of those required to enforce it.
- The operational analysis, which is the final level that examines what happens on a day-to-day practice of implementing the law, the experiences of criminal justice personnel and individuals attempting to utilize the law. The analysis also examines how the criminal justice personnel interpret the law and how the consumers of the law feel about its effectiveness in addressing social problems (Artz and Smythe in Davis & Snyman, 2005:133).

The following acts are administered by the DoHS, other participating departments as well as civil society organisations in the quest to protect women as victims of violence and crime:

- The Domestic Violence Act(Act No. 116 of 1998)
- Criminal Procedures Act (Act No.51 of 1977)
- Maintenance Act(Act No. 99 of 1998)
- Non-profit Organisations Act (Act No. 71 of 1997)
- Social Service Professions Act (Act No. 110 of 1978)
- Recognition of Customary Marriages Act (Act No. 120 of 1998)

It is essential for the government to review the acts from time to time, like the amendments and additions that were implemented on the Prevention of Family
Violence Act (Act No. 133 of 1993, which was amended to the Domestic Violence Act (Act No. 116 of 1998).

3.3.4 Continuum of care/reconstruction and aftercare

The previous intervention is aimed at providing alternative care which should wherever possible be a temporary measure, followed by reconstruction or aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at re-integration and support services to enhance self-reliance and optimal social functioning (Hay, 1997:133-134; Pickup, 2001:188).

3.3.5 Re-integration services for abused women

Empowerment as a process needs to come to an end. At one stage or another, the client will ultimately face life’s challenges on her own. The skills learnt will, therefore, be applied in order to sustain her livelihood.

Economic independence and empowerment

One distinct set of justification for promoting women participation in income generation as a way of lessening violence against them hinges on the perception that women’s increased role in income generation changes their status within the household (Hay, 1997:133-134; Pickup, 2001:188; Sutherland et al., 2001:1130).

By promoting women’s income facilitation, service providers will in a way enable the victim to take the decision of ending an abusive relationship without fear of not being economically viable. To confirm this, Pickup (2001:189) states that using income-generating projects as a strategy for combating violence is based on a belief that if women earn money, this will shift the patterns of household decision making. Furthermore, economic empowerment is believed to lead to a change in gender relations within the household, including the woman’s raised status within the household, and particularly in their relationship with their husbands.
What was mentioned above is nothing but basic survival skills. A well known motivational author, Covey (1997:313), mentions the inside-out odyssey approach of being positive about life, which ranges from survival to stability, to success and lastly to significance. The need for survival for a woman from an abusive relationship is so basic, so fundamental and so vital. She needs to have food, money, shelter and other basic needs for herself and her children. Through her efforts and help and support from others, the survivor eventually moves to stability. Her life patterns are functional at this stage. Through empowerment and support the survivor tends to be more organised and focused, knowing what to do and how to do it.

After stability, the next level is to strive for success, which involves accomplishing worthy goals. The goals can be economic, such as accumulating income and managing existing income better. The goals can also be mental, such as learning some new survival skills. The goals can be social, such as having more time together as a family and working towards the social problems experienced in the relationship. The last level of significance is when the survivor is involved in something meaningful rather than being content to be successful. A sense of responsibility is often seen at this level whereby the survivor becomes involved with assisting others and making a significant contribution to others.

Empowered women often take the role of ambassador or activist on violence against women, children and other vulnerable groups. Based on their past experiences, they usually take a bold step of initiating and leading in programmes of domestic violence in order to assist the aggressed and to engage their communities in prevention activities. Figure 6 below signifies the strategies of survival and involvement through empowerment programmes.
In moving from survival to significance, there is a dramatic shift in thinking. In the areas of survival and stability, the primary mental energy focus is on problem solving whereas when moving towards success and significance, the focus shifts to creating goals, visions and purposes that ultimately transcend the survivor (Covey, 1997:321).

3.4 VALUES AND PRINCIPLES FOR SERVICE DELIVERY IN SOUTH AFRICA

In rendering services at all the mentioned levels of service delivery, the service delivery model indicates that values and principles for service delivery, in relation...
to the government’s *Batho Pele* and the social work principles, should be adhered to.

### 3.4.1 Values for service delivery

The following values and ethos have been identified for social development service delivery and are derived from the *Batho Pele* principles (The White paper on the transformation of public service, 1995:11):

- The people we serve come first in performing our duties.
- We will ensure equity and freedom from discrimination and harassment in the workplace and in the services provided by our department.
- We will work in partnership with the people we serve and other stakeholders.
- We will use the resources entrusted to us, to deliver on the government’s priorities in the most efficient, effective and innovative ways.
- We will be transparent and accountable for our decisions, actions and performance.
- We will share our knowledge and expertise with other departments and the broader welfare sector and learn from them.
- In performing our duties, we will uphold the Constitution of the Republic of South Africa, the laws governing the public service and the Code of Conduct for the Public Service.

The following are regarded as the core values to the developmental approach, which must be observed and complied with at all times:

- Acknowledgement and respect for people’s potential to develop and change.
- Recognition of the rights of all to participate in their own development and decision making, and being accountable for their own lives.
- A commitment to social processes that build effective relationships, healthy organizations and communities.
3.4.2 Principles for service delivery

The following are regarded as the key principles of a developmental approach relevant to the South African context, which should be observed and complied with (Integrated service delivery model for victims of violence and crime, 2005:16).

- Participation: People should be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace.

- Self-reliance: People should be connected to each other and with their environment in ways that make them more effective in their individual and collective efforts towards a better life, developing leadership, decision-making and planning skills, among other things.

- Empowerment: Power relationships should shift towards people achieving greater control and influence over decisions and resources that impact on the quality of their lives through increasingly interdependent relationships.

- Universal access: Social development services should be accessible to all vulnerable groups. No individual or group should be denied access either because of a lack of resources or a lack of knowledge of how to access services.

- Equity: The disbursement of resources should be based on need, priorities and historical imbalances.

- Transparency: There should be access to information, and openness regarding administrative and management procedures.

- Appropriateness: There should be responsiveness to social, economic, cultural and political conditions.

- Accountability: All legislation, policy and regulations should be complied with.

- Accessibility: Accessibility in terms of physical and geographical conditions, time, language and need should be ensured.

- Efficiency and effectiveness: Objectives should be achieved in the most cost-effective manner.

- Partnership: It is the collective responsibility of government, civil society and the business sector to deliver services.
• Social integration: Policies and programmes should promote social justice.
• Sustainability: Long-term maintenance of desired goals should be possible.

Swartz (2007:3) maintains that the principles of social work as a profession and as a field of study can never be underestimated as they also serve as the base-line of service delivery, and include:

• Confidentiality: All cases and issues of the client or group receiving service from any agency should be handled as confidential matters at all times.
• Non-judgemental attitude: All clients to be treated equally irrespective of colour, race or creed. The service provider need not draw conclusions without ample investigation of the case.
• Acceptance: All clients should be treated and accepted in a manner which will not tarnish their image, irrespective of their social, economic, and political background, appearance and any other status.
• Self-determination: The client should be seen as capable of making own choices and decisions.
• Empathy: A capacity for the care giver to enter the same perceptual frame as the client, without losing him/herself in the process (Artz & Smythe in Davis & Snyman, 2005:133-134).

Adherence to all the mentioned principles will not only serve as guidelines for service delivery, but will ensure quality service and best practice to abused women.

3.5 SUMMARY OF THE CHAPTER

This chapter highlighted that the developmental approach which includes various levels of service delivery should always be borne in mind by all groups rendering services to abused women. Empowerment of women, therefore, remains the core task of government and all its support systems to work vigorously towards curbing wife and partner abuse. Involving men in issues of violence against women will be another approach of sensitising them about respect for human rights and human life, and to understand that women’s rights are human rights.
Empowerment and support were comprehensively incorporated in this chapter to afford the VEP implementers a deeper knowledge and understanding of the concepts. This included the principles of the VEP and the general principles of service delivery as key tools for government and non-government service providers addressing violence against women. In addition, the central functions and the process of victim empowerment were fully described to enrich the role players with effective techniques to employ when addressing domestic violence. Furthermore, the development approach of service delivery namely; prevention, early intervention, continuum of care and reintegration services, as predetermined by the National Department of Social Development, was described as significant to the provision of services to abused women and other victims of crime in society.

The policies and statutes of the Republic of South Africa are inclusive to the VEP at all the levels of the integrated service delivery process, to assist all service providers with the best practices and quality assurance mechanisms with regard to services provided to abused women.
CHAPTER 4

SERVICE COORDINATION AND TEAM WORK

4.1 INTRODUCTION

Collaboration, coordination, partnership, and teamwork, are the buzz words as policy makers, practitioners and consumer groups call for a greater commitment to integrated care services. Collaboration involves letting go of traditional professional boundaries, and listening to, and learning from others (Davis et al. 2000:143; Jacobs, 2006).

The following definitions are provided by O’Vretveit (1995:1):
Coordinate – to bring into order as part of a whole.
Collaborate – to labour together or to act jointly.
Cooperate – to act jointly with another and to unite for a common effort.

There is a very thin line between the terminologies as they all, more or less, mean working together as a team towards the common goal of rendering effective service, in this context, to abused women. The meanings refer to how professionals from different agencies work together to meet the health and social needs of people in the community, encountering some hardships within their families, particularly with their partners.

The abused woman needs professional assistance and support as she is physically and emotionally affected by the violence. Several authors (compare Moe, 1995:25; Myerson, 1995:185; Rench, 1996:121; Roberts, 1998:9) point out that a large group of battered women are experiencing major depressive disorders, post-traumatic stress disorders and generalised anxiety disorders. Crisis intervention as well as cognitive and trauma therapy are necessary to prevent a relapse.
The elimination of violence against women in South African society requires a coordinated, multifaceted approach in order to deal with attitudes towards violence, the structural and social causes and the consequences of this violence (Budlender, 1995:70, Murphy & McDonald, 2004:127; Atwal & Caldwell, 2005:268).

4.2 COORDINATED AND INTERGRATED SERVICES

The value of coordination and networking within and among national, provincial and local levels in the implementation of initiatives to eliminate violence against women cannot be underestimated. The exchange of information facilitated by multi-level coordination allows for the most efficient and effective use of limited resources in dealing with this complex problem (Budlender, 1995:74). A multi-level networking in South Africa is visible in terms of the national VEP forum, provincial, and district forums.

All the levels of service delivery as spelled out in the previous chapter, calls for team, inter-disciplinary and inter-agency working. All education and training (Beckett, 2006:136) should be evidence-based, and should stress the value of team, inter-disciplinary and inter-agency working. Multidisciplinary work across several agencies is necessary to provide the “seamless service” needed for community care to work. Joint commissioning strategies have sought to provide coordinated responses to local needs (O’Connor et al., 2006:35).

Multidisciplinary teams, constituted of workers of various professions, are essential elements of effective service delivery, especially to abused women. Most multidisciplinary teams operate with a matrix structure (O’Connor, et al.2006:151), where workers come together in teams according to their professional groups. A multidisciplinary team comprising professionals with different expertise will ensure that the client receives a comprehensive service (Bronstein, 2003:301; Reich & Sommerfeld, 2003:307; Dion, 2004:149; Frost, Robinson & Anning, 2005:12). The client would thus be spared the time to move from agency to agency seeking for assistance.
A multidisciplinary approach will minimise inadequate management buy-in of government departments. It would also assist government and other service providers to be visible and not just be vocal and seen during the observation of international and national calendar events such as the Women’s Month (August), Sixteen Days of no Violence Against Women and Children (25 November to 11 December) as well as International Women’s Day (09, August).

Dyer (2003:186), on the other hand, attempts to distinguish between multidisciplinary, interdisciplinary and trans-disciplinary (acknowledging a thin line between the concepts). An interdisciplinary team is viewed as an organisational support infrastructure that promotes work inter-dependency and increases the responsibility of team members.

A trans-disciplinary team is viewed as the results of the evolution of the team approach. The model values the knowledge and skills of team members and depends on effective and frequent communication among team members. The model strives for efficiency and quality service that should be provided by the members. For support and empowerment services to be effective, an integrated approach is essential. Oguli-Oumo, Molokomme, Gwaba, Mogegeh, and Kiwala (2002:64) state that the integrated approach is designed to assist governments, the private sector, civil society, and other agencies to understand gender based violence as a multifaceted problem that should be addressed holistically. The framework enables government to review its position regarding gender-based violence, conceptualise it as a social problem as well as a public and development issue, provide a policy framework and plan of action and allocate resources to address it.

Hansen and Harway (1993:9) point out that most of the interventions are intended to help the battered woman. Appropriate intervention in cases of violence includes providing immediate protection to the victim, providing education such as information about battering and the effects of victimisation. Intervention also includes providing referrals for advocacy and other needed services such as shelters, support groups, welfare agencies, and legal protection. Intervention also
means working psychotherapeutically, providing emotional support for a woman who is usually isolated from others, validating feelings and experiences that the battered woman may minimise or discount, helping her work through her anger and rage, doing self-esteem and self-nurturing work as well as working on developing assertiveness and other coping skills.

A holistic and integrated approach to dealing with issues of violence is essential. The Department of Social Development as the lead department that facilitates the establishment of shelters and programmes for abused women has incepted the policy framework and strategy for shelters for victims of violence in South Africa. The strategy was launched by the Director General of the Department of Social Development in September 2003.

The strategy will serve to guide service providers, such as the Departments of Justice, Health, Social Development, Education, Housing, the South African Police Services, and other relevant government departments, civil society, and the business sector. All these role-players are expected to work in partnership and to commit resources to address violence against women. The VEP policy framework strengthens the Victim Empowerment Programme/ National Crime Prevention Strategy that was established in 1996. It emphasises the involvement of all stakeholders to prevent secondary victimisation, break the cycle of violence and ensure the safety and security of the victim. Important aspects in dealing holistically with abused women are collaboration, coordination, partnership, and teamwork. Collaboration is a cornerstone of intervention (Davis et al., 2000:143). Policy makers, practitioners and consumer groups all call for a greater commitment to integrated care.

The multi-disciplinary treatment team is often perceived as an important source of mutual support, identity and esteem, as team members collaborate in therapy and decision-making. Work stress is considerably lessened through team support and interaction (Davis et al., 2000:155; Dion, 2004:154). Budlender (1995:74) contends that the exchange of information facilitated by multi-level coordination allows for the most efficient use of all limited resources in dealing with violence against
women. The benefits of strengthened networking include support, the facilitation of new gender sensitive projects, cross referrals, a strong lobby for legislative and policy changes, and joint strategizing around reducing violence against women.

The Victim Empowerment and Support Programme emphasises the involvement of all stakeholders on issues of violence against women. The programme could make a difference in the lives of individuals, families and communities who are traumatised as a result of violence and crime. According to Pretorius and Louw (in Davis & Snyman, 2005:77), victim support is a relatively new but rapidly expanding field, which seeks to assist victims of violence with practical and emotional support, information and advocacy, whereas victim empowerment reflects that people can manage and control their own lives.

4.2.1 Advantages of an integrated approach for service delivery

Davis et al. (2000:151-155) mention the following advantages of working as teams:

- The multi-disciplinary treatment team is often perceived as an important source of mutual support, identity and esteem, as team members collaborate in therapy and decision-making.
- Work stresses are considerably lessened through team support and interaction.
- The systems approach adds a useful dimension to understanding and intervening in inter-professional and inter-agency systems.
- Convening the systems also helps to sustain working together, to share perspectives, which help to define what intervention to make and to openly explore differences in goals.
- Working together as teams helps to avoid covert agendas and relates the worker-user encounter to the systems, which underpin it. It engages the professional system in problem clarification and resolution.
- Working together as teams complements other essential competencies for multi-disciplinary work in social care, identifying the parts of and relationships between agencies, understanding the different perspectives of
other professionals, including the values, knowledge and skills each offers as well as being able to use knowledge from other professionals while being clear regarding one’s own perspective (Davis et al., 2000:151-155).

As seen in figure 7, integration of service as the core of the VEP and the NCPS should be encouraged where it is not effective and be maintained where efforts are made, at all the levels of service delivery.

**Figure 7: Advantages of an integrated approach**

![Diagram showing advantages of an integrated approach]

Adapted from Oguli- Oumo, et al., (2000:67)

The functionalism theory of service delivery promotes integrated services by all team players. Team work in VEP paves the way to effective and efficient services to abused women. The case study undertaken with abused women who utilised VE services showed that they had to seek assistance from individual professionals at different times. The un-integrated services would cause exhaustion and unwillingness from the abused women to pursue their cases.
4.2.2. Team working interventions for abused women

According to Davis et al. (2000:150), several tools are essential for practitioners and teams seeking to implement the keys to collaboration and manage the obstacles in the inter-professional system. The following tools are cited by Davis, et al. (2000:150):

- **Hypothesising** centres on key questions such as what is the problem and why is it a problem, as well as what might be the meaning or purpose of the problem. Where the “stuck-ness” resides in the interaction between the professional system and the user/care-giver system, additional questions will help to formulate an effective intervention, such as what role has been pressed on the team and why, with whom does the team need to clarify its role, and how do people view the interaction, their position in this system and the position of others (Pickup, 2001:63; Hoyle & Young, 2002:129; and Hayes in Terry & Hoare, 2007:5).

- **Naming** is about setting out this understanding in a manner that values people’s contribution where possible since they will find it more difficult to contemplate difference and change if they feel blamed. Positive reframes may then be followed with questions about what the system could do more effectively in this or similar situations (Pickup, 2001:63).

- **Convening the system** enables observation of how team members interact and the positions people adopt. This can be useful in exploring the position of the referring person in the system referred to, the nature of relationships and whether another agency or professional is being triangulated to resolve a problematic relationship (Davis et al., 2000:150).

- **Hunting the latitude** involves acknowledging common tendencies to use favourable approaches suspending bias to ensure that possibilities are not neglected. One such latitude lies in reducing restraining forces rather than increasing driving forces, since the latter will increase anxiety and tension. Team working interventions will make it possible for role players to have a common understanding of the problem at hand. Team members would be able to seek for joint and suitable solutions for the problem (Pickup, 2001:63; Hoyle & Young, 2002:129 and Hayes in Terry & Hoare, 2007:5).
4.2.3 Problems encountered in amalgamated service delivery

Problems will be created for service users when services are fragmented between several different agencies (Beckett, 2006:137 and McGray, in Jasper & Jumaa, 2005:23). A problem might be that each agency defines the needs of clients in terms of the services the agencies are mandated to provide. The other kinds of problem that typically occur between different agencies or different professions are misunderstandings and communication problems, including the following:

**Status differences:** Some professions have a higher status in society than others. The medical profession, for instance, is seen as having a higher status than social workers. This may lead to difficulties in working together as equal collaborators.

**Different priorities:** Different agencies have different jobs to do and limited resources to do these jobs. These can result in one agency having very different priorities from another in any given situation, and this in turn, can result in frustration and mutual mistrust.

**Different perceptions arising from theoretical assumptions:** Different training will lead professionals from different backgrounds to focus on different aspects of a problem. Doctors and nurses may be inclined to look for explanations of emotional or behavioural problems at the level of biochemistry and may be inclined to try to deal with it by using drugs. Social workers, in contrast, may be more inclined to look for explanations in terms of the social context and a person’s individual life experience within it.

The problems mentioned above can, however, be resolved amicably through communication between the parties involved, which can result in mutual agreement between them. Role clarification will also assist role players to realise their expertise and limitations.
4.3 THE NATIONAL CRIME PREVENTION STRATEGY (NCPS) OF SOUTH AFRICA

The National Crime Prevention Strategy was initiated by the South African Cabinet in 1995, with the following objectives:

- To establish a comprehensive policy framework that will enable government to address crime in a coordinated manner, which draws on the resources of all government agencies, as well as civil society.
- To promote a shared understanding of a common vision of how the nation will address crime.
- To develop a set of national programmes that will kick-start and focus on the efforts of various government departments in delivering quality service to solve the problems leading to high crime levels.
- To maximise civil society’s participation in mobilising and sustaining crime prevention initiatives.
- To create a dedicated and integrated crime prevention capacity for conducting ongoing research and evaluation of departmental and public campaigns and to facilitate effective crime prevention programmes at provincial, district and local levels (The National Crime Prevention Strategy, 1996:3).

The National Crime Prevention Strategy is based on a fundamentally new approach by government. When the NCPS was first published or launched in 1996, it required the development of wider responsibility for crime prevention and a shift in emphasis from reactive crime control, which deploys most resources towards responding after a crime has already been committed, towards proactive crime prevention aimed at preventing crime from occurring at all (Dixon & Van Der Spuy, 2004:163). The NCPS is also intended for the services to transform from a retributive to a restorative justice system (Nel, et al., 2001:2).

The objectives of the NCPS are clearly spelled out as the drive for coordinated service by all the government and community service organisations to curb the
spread of violence against women. The NCPS seeks to empower women and other vulnerable groups within the community to act against violence, crime and other issues that affect them. The strategy also seeks to capacitate service providers with the knowledge and skills of addressing violence against women. It is, therefore, the onus of the lead department to capacitate all the role players with the NCPS and VEP. The following table provides the distinction between the preventative and reactive intervention strategies to be applied by service providers as required by the NCPS and VEP.

Table 7: Distinction between preventative and reactive interventions

<table>
<thead>
<tr>
<th>Preventative interventions</th>
<th>Reactive interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating crime awareness</td>
<td>Prioritising urgent crime areas</td>
</tr>
<tr>
<td>Creating community awareness of the plight of victims</td>
<td>Referral to service providers to address the effects of crime</td>
</tr>
<tr>
<td>Creating community awareness of available services for victims</td>
<td>Victim aid such as:</td>
</tr>
<tr>
<td>Legislation and human rights</td>
<td>Information about the status and progress of the investigation</td>
</tr>
<tr>
<td>Enhancing the understanding and awareness of policy-makers and service providers about the plight of victims</td>
<td>Emotional support in an empathic and person-centred manner</td>
</tr>
<tr>
<td>Preventing repeat victimisation</td>
<td>Legal advice</td>
</tr>
<tr>
<td>Preventing victims becoming perpetrators</td>
<td>Practical aid</td>
</tr>
<tr>
<td>Educating the community about preventative life-styles</td>
<td>Assistance in court</td>
</tr>
<tr>
<td>The empowerment of vulnerable groups</td>
<td>Compensation</td>
</tr>
<tr>
<td></td>
<td>Restitution</td>
</tr>
<tr>
<td></td>
<td>Surveying the victim’s experiences of the criminal justice system</td>
</tr>
<tr>
<td></td>
<td>Research to identify areas of policy change.</td>
</tr>
<tr>
<td></td>
<td>Multidisciplinary one-stop centres for victims of rape, sexual and child abuse</td>
</tr>
</tbody>
</table>

Source: Nel & Kruger (2000:16)
The NCPS is primarily a long-term programme aimed at creating conditions in which the opportunities and motivation for crime will be reduced, as well as transforming the capacity of the criminal justice system to deal with crime. The strategy is based on an ongoing programme of action against violence and crime, which is being implemented by a range of departments, namely the South African Police Services, South African National Defence Force, Department of Justice Correctional Services and Social Development (National Crime Prevention Strategy, 1996:6). These are the departments that were fully engaged in the programme at its inception. Currently, all other government departments are fully involved in activities addressing violence against women and other crimes.

The NCPS had prioritised its activities that include the following crimes:

- Organised crime.
- Crimes involving firearms
- White collar crime.
- Gender violence and child abuse.
- Crime associated with inter-group conflict, vehicle theft, and hijacking.
- Corruption (Interdepartmental Strategy Team, 1996:3).

The Department of Health and Social Development’s competency is that of addressing violence against women and children, but not excluding the older persons, disabled and men. It is the lead department with regard to violence against women and children, and has the responsibility for the overall coordination of the services to abused women.

Each department has its own competency though gender based violence activities overlap across all the departments, thus it should be addressed at all levels of service delivery, i.e., provincial, district and local levels. The government has adopted the four-pillar approach as a model, as illustrated in Figure 8, which sets out the different areas in which crime prevention should be developed. The model is intended to provide a basis for the development of crime prevention initiatives at all levels of service delivery, including civil society initiatives (National Crime Prevention Strategy, 1996:6).
The four pillars or strategies that are indicated above refer to improving the efficiency and effectiveness of the criminal justice system, developing environments that deter crime, mobilising community support for the fight against violence and crime, and upgrading the regional security (Nel & Kruger, 2000:14). These strategies include the empowerment of victims and communities on their rights and services available to address violence and crime. Communities should be encouraged to be more involved in crime reduction programmes, and victim empowerment initiatives to reduce the crime rate in their environments.
4.4 VICTIM EMPOWERMENT PROGRAMME (VEP)

The VEP is the key initiative within the NCPS, with the purpose of placing the need and rights of victims at the core of the national response to crime. The reduction of crime requires a multi-sectoral approach of service delivery to provide empowerment, care and support to victims of domestic violence.

4.4.1 Vision, aim and objectives of the VEP

The vision, aim and objectives of VEP are presented below.

The vision of VEP

The vision of the VEP is the creation of a peaceful society where the interests of victims of crime are protected and the balance between victims, communities and offenders is restored (Nel & Camerer, 1996:34).

The aim of VEP

The aim of the VEP is to provide a supportive and coordinated service to victims of crime and abuse that is accessible, timeous and thorough, thus contributing to a sense of empowerment and to an environment conducive to peaceful communities. It aims to accomplish this through the entrenchment of victim’s rights into policies and working practices of South Africans, which include:

- Treating victims and their families with respect.
- Increasing the awareness of the impact of victimisation.
- Improving the access of disempowered groups including women, children and victims in general, to the justice system to improve efficacy and to reduce secondary victimisation.
- Providing a greater and more meaningful role for victims in the justice system.
- Addressing the damage caused by victimisation by providing remedial interventions for victims.
The objectives of VEP

The VEP has five key objectives:

- Policy and legislation.
- Management objective to establish and sustain effective governance and management systems within government at all levels.
- Service delivery which aims to enhance the scope and quality of services to victims of violence and crime, especially in the rural areas.
- Facilitate training and capacity building of VEP service providers in government and the CSO sector.
- Research, monitoring and evaluation focusing on monitoring and evaluating the impact of VEP projects on victims and the development of a database of victim empowerment related research, norms, standards, and practice guidelines.

In order to coordinate the Victim Empowerment Programme (Nel & Camerer, 1996:12), a national body, the NCPS Victim Empowerment Management and Reference Team, has been established. This is an inter-departmental team coordinated by the Department of Social Development. Its main purpose is to strive to develop working partnerships with non-governmental organisations, business, religious groups, and academics.

Each province has a NCPS VE Forum, which draws together role players both in government and civil society, acting as a coordinating and networking forum of the VEP. District forums are also established to maintain the coordinated VEP services at the district and local area levels.

4.4.2 The background of VEP

The Victim Empowerment Programme is a programme under pillar one of the National Crime Prevention Strategy of 1996 (see figure 7) which was later replaced by the Justice Crime Prevention Strategy in 1999. The Victim Empowerment Programme was formally launched in August 1998, however, full implementation
only started in January 1999.

The approach of the VEP is strongly based on building and maintaining partnerships between government and CSOs, volunteers, business, academics, and research institutions. The programme focuses on promoting a victim centred approach to crime prevention and strives towards developing a better knowledge of victim issues, strengthening resources, addressing the needs of victims, stimulating volunteer participation, and taking the concerns of victims seriously. In this way, secondary victimisation is reduced, cooperation with the criminal justice process is encouraged, socially desirable behaviour is reinforced, and offenders and potential offenders are deterred.

Between 2000 and 2001 one hundred projects were established to provide 24 hour one stop services country-wide. 2 500 victims of crime and domestic violence were able to access these services. The first national domestic violence resource directory for all the nine provinces of South Africa was published, including the protocol for services for victims of domestic violence. In 2003 an International Conference on Victimology was held in Stellenbosch, Western Cape.

The resource directory was updated in 2004 including information about provincial and district programme managers as well as services rendered by each VEP initiative. The service charter for victims of crime in South Africa, an interdepartmental project led by the Department of Justice, was approved by cabinet. Between 2005 and 2006, a total of 86 shelters were established nation-wide. The European Union programme of assistance for the VEP was developed. A national 10th Anniversary VEP Conference was held in Durban, Kwazulu-Natal, in 2008 (see Annexure B - VEP timelines).

It is evident that the national Department of Social Development and its partners are gearing towards attaining the VEP objectives.
4.4.3 Sources of victim empowerment and intervention

As previously indicated, the VEP is an initiative within the NCPS established with a purpose of developing a comprehensive, integrated response which draws on a partnership between role players within government and civil society. The four key areas of support are:

- Family, friends, neighbours, and other individual members of society known to the victim.
- Professionals and private practitioners, e.g. clinical psychologists, medical doctors, lawyers, and others.
- The frontline workers in government departments, e.g. public prosecutors, police officers, social workers, nurses, and others.
- Employees and volunteers attached to civil society organizations e.g. NGOs, CBOs, and FBOs.

The following table highlights the sources of support for programmes addressing violence against women.
Table 8: Sources of victim empowerment, support and intervention

<table>
<thead>
<tr>
<th>Category</th>
<th>Human resource required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers</td>
<td>Administrative managers, professional managers</td>
</tr>
<tr>
<td>Professional personnel</td>
<td>Social workers, youth managers, probation officers, community development workers, child and youth care workers.</td>
</tr>
<tr>
<td>Assistant personnel</td>
<td>Social auxiliary workers, assistant probation workers, auxiliary child and youth care workers, home and community based care givers, sign language interpreters, and volunteers.</td>
</tr>
<tr>
<td>Professional support</td>
<td>Medical practitioners, physiotherapists, speech therapists, occupational therapists, nursing personnel, psychologists, psychiatrists, researchers, and information management specialists.</td>
</tr>
<tr>
<td>Administrative support</td>
<td>Information technology specialists, administrative officers, typists, drivers, data capturers, cleaners, general assistants, and security personnel.</td>
</tr>
</tbody>
</table>

Adapted from – the Integrated Service Delivery Model (DSD, 2005:12).

4.4.4. Functions of VEP Forums

The functions of the National VEP Management Committee (Pretorius & Louw in Davis & Snyman, 2005:80; Nel & Camerer, 2000:96; Nel, et al., 2001:22), include, *inter alia*, the following:

- To formulate policies for the VEP.
- To advise parliament of changes that should be made to legislation to improve the position of victims.
- To develop a programme for the extension of victim-offender mediation, victim compensation and restitution.
- To set standards for the rendering of services and the evaluation of criteria for service providers.
- To initiate and commission research.
- To develop a directory of all service providers and available services.
To encourage capacity development of all service providers.

To handle communication and coordination problems.

To develop systems for the evaluation of customer satisfaction in relation to victims’ experiences of the police and the justice departments.

The history of the VEP mentioned above, and the VEP timelines (Annexure B) are clear indications that much effort was developed in regard to executing the functions of the VEP forums. Soon after the inception of VEP NCPS, a number of statutes were developed in South Africa, while others were amended to the satisfaction of the society at large. The DVA (Act No. 116 of 1998) that replaced the Prevention of Family Violence Act (Act No. 133 of 1993) is one of the milestones that were aimed at the improvement of addressing domestic violence. Regulations of the DVA were made available as a simple guideline of implementing the Act.

It took the national VEP forum a fairly long period after the inception of the VEP in 1996, to develop and finalise the VEP policy. However, the newly developed, long awaited policy is comprehensive and was simplified for easy interpretation and implementation by all the stakeholders. Partnership between government departments, civil society and NGOs is stronger at the national level and weaker at the provincial and district levels of service delivery.

The strategy and guidelines for shelters for abused women was developed to make it possible and easier for the establishment and implementation of shelters. The guideline would, therefore, make room for the improvement and sustainability of existing shelters. The service directory for victims of violence and crime is a very useful document, especially as it is planned to be reviewed on an annual basis. Its availability in 2003 was also long overdue.

Case studies conducted with ten abused women who utilised VEP services showed that most of them were not satisfied with the service they received from their service providers. They reported to have endured re-victimisation as they were sent from pillar to post in their quest to have their problems resolved.
Campaigns for customer care and *Batho Pele* principles used to be central to government's service delivery and much impact was visible. Of late, service providers’ rights and needs are taking precedence over those of their clients. Effective and client-centred service need to be invigorated. Client satisfaction surveys and road shows need to be revamped. The service integration model is provided below to indicate the significance of VEP at all the levels of service delivery.

**Figure 9: The service integration model**

- **State obligation**
- **Commitment and practical will of the state**
- **Commitment to allocate human and financial resources**
- **A multidisciplinary approach and effective coordination**

- **To eliminate gender based violence.**
- **To eliminate gender based violence through policy and adherence to international and national standards.**
- **To commit budgets for programmes for gender based violence.**

Adapted from Oguli – Oumo, *et al.*, (2000: 68)
The above diagram illustrates the contribution of government, the private sector and development agencies to the reduction of crime and violence within the communities through integrated and collaborative efforts of government officials and other role players from civil society. The allocation of budgets to initiatives of victim empowerment and support is essential to enable programmes to be up and running as well as to ensure sustainable services. Though the media are not often incorporated in integrated VEP plans, they play a vital role of informing people about what is happening around the globe. Many actions are taken as a result of responses from information disseminated from the media.

4.5 SUMMARY OF THE CHAPTER

Coordination of services through multi-disciplinary teams is the cornerstone of assistance offered to the abused women. Such coordination will facilitate the combination of methods and theories from different fields in order to develop a more comprehensive and integrated service. This will also be made possible by the expertise brought to the team by different professionals. The empowerment and support of victims of violence and crime is, therefore, best addressed in an inter-sectoral or interdisciplinary manner.

In this chapter the background of the VEP was outlined. The NCPS as a component of VEP was also conceptualised as a holistic strategy of addressing crime in South Africa. For more clarity, the framework for the NCPS was outlined in figure 7, clearly demonstrating the four pillars of crime prevention strategy. Of importance to note is that within the first pillar, provision was made for the creation of the VEP. The NCPS VEP is the cornerstone of integrated and coordinated services in combating crime and violence against women. The VEP timeline is provided as Annexure B for further understanding of this concept.

The advantages of an integrated service delivery to abused women were highlighted in contrary to the disadvantages of helping professionals working as teams. However, more advantages were identified than the disadvantages. The inclusion of various helping professionals such as medical doctors, professional
nurses, psychiatrists, psychologists and social workers in the study was to
determine the level of integrated and coordinated services in the province. The
perceptions of the district VEP coordinators, managers of VEP centres and abused
women who utilised VEP services, were also sought to gather information-rich data
about the services rendered to abused women in Limpopo Province.
CHAPTER 5

ORGANISATIONAL STRUCTURES OF VICTIM EMPOWERMENT IN THE LIMPOPO PROVINCE: THE STATUS QUO

5.1 INTRODUCTION

The implementation of services to abused women in Limpopo Province is done at all four levels of the developmental integrated service delivery model as indicated in Chapter Three. Coordination of services is the order of service delivery in the province as it is the case in all other provinces. The uniqueness of Limpopo Province is that unlike other provinces, health and social development services are rendered within one department, namely the Department of Health and Social Development, thus making it easier for service integration.

In addition to these role players, other government departments are playing a vital role in combating violence against women. The Domestic Violence Act (Act No. 116 of 1998) spells out detailed directives for the Independent Complaints Directorate, Department of Safety and Security as well as the Department of Justice. Other departments are guided by policies designed by their directorates to address domestic violence. The role of civil society can never be underestimated as its existence makes a great impact in addressing violence against women.

In December 2003, the first comprehensive national directory was published, indicating available services in all provinces, both government and non-government organisations. The directory will be reviewed and updated from time to time.

5.2 VICTIM EMPOWERMENT AND SUPPORT IN LIMPOPO PROVINCE

Victim empowerment and support services are rendered at three levels of service delivery in Limpopo Province, namely, provincial, district and local levels.
5.2.1 Provincial level of service delivery

There is one provincial VEP coordinator, who is the overseer of all VEP services in the province. The provincial coordinator has, among others, the following duties to perform:

- Collect statistical records from all the districts and make a report available to the national VEP coordinator and forum.
- Consolidate information from all the districts in the form of a report.
- Compile a provincial central register for victims of violence and crime.
- Allocate funds for district VEP initiatives.
- Arrange for the assessment of VEP initiatives for registration and funding purposes.
- Arrange for capacity development and coaching for district coordinators.
- Arrange for capacity development for service providers within the department and other sectors.
- Establish and maintain the sustainability of the provincial VEP forum.
- Maintain partnerships with regard to violence against women in the Province.

The provincial VEP Forum has the following functions to perform:

- Coordinate support services in the province.
- Initiate new support service programmes and amend the existing ones, according to the needs of the victims.
- Assist in the training of volunteers.
- Collect statistical data for research purposes.
- Convene regular meetings with different victim empowerment initiatives to identify breakdowns in coordination and communication.
- Represent different empowerment initiatives on the National Steering Committee and initiate crime prevention drives (Nel et al., 2001: 22).
5.2.2 District level of the service delivery

District VEP coordinators are strategically based at each of the five districts of Limpopo Province, namely, Capricorn, Mopani, Sekhukhune, Vhembe, and Waterberg. The district coordinator has the following duties to perform:

- Facilitate capacity development of service providers in terms of domestic violence and related matters.
- Facilitate registration of VEP initiatives.
- Facilitate funding for VEP initiatives.
- Perform administrative duties pertaining to VEP such as monthly, quarterly and annual reports.
- Monitoring and evaluation for VEP.
- Establish and maintain the ongoing functioning of the District VEP Forum.

The chairperson of the district VEP Forum, usually the VEP coordinator, forms part of the provincial VEP Forum. The district VEP Forum has the same functions as the provincial Forum, except for attending the National Management Committee meetings. Individual victim empowerment initiatives comprise all organisations assisting victims of violence and crime. They have a duty to:

- Provide assistance to victims of crime and violence.
- Refer victims to appropriate agencies.
- Provide training to upgrade and develop services in line with the service standards set by the national steering committee.
- Keep statistics of the cases they have attended to, including referred cases.
- Provide information on crime prevention to the community (Nel et al., 2001:22-23).

Central registers for victims of domestic violence and child abuse need to be kept in all five districts of Limpopo Province. A central register is necessary for the upkeep of reliable statistics as it is difficult to access such information through the SAPS.
5.2.3 Service delivery at the local level

An ideal procedure for victim assistance at local level would be:

The victim will approach the South African Police Service, health worker or social worker to present a case, where she will receive a victim-friendly service, incorporating the four basic elements of victim empowerment and support, namely emotional and practical, support, information, and referral to support services. The service provider will inform the victim of other services available within that particular community. If possible, the victim will be handed an information brochure and, as a standard procedure, will be asked whether she would like to be referred to these services.

If interested, the service provider will provide the victim with the forwarding contact numbers, or make the particulars of the client available to the local victim support service, where volunteers will be available on a 24 hour basis. The volunteer will take the responsibility to contact the client and provide appropriate services as negotiated with the victim and her family (Pretorius & Louw in Davis & Snyman, 2005:84; Lewis et al. 2007:132).

5.2.4 Government departments participating in VEP

Various government departments have vital roles to play to ensure care, support and empowerment for abused women and their families. They have a responsibility to respond to domestic violence as swiftly as possible.

The coordination of services should be ensured at all levels of service delivery to avoid duplication and confusion among consumers of this service (Davies et al., 2000:43; Brechlin et al., 2000:26; Viano, 1992:160; Guadalupe & Lum, 2004:174; Coulshed & Arme, 2006:236; Munday & Ely, 1996:3; Ludsin & Vetten, 2005:38; Barnett et al., 2005:268 and Higham, 2006:6).
In all the districts, service for abused women is mainly rendered within the following government departments:

**Table 9: Departmental role players in Limpopo Province**

<table>
<thead>
<tr>
<th>Department</th>
<th>Service providers</th>
<th>Type of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Complaints Directorate</td>
<td></td>
<td>Oversee the implementation of the Domestic Violence Act (Act No.116 of 1998). Ensure that the national instructions are adhered to by</td>
</tr>
</tbody>
</table>


| Justice | Family Advocates, Magistrates, Prosecutors, Clerks of court | Implement the protection order under the Domestic Violence Act (Act No. 116 of 1998); maintenance order under the Maintenance Act (Act No. 94 of 1998) and the Divorce Act (Act No. 70 of 1979). Provide information and assistance to the complainant, alleviating her fears and ensuring that essential information is contained in the complainant’s application for protection orders. Create awareness and education for justice personnel. Assist with legal advice for victims of violence and crime. Issue sentencing options for perpetrators. |
| Local Government | Special programmes officers, Employee assistance programme practitioners, Local economic development officers. | To create jobs through local economic development programmes. Housing and other requirements. |
| Agriculture | | To create jobs through agricultural projects. Provide farming equipment. |
| Labour | | Provide empowerment and skills training. |
Oversee economic development programmes.

| Public works | Provide an audit on existing unutilised government structures.  
|              | Identify structures that could be used as shelters. 
|              | To create jobs and alleviate poverty. |

Adapted from the National Policy Framework for Victims of Domestic Violence (2003:12)

The researcher observed that the Independent Complaints Directorate (ICD) is not fully utilised by the public as well as victims who are not served to their satisfaction by their service providers, especially by the SAPS officers. Most clients are harshly treated by their service providers and they suffer humiliation and secondary victimization in silence. The Departments of Labour, Public Works, Agriculture and Local Government are also infrequently engaged in victim support and empowerment services, while they have a very significant role to play. CSOs should be encouraged to seek for assistance from all relevant role players, while the coordinating department must ensure that these departments form part of the VEP team.

5.2.5 Services rendered by NGOs

Services are also rendered by non-governmental organisations which are mainly funded by the Department of Health and Social Development and other national and international donors. Several authors (compare Edwards & Hulme, 1995:4; Suzuki, 1998:1; Ludson & Vetten, 2005:39; Corey & Corey, 2007:318 and Munday, 1996:3) contend that NGOs attempt to address concerns of the unprivileged through development activities such as primary health care, the provision of basic services, and education.

Services can be rendered to abused women and their families in the form of victim support centres, which offer a short-term service; shelters for abused women, offering a long-term service of up to six months or more, depending on the coping and adjusting abilities of the client as well as agencies that specialise in advocacy.
and lobbying for clients (see annexure C, Service Centres for Abused Women in Limpopo Province).

Services in victim empowerment centres and shelters are provided by the programme managers, care givers, volunteers, social workers, professional nurses, and board of directors.

5.3 FUNDING FOR VEP INITIATIVES IN LIMPOPO PROVINCE

Victim empowerment initiatives in Limpopo Province are mainly funded by the Department of Health and Social Development. Funding is done on an annual basis for all the existing and registered projects after the assessment of the service plan has been undertaken. A once-off funding, ranging from R80 000 to R250 000 for a specific year, is paid to the organisation depending on the objectives and the type of programmes and services rendered by the organisation.

While most of the organisations are dependent on the DoHSD, there are those that are so well advanced that they are able to employ their own professionals with competitive remuneration. Such organisations are able to access funds nationally and internationally.

Organisations are therefore encouraged to access funds from other local, national and international funders in cash or kind, for the sustainability of the organisation. Such funds will assist in the payment of stipends for volunteers, which is not provided by the DoHSD. Contributions and support are offered by different governmental and non-governmental organisations in various forms. The following table present the government departments that contribute to the success and sustainability of VEP initiatives in Limpopo Province.
Table 10: Funding for VEP in Limpopo Province

<table>
<thead>
<tr>
<th>Department/organisation</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Public Works</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>Department of Water Affairs and Forestry</td>
<td>Water</td>
</tr>
<tr>
<td>Department of Local Government and Housing</td>
<td>Land and infrastructure</td>
</tr>
<tr>
<td>Department of Health and Social Development</td>
<td>Monetary funds</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>Land and farming equipment</td>
</tr>
<tr>
<td>Department of Safety and Security</td>
<td>Monetary funds</td>
</tr>
<tr>
<td>Financial Institutions</td>
<td>Monetary funds</td>
</tr>
<tr>
<td>European Union</td>
<td>Monetary funds</td>
</tr>
</tbody>
</table>

Despite the availability of government departments as support structures for VEP centres, most of the centre managers rely solely on the funds accessed from the DoHSD.

5.4 CAPACITY DEVELOPMENT FOR VEP INITIATIVES

Capacity development for service providers and consumers is mainly facilitated and offered by the DoHSD at all levels of service delivery. This is done through direct service by the department or through out-sourcing accredited service providers in the field of domestic violence, crime prevention, skills development, and project management. The following government and non-government organisations also play vital roles in terms of capacity development for service providers and consumers:
Table 11: Capacity Development in Limpopo Province

<table>
<thead>
<tr>
<th>Department/ organisation</th>
<th>Capacity development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Labour</td>
<td>Skills development.</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>Skills development.</td>
</tr>
<tr>
<td>Department of Local Government and Housing</td>
<td>Skills and economic development.</td>
</tr>
<tr>
<td>Department of Safety and Security</td>
<td>Domestic violence and crime prevention.</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>Domestic violence and crime prevention.</td>
</tr>
<tr>
<td>Department of Correctional Services</td>
<td>Rehabilitation of offenders.</td>
</tr>
<tr>
<td>Department of Education</td>
<td>Adult Basic Education and Training (ABET).</td>
</tr>
<tr>
<td>The Centre for the Study of Violence and Reconciliation (CSVR).</td>
<td>Domestic violence, crime prevention and rehabilitation of offenders.</td>
</tr>
<tr>
<td>Thembalesizwe (services discontinued)</td>
<td>Domestic violence, crime prevention and rehabilitation of offenders.</td>
</tr>
<tr>
<td>First National Bank (FNB).</td>
<td>Facilitation and coaching.</td>
</tr>
<tr>
<td>UCAP</td>
<td>Facilitation and coaching, domestic violence and trauma counselling, debriefing and crime prevention.</td>
</tr>
</tbody>
</table>
5.5. SERVICE STANDARDS FOR THE VEP

The minimum standards for service delivery in victim empowerment provide the service practitioners with information on what is expected of them when they render services to victims of crime and violence. The minimum standards serve as a guideline to ensure developmental quality assurance in service delivery. The purpose of minimum standards is to establish a set of goals for service delivery in victim empowerment and support (Minimum standards for service delivery in victim empowerment, 2004:1-5; Policy framework and strategy for shelters for victims of domestic violence in South Africa, 2004:1-29; Artz & Smythe in Davis & Snyman, 2005:137).

The service delivery implementation plan that is in line with the policy, strategic plan and service standards is compiled annually at each district to set the standard of service. A service improvement plan is done annually to determine client satisfaction with regard to the service they receive. Acknowledgement of service well done by service delivery is also done annually through excellence awards to encourage good client care and practice.

5.6 PROGRAMME NETWORKS

Apart from those mentioned in tables 6 and 7, the following organisations in Limpopo Province address violence against women and children through advocacy, lobbying, community awareness, and other related and relevant programmes:

The Commission for Gender Equality (CGE): A national NGO with a branch in Polokwane, which addresses issues of gender as its focal point. The Polokwane based branch renders services throughout Limpopo Province.

National Institution for Crime Prevention and Reintegration of offenders (NICRO): A national NGO with a branch in Polokwane that also renders services throughout the province.
Women in Partnership against AIDS and Abuse (WIPAA): A women’s organisation that addresses women issues such as HIV and AIDS, domestic violence, women’s economic empowerment, and others. Services are rendered in all the districts of Limpopo Province.

Men in Partnership against AIDS and Abuse (MIPAA): Similar as the above, the organisation addresses men’s issues within the province. Services are also rendered in all the districts of Limpopo Province.

People Opposing Women Abuse (POWA): This is also a national organisation with a branch in Polokwane, addressing issues of violence against women throughout the Province.

Munna Ndi Nnyi: This is a Limpopo based men’s organisation that was formed in 1990 in Vhembe District to encourage men to be responsible husbands and partners. *Munna Ndi Nnyi* literally means “who is the real man”? The organisation was started at the maternity ward of Tshilidzini Hospital to encourage men to support their partners during pregnancy and childbirth. The organisation’s services were later extended to the community to address family issues, including HIV and AIDS, domestic violence, and moral regeneration, among others. It will be a milestone for the project to spread to all other areas of Limpopo Province to strengthen men’s endeavour to curb the spread of violence against women and children.

5.7 VEP CHALLENGES FOR SERVICE PROVIDERS

In as much as services are rendered throughout the province, there are challenges that are experienced by service providers when they execute their duties, as well as those that are experienced by victims of violence and crime with regard to the service they receive or are supposed to receive from service providers. The following challenges were presented in the form of a problem tree by VEP coordinators and supervisors from the DoHSD during one of their capacity development and coaching training sessions:
The above diagram indicates challenges experienced by victims of violence and crime, service providers in the government and non-government organisations as well as the community. Each challenge can, however, be turned into an objective of the VEP. For example some of the objectives may be formulated as:

- To reduce and eradicate incidences of violence against women through the introduction of relevant intervention strategies.
- To involve abused women in government programmes such as the Expanded Public Works Programme (EPWP), to improve their socio-economic functioning and productivity.
- To design appropriate multidisciplinary intervention strategies that would empower and support women.
- To embark on fundraising drives that would fully involve volunteers in VEP, and to ensure the sustainability of VEP initiatives.
- To enhance the multi-disciplinary interventions available in Limpopo Province for quality services for abused women.
5.8 SUCCESSES FOR THE VEP IN LIMPOPO PROVINCE

Though there are quite a number of challenges with regard to VEP in Limpopo Province, a number of successes can also be identified as all the stakeholders are trying hard to curb the escalation of violence against women.

Successes for service providers within government departments:

- Capacity building on basic counselling, trauma, debriefing, customer care, domestic violence, and other related matters.
- Available resources, i.e. human, physical and financial resources for programme implementation.
- Specialisation of the VEP at the district level of service delivery.
- Availability of policies to enable implementation.
- Partnership and integrated service delivery.
- Retention strategies for service providers in terms of improved work conditions.
- Excellence awards for recognition of best practice.

Successes for NGOs

- Capacity development on lay counselling, trauma counselling, debriefing, customer care, domestic violence, project management, and other related matters.
- Available funds for the sustainability of VEP projects.
- Availability of policies to enable the implementation of service to abused women.
- Monitoring and evaluation by government VEP coordinators, to ensure best practices.
- Partnership and integrated service delivery.
- Support from all relevant government departments.
- Excellence awards for recognition of best practice.
Successes for volunteers

Volunteers in the field of VEP play a fundamental role and provide essential services for the victims of abuse in their communities. VEP volunteers were supported by government and non-government sectors as follows:

- Capacity development on customer care, domestic violence; project management and other related matters.
- Provision for a stipend. This success was, however, short-lived as the provision of stipends for volunteers was terminated.

Successes for victims of violence

The following can be highlighted as the successes for victims and survivors of violence and abuse in Limpopo Province:

- Services to victims are available and accessible (Annexure C, Service Centres for Abused Women).
- Services are rendered in an empowering and supportive manner.
- Comprehensive and professional services are rendered to victims by efficient and capable people. Two Thuthuzela centres for sexually abused victims were established in Limpopo Province, one at Mankweng Hospital and the other one at Musina Hospital.

5.9 SUMMARY OF THE CHAPTER

Victim empowerment is high on the agenda of the National Crime Prevention Strategy led by the national department of Social Development. All government and
non-government organisations have a role to play in this regard. This chapter provided the current state of Limpopo Province with regard to VEP and the integrated service delivery. Government departments participating in VEP and the services they render to abused women were highlighted. The functions of VEP forums at all levels of service delivery at the provincial, district and sub-district or municipality level were also highlighted, citing the challenges and successes of the programme. The challenges faced by the Limpopo Province VEP have been identified and presented in the form of a problem tree in figure 10.

All different skills jointly make an impact in addressing violence against women. The importance of partnerships against violence and crime as well as networking will not be overemphasised. Through victim empowerment and support, victims of violence and crime will not be prone to re-victimisation. In Limpopo Province, more focus is on prevention through community campaigns, and intervention strategies through VEP initiatives. In this chapter more successes of the VEP were displayed more than the shortcomings.

The following chapter focuses on the presentation of collected data as well as the interpretation and analysis thereof.
CHAPTER 6

PRESENTATION AND INTERPRETATION OF THE RESEARCH FINDINGS

6.1 INTRODUCTION

The researcher applied the exploratory and descriptive research methods to determine the type of services available to abused women. The study further sought to determine how services are rendered to abused women in Limpopo Province, taking into cognizance the VEP in conjunction with the NCPS of combating violence against vulnerable groups.

Both qualitative and quantitative methods were used to collect data, though the former was used quite extensively. The use of different research methods in the same study is essential as it has been discovered that results converge, mutually confirm and support the same conclusion (Bryman, 1992:131; Neuman, 2000:21-22; Flick, 2002:266-268; Gill & Johnson, 2002:229; Seale, Gobo, Gubrium & Silverman, 2004:312).

Individual interviews were conducted with five VEP district coordinators and ten VEP project managers at the local level (two per district). Face-to-face interviews were also conducted with ten abused women (two from each district) who had utilised the services of VEP. Ninety-four questionnaires were sent out to various helping professionals namely, medical doctors, professional nurses, psychologists, psychiatrists and social workers, who render services to abused women in the Department of Health and Social Development in Limpopo Province. The response rate was good. Eighty percent of the completed questionnaires were returned.

The NVIVO7, one of the latest models of Computer Assisted Qualitative Data Analysis System (CAQDAS), was utilised to organise and manage the qualitative data. The quantitative method was used to collect data from professionals in the Department of Health and Social Development. The quantitative data were organised and analysed with the SPP computer method.
6.2 DATA FOR PROFESSIONALS INVOLVED IN VEP

Professionals who rendered services to abused women for at least two years or more were considered for the study. The professionals selected are illustrated in the following table:

Table 12: Professionals selected for the study and those who completed questionnaires

<table>
<thead>
<tr>
<th>Distribution of questionnaires</th>
<th>Professionals who completed questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals</td>
<td>Number</td>
</tr>
<tr>
<td>Doctors</td>
<td>20</td>
</tr>
<tr>
<td>Professional nurses</td>
<td>18</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>18</td>
</tr>
<tr>
<td>Psychologists</td>
<td>18</td>
</tr>
<tr>
<td>Social workers</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>94</strong></td>
</tr>
</tbody>
</table>

The highest number of responses was that of social workers (25%) followed by an equal number of professional nurses and psychologists. The lowest number of professionals who responded was that of medical doctors and psychiatrists. This is attributed to lack of time for them to complete the questionnaires due to shortage of staff that is prevalent in the province. A high response rate of 85% means that more than three quarters of the professionals were able to contribute towards the study.

6.2.1 Demographic data of professionals who participated in the study

The demographic data of professionals are presented to indicate their background, which will in a way assist in understanding their current workplace situation.
6.2.1.1 Gender of professionals who participated in the study

Both male and female professionals are employed in the Department of Health and Social Development to render services to abused women. The table below illustrates the gender distribution among service providers:

Table 13: Gender of professionals

<table>
<thead>
<tr>
<th>Professionals</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>12</td>
<td>2</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Professional nurses</td>
<td>1</td>
<td>15</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>4</td>
<td>10</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Psychologists</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Social workers</td>
<td>4</td>
<td>16</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>53</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the above table, it is clear that the majority of professionals who render services to abused women are women, namely social workers, professional nurses, psychiatrists and psychologists. Generally there are fewer female medical practitioners and only two participated in this study.

Women are generally known to be caring and nurturing. This could make abused women to find it easier to relate to their fellow women about their life experiences, often with the belief that women practitioners will be in a better position to understand their problems than their male counterparts. Most women, on the other hand, might feel uncomfortable to be examined by male medical practitioners, especially after being physically or even sexually abused by a male partner. This is supported by a number of researchers (Cavanaugh & Blanchard-Fields, 2006:439; Sigelman & Rider, 2007:342) as they assert that traditionally men have been groomed to be masculine for future employment, while women have been trained to be accommodating, deferential, and supportive.
6.2.1.2 The age groups of professionals

Gerdes, Moore, Ochse and van Ede (1999:319) display Schein’s development theory (1978) about early adulthood that is divided into three categories:

- Entry into the adult world (22-28 years)
- Transition into the world (28-32 years)
- Settling down (33-39 years)

It is during this stage that most people take their first full-time jobs, a milestone in the individual’s development as it conveys adult status more than any other achievement. Harder (2002: 2) explains Erikson’s psychosocial theory (1902-1994) in terms of the 8 stages of development. Of interest to the researcher are the last three stages, being the young adulthood (18-35 years), middle adulthood (35-55 years), and the late adulthood (55-65 years).

The young adulthood is characterised by intimacy and solidarity versus the basic strength of affiliation and love. It is during this stage that life fulfilment is found through employment, starting and fending for a family (Harder 2002, 4). Isolation and distance from others occur when individuals are not successful in creating satisfying relationships (Louw, 2007:54; Sigelman & Rider, 2009:38).

The middle adulthood on the other hand is characterised by generativity versus self-absorption or stagnation, with the basic strength of production and care (Harder, 2002:5). During this stage some professionals may apply their skills across several areas, while others may aim to become specialists in a highly specific field (Harder, 2002: 2). Stagnation results from not having an opportunity for contributing to the good or growth of own children and others, and potentially to the wider world (Smith, 1999:15)

The age group of the helping professionals ranged from 24 to 44 years, with the mean of 34 years. Of the 80 professionals, 59 (74%) were within the age group of 24 to 33 years, while 21(26%) were within the age group of 34 to 43 years. More than half of the professionals at a younger age were found to be handling cases related to marital problems that included abuse of partners. Abused women may be sceptical
about the services of younger professionals, while some may feel more comfortable with professionals who are advanced in age and matured to assist them with their marital disputes.

6.2.1.3 Period of involvement in the VEP

The experience of professionals rendering services to abused women is crucial to the VEP. The professional will be able to use the skills and knowledge gained over the years to be innovative as well as to engage other professionals and partners in a multi-disciplinary quest to empower women.

Table 14: The number of years that professionals have been rendering services to abused women

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>6</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

All the professionals had more than two year experience of rendering services to abused women. This is in line with the requirement of the South African Social Services Association, as well as the Criminal Procedure Act (Act No.51 of 1977), which says a practitioner ought to be in practice for more than two years in order to be able to present a report in the court of law, or mitigate on behalf of the client.

More than half of the professionals (60%), offering services to abused women had a minimum of five years’ experience. Experience is considered by most institutions and organizations to be a milestone for providing quality service. On the job training is often offered to practitioners as a supplement of what has been acquired and as refresher opportunities.
6.2.1.4 Home language of professionals

Limpopo is one of the provinces characterised by diverse cultures. The province is home for 6 cultures (Bapedi, VhaVenda, VhaTsonga, AmaNdebele, English, and Afrikaaners), with 6 official languages. A minority of other cultures are also found within the province as a result of employment and business ventures. The following histogram illustrates a distribution of languages spoken by these professionals.

Figure 11: Home language of professionals

The findings revealed that the province is dominated by Sepedi speaking professionals, followed by those speaking Tshivenda, then Xitsonga. There is just a small fraction of the professionals speaking Setswana and Sesotho, while there is also a small fraction of English speaking medical doctors. There were no Afrikaans speaking professionals. Language barrier is not experienced in the province as most languages are spoken by professionals.
It should, however, be noted that Afrikaans speaking abused women may be disadvantaged as they will not be addressed in their home language. Abused women would be more likely to express their problems and concerns in their home language.

6.2.1.5 The professionals’ level of education

All the eighty professionals who participated in the study had junior degrees as a requirement by their respective professions. Of the 20 social workers, 3 obtained a masters’ degree in supervision. One out of the 16 psychologists had a masters’ degree, whereas 4 were in possession of an honours degree. Five out of the 16 professional nurses held an honours degree in nursing, while 2 were in possession of a masters’ degree.

Table 14 indicates a total of 30 (37%) professionals within the range of 6 to 10 years had experience in the field of domestic violence. Surprisingly, and as a cause for concern, a total number of professionals with honours degree were 10 while only 6 had a masters’ degree. Failure to further their studies is attributed to, among other factors, limited study time, especially for medical doctors and professional nurses, who work more than 8 hours per day. In addition, due to family and or social responsibilities, professionals may find it difficult to improve their qualifications. It is also a trend for some of these professionals to have additional jobs to supplement their income, leaving them with no or little time for other developmental activities.

Most of the helping professionals are known to be emotionally drained, which might cause exhaustion and a lack of interest to pursue self-development studies. Doctors are over-stretched as they are expected to attend to all waiting patients. A number of researchers (Barnett et al., 2005:268-269; Higham, 2006:6) concur that the helping professionals have a vital responsibility of responding to domestic violence. They, therefore, need to be extensively trained if they are to be effective in executing their duties. For instance, the curricular for some professionals may not have adequately prepared them on aspects related to domestic violence and on how to assist abused women. Therefore, on the job training for professionals is vital to help them keep abreast of new developments regarding intervention strategies to curb domestic
violence and to help the abused.

6.2.1.6 Religious affiliation of the professionals

Of the 80 professionals, the majority (85%) reported to be Christians while a few of them (15%) reported not to belong to any religious denomination. The religious background of professionals involved in VEP plays a vital role in their execution of duties as it is assumed that they are likely to be empathetic towards abused women. However, others view religion as one of the factors that make abused women adhere to their marital obligations and to endure the pain inflicted by their partners. Religiously inclined professionals are more likely to understand and respect decisions taken by abused women.

Non-Christian professionals, on the other hand may find it difficult to relate to the clients’ Christian beliefs, and thus fail to understand their intentions of remaining in abusive relationships. There is also the likelihood for Christian professionals to include spiritual counselling as a support option for abused women.

6.2.2 Skills and knowledge of professionals with regard to VEP

The information pertaining to skills and knowledge of professionals with regard to VEP was sought to determine the effectiveness and efficiency of services they render to abused women as well as to determine how conversant they were with the programme. All 20 social workers reported to be well conversant with the VEP. Of the 16 professional nurses, 12 indicated their understanding of the VEP, while 10 of the 16 psychologists indicated to have a vast understanding of the VEP. Of the 14 medical doctors, 8 understood the VEP, while 6 out of 14 psychiatrists had an understanding of the VEP. Of the total number of professionals, 80, 56 (70%) reported to be conversant with the VEP.

Social workers and professional nurses were more conversant with the VEP as they were more directly involved in community programmes, including the VEP, while doctors, psychologists and psychiatrists were less involved due to time constraints.
and the nature of their work. Of concern is that some of the medical doctors who are likely to treat physically abused women were not conversant with the VEP.

6.2.2.1 VEP Training received by professionals

Out of 80 professionals, 50 (62%) reported to have received short term training offered by the Department of Health and Social Development. The majority of the social workers (18 out of 20), professional nurses (12 out of 16) and psychologists (10 out of 14), received additional training on the basic trauma counselling, debriefing, intermediary, including the Victims’ rights and Victims’ charter offered by the University of South Africa – Department of Psychology, Centre for the Study of Violence and Reconciliation (CSVR), Tshwaranang Legal Agency, the Department of Justice, and FAMSA, Tzaneen, respectively.

Twelve social workers were trained on child and adult assessment, while 8 were trained on Capacity Development and Coaching by UCAP in conjunction with the departmental district coordinators. Seven were trained on POPPETS (Programme for Primary Prevention through Education, Training and Stories) by SANCA (South African National Council for Alcohol and Drugs, Polokwane).

Social workers are exposed to a number of training by different institutions, probably due to the fact that the VEP is regarded as a specialised field in the Department of Health and Social Development. The provincial and district coordinators are expected to ensure capacity development for the service providers. It is essential that the health services be kept abreast with regard to VEP training and other gender based issues, to enable a comprehensive and integrated service to abused women.

6.2.2.2 The impact of training for professionals involved in VEP

The following statements were expressed by the professionals involved with the VEP about the importance of the training they received:

“Updated knowledge enables me to render services effectively as well as to link abused women to available relevant resources.”(Social worker).
“Training enhances change of mind-set about victims of abuse especially those who remain in abusive relationships and not speaking out.” (Nurse).

“Training improves the quality of service to abused women.” (Social worker).

“Training assisted me to acquire expert knowledge in the field of VEP.” (Psychologist).

‘Through training I understand the concepts of trauma and debriefing and how to engage the individual and family in the process of counselling.”(Social worker).

“Training empowers social workers to impart more information and provide support to the victim as well as to provide them with skills and knowledge such as policies and acts relating to VEP.”(Social worker).

“Abused women become emotionally stable through the information and support they receive to enable them to cope in abusive relationships.”(Psychologist).

“I was never exposed to any training on VEP. The little knowledge I have is acquired from reading pamphlets and booklets displayed at the hospital. A thorough training will assist me and my colleagues to have a clear insight with regard to the programme.” (Doctor).

It is thus evident that professionals regard training as the most important aspect of service delivery. Those who were never trained on victim empowerment and support, mostly medical doctors, also stressed the importance of training, indicating that with the right knowledge, they will know what to do when attending to victims of violence and abuse.

There is a need to offer continuous training to all professionals who come into contact with abused women in order to render a holistic service delivery. For instance, a medical doctor will perform a medical examination while offering emotional support at the same time, before making a further referral for expert counselling.

A number of researchers (Braye & Preston-Shoot, 1995:144; Suzuki, 1998:43, 62; Austin & Hopkins, 2004:215; Barnett, Miller-Perrin & Perrin, 2005:269) support the views of professionals that training staff is designed to develop people within the
organisation. On the job training has the advantage of assisting personnel to increase their knowledge and skills as well as to keep abreast with issues related to their professions.

6.2.3 Health and psychosocial services for abused women

The purpose for this section was to highlight the nature of services rendered to victims of violence by different professionals in the Department of Health and Social Development. This would further determine the integration of service offered to the abused women in Limpopo Province. Empowerment and support for abused women is offered to the abused women by all professionals. Counselling is the common factor among all professionals, though of the 14 medical doctors, 9 indicated that they were doing preliminary counselling, and then refer victims to social workers and psychologists for in-depth counselling.

This further indicates that professionals are aware of their roles and limitations including those of their counterparts in other units. All professionals mentioned that they refer clients to other professionals for further intervention. Referral is mainly done by word of mouth and unsystematic referral notes. Collaborative support functions are perceived by a number of researchers (Ragg, 2006:423; Summers, 2006:352; Lewis, 2007:78) as the core of providing quality service to victims of violence and crime.

Collaborative support services will undoubtedly give clients the satisfaction and confidence that their needs will be met. Case conferencing as discussed in Chapter 3 is one of the most effective client assistance strategies that were never mentioned by professionals as their collective means of service delivery to abused women.

6.2.3.1 Referral and feedback procedures

This section sought to determine how abused women are referred from one service provider to another. The clients’ safety, human dignity and emotions need to be taken into consideration when referrals are made. Seeking professional assistance
from different agencies or institutions may be detested by most clients as this may be costly to them. One-stop-centres are ideal as clients will be able to access all the required services under the same roof. Since these kinds of centres are not available in Limpopo Province, professionals are left with no option but to refer their clients to other professionals for further assistance.

Figure 12: Referral system for VEP services

Figure 12 above depicts the referral system followed by different professionals within the provincial Department of Health and Social Development. Forty-six of the professionals referred clients by letter; 20 referred them by accompanying clients for expert assistance; 8 referred clients telephonically whereas the remaining 5 referred clients by verbal advice to seek assistance from the relevant service provider. Referral by letter may be disadvantageous for the client as letters are usually concise. Important information about the case from the referring agency may be left out. Those who refer clients telephonically may not be able to provide relevant information to the receiving professional since the latter may be engaged in some activity. The receiving professional may also not be able to provide undivided attention to the telephonic referral. Those who are advised to seek further assistance from other professionals may not heed the advice.
According to section 6.2.4, all professionals indicated that they were referring clients for expert assistance, but it is deduced that there is no consistency in the Department of Health and Social Development regarding referral systems. Each section is using its own method of referring clients for further assistance without proper monitoring mechanisms. The client's right to be completely served, as well as her dignity and safety, needs to be considered when referred from one service provider to another.

Since no case managers were allocated the responsibility of keeping track of the cases, there is no mechanism to ensure that the clients received the required service. Coordination of services is relatively low due to the absence of case managers and case conferencing. The referral system is a challenge for the helping professionals. There is no standardized referral tool used by the professionals. Of the 80 professionals (43%) demonstrated their innovation by developing referral letters for their agencies to maintain professionalism (see Annexure L). With a referral letter, the receiving professional will be able to comprehend the nature of the problem (even though further clarification will be sought), the services provided by the referring professional, and most importantly, the reason for referral. The effectiveness and advantages of client referral are comprehensively discussed in Chapter 3.

In view of the above findings, the researcher developed guidelines for the referral system and referral templates that the professionals can utilize to ensure quality service to abused women (see Annexure M–S). The effectiveness and advantages of client referral can never be over-emphasized. Client referral should be done with caution to ensure the protection of the dignity of the client. The importance of client referral was conceptualized by the researcher as an attempt to sensitise service providers on the effective and acceptable ways of referring clients from one agency to another.

### 6.2.3.2 Services rendered to a group of abused women/ group work

This section sought to determine whether the helping professionals in the
Department of Health and Social Development engaged abused women in group work as another form of intervention.

Table 15: Engagement of clients in group therapy by professionals

<table>
<thead>
<tr>
<th>Professional</th>
<th>Yes</th>
<th>Percentage</th>
<th>No</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>17</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Professional nurses</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>20</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>17</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>20</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Social workers</td>
<td>15</td>
<td>18</td>
<td>5</td>
<td>8</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>18</td>
<td>65</td>
<td>82</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

Group work had been designed to be used by the helping professionals (social workers, professional nurses, psychiatrists, and psychologists) as an approach to render a service to a group of clients experiencing a common problem.

Most of the abused women are not benefiting from group work due to lack of insight by helping professionals. Only social workers responded positively to the question as out of 20 social workers, 5 stated that they had never engaged their clients in group therapy. The assumption is that they might experience the challenge of gathering a number of clients at the same time. The shortage of staff might also contribute to the inability of professionals to engage their clients in group sessions.

On the other hand, medical doctors were not trained in group therapy. Psychiatrists and psychologists had group work as part of their training curricular but lacked experiential learning. This may be due to staff shortage a factor which will not make it easy or possible for them to get patients together on a specific day and time for group work therapy. However, at the time of the study, professional nurses were able to conduct health sessions with clients on a weekly basis which afforded them an opportunity to raise awareness of abuse to victims.
Group therapy is one of the vital methods for the helping professions (Kurtz, 1997:4; Craig, 1998:113; O’Leary, 1999:5; Healy, 2005:135, Corey & Corey, 2007:18), which will involve the couple or family in addressing the problem at hand. Group work has been one of the primary methods used in social work over decades and has proved to be effective. Clients are given the latitude to share their experiences and this usually gives others the chance to loosen up and speak out about their ordeals. Group therapy is less time costly as more individuals are empowered simultaneously.

6.2.3.3 Reducing violence against women through community work

All professionals indicated that they have been involved in community campaigns for violence against women and children. Community campaigns are much publicised, especially during the national calendar events such as the women’s month and the 16 days of activism on no violence against women and children. Since partnerships are encouraged, all professionals had the opportunity of becoming part of the campaigns.

The general trend by government and civil society organisations is that they become active and visible during these calendar events, while prevention should be continuous. Less innovation is seen among professionals with regard to the prevention of violence against women and children, since the calendar events are the national department’s initiatives. This can be justified by the challenges that were mentioned by professionals and district coordinators, such as the shortage of staff and workload.

6.2.3.4 How organisations are assisted by professionals to establish centres for abused women

Of the 80 professionals, only 20(25%) mentioned that they were involved in the establishment of the VEP centres, while all other 60(75%) found the projects already in existence. All the 20 professionals who were involved in the establishment of VEP centres were social workers. All the other professionals only had roles to play after
the existence or conception of the centres. If an inter-disciplinary approach is to be pursued, social work as the lead profession, need to strategically involve all other service providers in all activities and programmes of the VEP.

6.2.3.5 How clients are assisted to access services at the VEP centres

All the practitioners indicated that at one stage or another they were able to assist the abused women to access required services. The following referral measures were mentioned:

- Referral – Although it was indicated that the referral was done, no specific standard method was followed by different professionals as indicated in Figure 11.
- Accompany clients for further assistance – Abused women who visited the agency after being physically or sexually abused was either accompanied to the police to lay a charge or to a shelter for protection and further assistance.
- Providing information – Information was provided to the abused women about available services and how to access them.
- Press releases – Affordable local newspapers were used to convey information to communities about available resources.
- Campaigns – Campaigns were conducted to create awareness to abused women and the community at large.
- Radio talks – Local radio stations were used to disseminate information about available resources as well as events that will be taking place in communities.
- Distribution of flyers and brochures – Flyers and pamphlets were distributed in the local languages about services available and provided in communities.

It can be deduced that abused women have the care and support of all practitioners. However, the project managers in response to the support they get from the professionals expressed their dissatisfaction with regard to the unavailability of professionals. They cited fixed hours for professionals as a hindrance, and as a result they cannot secure assistance from them after working hours.
6.2.4 Coordination of services in terms of VEP

This section seeks to determine service delivery in terms of coordination of services by different professionals who assist abused women in one way or another, in accordance to the integrated service delivery model.

6.2.4.1 Professionals forming part of the inter-disciplinary team

In this study, professionals from the Department of Health and Social Development included social workers, medical doctors, psychiatrists, professional nurses, and psychologists. The professionals in other sectors included the SAPS and Justice personnel. Of the 80 practitioners, 36(45%) indicated that they come together at least once in a month to provide a holistic assistance to abused women as well as to discuss issues pertaining to service delivery.

Stakeholders’ meetings are scheduled on a monthly basis, though this is not always honoured due to other meetings and commitments by professionals (see Annexure H, minutes of the stakeholders’ meeting). Another challenge of working with other professionals was cited as a lack of consistency due to transfers and different working hours for professionals.

The remaining 44(55%) reported that they never come together as different experts to address issues of domestic violence. Reasons such as staff shortage, time constraints, inconsistency of staff members, and different hours of operation were cited as hampering team work. The importance of an interdisciplinary approach can never be over-emphasised for quality service to abused women. Inter-disciplinary teams are emphasised and supported by a number of researchers (Braye & Preston-Shoot, 1995:144; Seden, 2000:71; Ragg, 2006:423; Lewis et al., 2007:30) as networks towards positive change.

All 36(45%) out of the 80 professionals who reported to be involved in multi-disciplinary teams mentioned discussions and meetings as their strategies for sharing best practices for addressing violence against women. The basic
government Batho Pele principles were pointed out as a guideline for best practice.

When practitioners work together as a team, there is a greater likelihood that they will assist one another in terms of how best service could be provided to clients. The social workers as the conveners of such meetings or teams have the responsibility of ensuring uncompromised best practice at all times. Several governmental service delivery guiding documents (National Crime Prevention Strategy, 1996: 24; Basic Conditions of Employment Act, 1997: 65-66; Domestic Violence Act, 1998: 7-8; Code of Conduct for the Public Service, 2002:61-64; Minimum Standards for Service Delivery in Victim Empowerment, 2004:3-6) stress proficiency, professionalism and respect for clients as the core of best practice in service delivery.

Since the inception of the Domestic Violence Act, 116 of 1998, many developments have been made with regard to VEP, the NCPS, Victims’ Rights, and the Victims’ Charter.

6.2.4.2 Guiding tools used by the team to address violence against women

Of the 36 practitioners in multi-disciplinary teams, only 12 (15%) reported to be guided by the VEP policy framework. It is evident that professionals have little support from their supervisors and managers, who have to ensure that they are provided with all the necessary guiding documents such as the VEP policy framework.

Practitioners themselves also have a responsibility to enquire about what can best guide them in executing their duties, particularly when handling life threatening cases of abuse and crime. The NCPS, all relevant acts, minimum standards for service delivery, and any assistive document, need to be available to all professionals involved in VEP.

6.2.4.3 Challenges of working with other professionals

The challenges that are perceived by professionals as a hindrance towards team
work are summarised below:

- A lack or insufficient physical resources such as transport, working areas and working equipment for record keeping.
- Insufficient human resources.
- Differences in opinions and perspectives.
- A lack of consistency due to transfers and different working hours for professionals.
- Time constraints.

It is evident that the above mentioned challenges make it difficult for professionals from different sections and departments to come together as teams. It is assumed that due to the vastness of the areas between the local areas, it might not be feasible for professionals to come together as teams.

The programme needs to be given the necessary support by management and policy makers to ensure quality service to abused women. For the past decade, the ten point plan for Social Development included the reduction of domestic violence and gender based imbalances, but it has been noted with great concern that the programme was not prioritised as expected. As contended by various researchers (Block, Engel, Naureckas & Riordan, 1999:1164; Campbell, Dienemann & Kub, 2002:1158; Ryan, Biegel, Tracy & Johnsen, 2004:39), collaborative efforts ensure shared standards, synergy, equalised power, permeable roles and group decision-making. Inter-systems collaborations move from a “can we” to a “how can we” approach.

In the light of the responses in item 5.2.3 (training received by professionals), social workers were better trained than their counterparts in other sections of the department. An interdisciplinary team would make it possible for shared skills and comprehension of essential tools such as policies and statutes.

6.2.4.4 Suggestions with regard to improving services to abused women

Sixty-four professionals (80%) made the following suggestions that would improve
services to abused women: specialisation, regular intensive supervision, role clarification, regular training and meetings among professionals involved in the VEP including incentives for over-time.

Sixteen (20%) professionals did not respond to the question. The findings suggest that practitioners are aware of the stumbling blocks towards the successes of the VEP. It is assumed that those who did not provide suggestions have no idea of what should be done to improve the programme, or are not familiar with the programme. The problem tree, as illustrated in figure 9, illustrates challenges encountered with the VEP in Limpopo Province.

Objectives for the programme could be developed out of these identified problems for quality service. As perceived by Angless, Maconachie and Van Zyl (1999:644) a number of factors, including the lack of resources, especially shelters, are life threatening for battered women. If intervention problems are not addressed in time, battered women may become biophysical victims and may end up with physical and mental handicaps (Schurink, Snyman & Krugel, 1992: 38).

6.2.5 Job satisfaction for professionals rendering services to abused women

This section sought to understand the perceptions of professionals with regard to the level of satisfaction towards the services they render, particularly to abused women.

6.2.5.1 The type of supervision offered to professionals

Of the 80 professionals, 50(62%) responded that they were exposed to individual supervision while only 16(20%) were exposed to group supervision and individual supervision. Fourteen (18%) were not exposed to any supervision at all.

Supervision had been regarded by a number of authors as the most assistive tool in service implementation (Austin & Hopkins, 2004:215; Corey & Corey, 2005: 31, 49; Dunbar-Krige & Fritz, 2006:17; Ragg, 2006:383). Group supervision on the other hand is regarded as a time-efficient and unique format that assists trainees in
developing skills in conceptualising cases (Corey & Corey, 2007:48).

A lack of supervision might pose as a serious set-back for service delivery as the service provider will have no source of guidance, support and capacity development. Most supervisors are focused on the administrative tasks such as authorising trips and absence of leave as well as the compilation of the performance management systems and other reports. This is a serious problem since supervisors were proven to be the key people to provide assistance and to ensure employee growth and development in service implementation.

6.2.5.2 Successes in addressing violence against women, and how they are acknowledged by the supervisor

All professionals mentioned the following as their achievements in addressing violence against women:

- The ability to create awareness to empower communities against violence and crime. A budget is allocated at the district level for each district to conduct awareness campaigns. Due to challenges such as the shortage of staff or staff turnover mentioned by professionals, it is assumed that awareness campaigns are not conducted as regularly as expected.

- The availability of multi-disciplinary teams makes it possible for abused women to be provided with a comprehensive service. However, the findings revealed that multi-disciplinary teams are not available in some areas.

- VEP field specialisation at the district level marks the attention that is given to the programme without interference. As much as field specialisation is introduced in the province, the study revealed that there are some district coordinators who are responsible for two or more fields. Field specialisation is not prioritised at sub-district levels due to staff shortage.

- Award ceremonies for employees, supervisors, managers and community based organisations will encourage them to take their service to greater heights. The researcher applauds the Department of Health and Social Development in its endeavour to keep the employees motivated through annual award ceremonies.
- Successful registration and funding for community projects by the Department of Health and Social Welfare. The findings suggest that the Victim Empowerment Project managers are not satisfied by the meagre funding since it is unable to cater for all the needs of the projects. The stipend that was previously offered to volunteers of VEP centres was discontinued by the DoHSD, thus making it difficult for volunteers to execute their duties.

- Supervision and supervision feedback make it possible for professionals to render quality services. Although the study revealed that the majority of professionals (82%) were exposed to supervision, it is a concern that the remaining 18% of professionals performed their daily duties without guidance and supervision.

The findings clearly demonstrate that VEP in Limpopo Province is seen to be heading towards success, though some shortcomings were identified at all the levels of service delivery. An attempt by the government to address some of the challenges is gradually taking shape, while other challenges such as staff shortage are taking rather too long to address. The availability of more staff will intensify the prevention of violence against women and children.

6.2.6 Additional information

Of the 80 professionals, only 22 responded to this question and the following opinions were expressed:

“Campaigns within the departments are not conducted on a regular basis as preventative measures. More women would be empowered if campaigns were ongoing.”

“NGOs are unable to pursue ongoing prevention programmes due to insufficient funds. Most NGOs are not sustainable due to lack of funds.”

“Trained NGO staff and volunteers will definitely make a difference in rendering services to abused women.”

“Training for the personnel in the Department of Health and Social Development should be comprehensive and be on regular basis for all professionals rendering services to abused women.”
Based on the above excerpts, it is clear that despite government’s attempt to provide the much sought after services to abused women, the programme is not accelerated as it should be. Coordinators that are placed at the district offices should not be overstretched with multiple programmes, but rather be specialists in one particular programme to ensure quality service.

6.3 DATA FORMANAGERS OF VEP CENTRES AND SHELTERS

The empowerment of and support for abused women should not be seen as the sole responsibility of the government agencies, but a collective endeavour by all other relevant sectors within the community. As supported by several researchers (Kemp, 1998:253; Suzuki, 1998:1; Makofane, 1999:150; Ludsin & Vetten, 2005:39; Lewis et al., 2007:24-30) non-government organisations attempt to address concerns of the underprivileged and the underserved in the third world through development activities such as primary health care and the provision of basic services and education. VEP shelters and centres are regarded as vital services to abused women.

Ten projects were selected for collecting data for this study, two from each district. Personal interviews were conducted with project managers to determine how services are rendered to abused women through VE initiatives in Limpopo Province.

6.3.1 Demographical data

This section aims at determining the characteristics of project managers of VEP initiatives in Limpopo Province. The demographical data of project managers are displayed as follows:
Table 16: Demographic data for VEP project managers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>30%</th>
<th>Female</th>
<th>70%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>36-40</td>
<td>20%</td>
<td>41-45</td>
<td>20%</td>
<td>46-50</td>
</tr>
<tr>
<td>Race</td>
<td>Black</td>
<td>70%</td>
<td>White</td>
<td>30%</td>
<td>100%</td>
</tr>
<tr>
<td>Language</td>
<td>Afrikaans</td>
<td>10%</td>
<td>English</td>
<td>20%</td>
<td>Sepedi</td>
</tr>
<tr>
<td>Educational level</td>
<td>Matric</td>
<td>40%</td>
<td>Diploma</td>
<td>40%</td>
<td>Degree</td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>Christians</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period of involvement in VEP</td>
<td>1-5 years</td>
<td>10%</td>
<td>6-10 years</td>
<td>20%</td>
<td>11-15 years</td>
</tr>
</tbody>
</table>
The ages of project managers ranged from 36 to 51, with the mean of 47 years. Seven project managers were black, while the remaining 3 were white. This is an indication that domestic violence is experienced by all citizens across the colour line. There is no language barrier among CSOs, thus making it easier and possible to render services to all ethnic groups in Limpopo Province.

All the project managers were educated, (four with matric, four with diplomas and two with degrees), which will enable them to manage the projects effectively. All the project managers reported to be Christians. It is assumed that they liaise and collaborate with pastors and ministers of religion for the spiritual healing of abused women. Nine project managers had a reasonable period of involvement in VEP initiatives, which is six to sixteen years.

6.3.2 Knowledge and skills in victim empowerment and support

It is important for service providers to have insight and understanding of the concept of VEP, if quality service is to be maintained. This section sought to determine the extent of knowledge and skills project managers have to manage their initiatives.

6.3.2.1 Training

All ten project managers were trained on basic VEP, project management (which includes personnel management, financial management, marketing, leadership and general management), basic trauma counselling and debriefing and Domestic Violence Act, no 116 of 1998. The Department of Health and Social Development (DoHSD), outsourced institutions and organisations such as the University of South Africa Centre for Applied Psychology (UCAP) and the Commission for the Study of Violence and Reconciliation (CSVR).

Seven of the VEP project managers were trained by the Department of Justice and the South African Police Services on legal aspects covering the victim’s rights charter, restitution, restraining/protection orders and reporting mechanisms.
Five of the VEP project managers were trained on the National and Provincial Crime Prevention Strategy by the Department of Safety, Security and Liaison. One of the respondents had undergone a series of trainings as a social worker managing a VEP shelter stated:

“I was trained on the Programme of Primary Prevention through Education and Training through Stories (POPPETS) by the South African National Council for Alcohol and Drug Abuse, which is a very special preventative, edutainment programme designed to train children on abuse, HIV and AIDS and life skills to convey the message in a very interesting way. We were trained to be able to train other organisations and schools. One can actually use this programme anywhere, even making a presentation to management in the boardroom. I was also trained on intermediary for abused children’s cases, child and adult assessment.”

Training for VEP project managers and their staff is vital as they will gain insight into the programme. The partnership between the Department of Health and Social Development, the European Union and the United Nations as discussed in Chapter 4 has proved to be effective and bearing fruit. Through the partnership, more civil society organisations are reached and assisted with capacity building and funding for their projects.

All ten project managers acknowledged that the training they had received enabled them to acquire knowledge and skills in terms of counselling, debriefing, supervision, facilitation, coordination, administration, communication, marketing, fund raising and negotiation skills. Three of the project managers indicated that they had acquired nursing skills from their previous working experience, thus making it possible for them to deal with bruised clients first hand. One of the project managers indicated that her social work skills were enabling her to manage the shelter professionally. Despite the training on fund raising received by project managers, the researcher learnt that most of the VEP managers were relying solely on funds accessed from the DoHSD. This means that they still lack fundraising skills.

6.3.3 Services for abused women

This section sought to identify services offered in projects within respective communities.
6.3.3.1 Services rendered at VEP Centres

All the project managers mentioned the following activities and services rendered at their organisations:

- Counselling for victims of domestic violence.
- Immediate placement for women who have nowhere to go.
- Referral for further expert service implementation.
- Assisting the client to report the case to the police.
- Assisting the client with accessing medical and health care.
- Court assistance.
- Case follow-up.
- Training for volunteers.
- Awareness campaigns in collaboration with other stakeholders.

Two project managers added ongoing counselling and life skills training for offenders as services provided at their centres. The findings clearly demonstrated a diverse service delivery to abused women by civil society organizations. Perpetrator programmes should be encouraged at VEP centres and shelters for the rehabilitation of offenders and prevention of secondary victimisation.

6.3.3.2 Effectiveness of the service rendered at the VEP centres

Consensus from the five participants was that the service they render to abused women is very effective:

“The service we offer to abused women and children is regarded with high esteem by the community. We are doing a great job to the vulnerable women, especially as the government offices cannot be accessed 24/7. We are always there. Even if the project is closed for the day, people know where to find us. With us a service is guaranteed.”

“Women who use our service are empowered and confident and one can see that they have regained their lives back. They know what to do during the time of the abuse or mere threatening of abuse.”

The above excerpts give a clear indication that, to a certain extent, the VEP project managers are satisfied with the service their staff provide to abused women. The
support from government and international partners is gearing for a quality service that abused women deserve.

6.3.3.3 Number of beneficiaries of services at the VEP centres

According to their monthly records, it is evident that the majority of abused women make use of the VEP initiatives, though they differ in terms of the number of beneficiaries. Five of the organisations’ monthly beneficiaries ranged from 35 – 50, four ranged from 50-80 while one ranged from 80-120. From the calculations made, it was estimated that at the time of the study, an average of 220 abused women had received service from the four satellites of VEP centres per month. The current funding system of the DoHSD for VE projects is R40.00 per project per person attended to, contrary to the previous once off annual payment. The system does not cater for volunteer stipends, administrative and other costs (Policy on financial awards to service providers, 2011: 12).

The services are undoubtedly well utilised, however, most of the centres are situated in towns and townships. Abused women need to access services within reach without having to travel long distances. VEP centres, therefore, need to be established in rural areas as well.

6.3.3.4 Accessibility of the service to the clientele system

Two of the initiatives are situated in towns. They are utilised by the local communities, being people residing in town as well as people from nearby townships and surrounding villages, which means some of them have to use public or own transport to reach the centres. The distance is about 6 -12 kilometres. Eight of the initiatives are situated within the townships and villages, making it easier for the users to access the service, as almost all of them are within walking distance.
6.3.3.5 Monitoring and evaluation of the VEP

All but one VEP project managers submitted their monthly statistics and reports to their respective district offices of the DoHSD. Stakeholders’ meetings are supposed to be attended by all the managers of VEP centres on a monthly basis to be informed and updated about the development of the programme. However, not all of the stakeholders are adhering to this arrangement. Auditors from the DoHSD visited eight of the projects once in a period of three years to evaluate the financial status and general functioning of the projects.

6.3.4 Views of VEP project managers on VEP related Acts

All role players involved in VEP are expected to have a sound knowledge and understanding of the legal aspects of the programme to ensure quality service to the abused women. The purpose of this section was to determine the project managers’ level of understanding on the interpretation and application of the VEP related legislation. The perceptions of the VEP project managers with regard to the Acts related to VEP are presented in Table 17.
Table 17: The merits and demerits of Acts related to VEP

<table>
<thead>
<tr>
<th>Acts</th>
<th>Merits</th>
<th>Demerits</th>
<th>Researcher’s comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customary Unions Act (Act No. 120 of 1998)</td>
<td>“All the spouses are recognised by the act, no longer recognising the one with a civil marriage certificate.”</td>
<td>“The Act is not known and understood by traditional leaders and the rural people it seeks to protect.”</td>
<td>There is a fair understanding of the Act by project managers. It is important for managers and staff of VEP centres to know how to apply their knowledge to their daily intervention.</td>
</tr>
<tr>
<td>Domestic Violence Act (Act No. 116 of 1998)</td>
<td>“There is focus on the protection for abused women through protection orders, restraining orders, emergency monetary relief in the form of compensation for the victim of crime and violence.”</td>
<td>“There is a lot of unfair treatment for abused women from the police that cannot be monitored.”</td>
<td>The care givers and project managers understand their empowerment and supportive roles for their clients. They conveyed dissatisfaction about how they are not given the opportunity of providing support for abused women as they deem fit.</td>
</tr>
<tr>
<td>Maintenance Act (Act No. 99 of 1998)</td>
<td>“Biological parents have always been urged by law to share their equal responsibilities in child support, not only accessing finances from the father.”</td>
<td>“Women are in most cases bribed by their partners to cancel the case of maintenance and settle the matter out of court, but this poses a serious problem because the agreements are not always satisfied.”</td>
<td>Awareness on the maintenance act is vital for all parties to understand their role with regard to this Act. When the Act is amended, the community should be informed as well.</td>
</tr>
</tbody>
</table>
honoured."

“The Act always aggravates domestic violence as it causes a lot of friction and animosity among the two parties”.

“The act promotes ill-treatment of children by their fathers. There are cases where children are kidnapped and even killed to avoid payment. Fathers even abandon their jobs to avoid paying maintenance.”

| The Sexual Offences Act (Act No.23 of 1957) | “The Act had always emphasised sexual offences as a serious crime and no bail was in most cases granted for sexual offenders. The sentence is usually lengthy than those for theft, assault and other offences.” | “Victims are exploited and humiliated because of the evidence sought from them. It is re-victimisation to move around with torn clothes and soiled underwear as proof of being sexually attacked.”

“We usually come across cases where the offender gets acquitted due to lack of medical evidence. There are always loopholes with medical reports”.

It is imperative for managers and staff of VEP projects to be conversant with legal matters that are aimed to protect their clients. As consented by a number of researchers (Craig, 1998:46; Seden, 2000: 56; Ezell, 2001:22; Carmay & Gordon, 2002: 29; Schneider & Lester, 2005: 59; Coalshed & Arme, 2006:69), if civil society organisations are to be engaged in advocacy, lobbying and mediation for their communities, they should familiarise themselves with parliamentary structures and procedures.
| The South African Constitution (Act No. 108 of 1996) | “It emphasises human rights and the protection of vulnerable groups, i.e., women, children, older persons and people with disabilities”. “This is one beautiful and very useful document for all South Africans that promote justice for all.” | “The problem is it gives protection to the wrong people, the offenders, and even encourages the offender to get legal aid in cases of un-affordability. This will definitely encourage more crime.” | The importance of the constitution should be borne in mind whenever service providers come into contact with their clients. In most cases clients’ rights are violated, thus causing secondary victimisation. |
6.3.5 Coordination of VE Programme

The integrated service delivery model emphasises coordination of services and partnership among stakeholders for the effective service delivery. This section illuminates how ten project managers interact with other service providers in their communities to enhance quality service.

6.3.5.1 Coordination strategies

All project managers mentioned that coordination and interaction with other stakeholders is done through telephonic and physical contacts as well as through referral notes developed by respective centres or shelters. Furthermore, coordination was said to be done through meetings with the VEP team. This is contrary to the minutes of the stakeholders meeting held with the district VEP coordinator (Annexure H), where it was mentioned that the VEP teams needed to be revitalised due to a long period of collapse.

6.3.5.2 Constituency of the VEP team

All project managers indicated that their intervention teams comprised government departments, in particular the departments of Health and Social Development, Justice, Safety, Security and Liaison, Correctional Services, and Local Government and Housing. Two of the project managers added the Department of Agriculture to this list. The non-government organizations that were mentioned by all respondents as part of the VEP teams were Faith Based Organisations (FBOs), youth groups and local funders. One of the respondents mentioned the ward councillor and the traditional leader as forming part of their team.

6.3.5.3 Guidelines for rendering services to abused women

All participants mentioned that they utilised guidelines from the Department of Health and Social Development, as sources of reference to assist them in their daily service, i.e., the Financing Policy, National Crime Prevention Strategy, and the Domestic Violence Act (Act
No. 116 of 1998).

6.3.5.4 Leading role in a team

All participants indicated that the Department of Health and Social Development takes the leading role:

“As organisations, we depend on them for our development and sustainability. They are the ones convening meetings and in most cases initiating campaigns.”

6.3.5.5 The challenges encountered by the team

Eight project managers cited funding as a serious challenge. They indicated that they receive funding from the Department of Health and Social Development, but it does not cover all expenses. Two of the project managers indicated that they did not receive funding from the department, but have raised funds from local and national funders whilst awaiting approval of their application for funding.

All participants cited teamwork as a challenge, since team members are not available in most instances. One of the participants stated that they sometimes find themselves in disputes between traditional and political leaders due to a lack of role clarification.

6.3.5.6 The impact made by the VEP team

All ten project managers concurred that coordinated services have a positive impact on abused women, as different sectors come with different expertise. Furthermore, women are empowered through the efforts of various role-players.

6.3.6 The support systems for VEP

According to the South African National Policy for VEP shelters, the government and the non-government sectors need to work together to eliminate the trend of violence and crime.
6.3.6.1 Support from government

All ten project managers reported that their support was mainly from social workers through information dissemination, guidance including assisting them with the completion of business plans for funding purposes. However, one of the project managers indicated that she acknowledged the assistance even though her organisation was not yet funded. Eight project managers mentioned that they received support from professional nurses and the police for their prompt responses whenever they are called to the centres to assist. Local schools were also added to the list as they refer and accompany children suspected to have been abused, to the centres.

6.3.6.2 Support from the community

All the ten project managers acknowledged the support of the community, especially the churches, by continuously offering donations in cash and kind such as food, clothing and blankets. The support from institutions of higher learning such as the University of Limpopo and other training organisations were also cited. The community radio stations, media and local businesses were also said to be contributing much towards marketing the services of VEP centres and shelters to potential users.

6.3.6.3 The challenges encountered by the VEP centres and shelters

Nine project managers who received funding from the Department indicated that they still encounter difficulties to cater for all the needs within the projects, among others, their inability to maintain regular payment of stipends to volunteers. There is no government funding policy on this matter which makes it difficult to enlist the assistance of volunteers when assisting abused women. All the project managers cited a lack of infra-structure and transportation for the centres as their major challenge.

Despite the fact that the organisations are funded by the Department of Health and Social Development, they still find it difficult to cater for all the needs to carry out their duties as expected by the clients and the community at large. From what was reported, funding is
mostly from one department, the DoHSD, while other departments assist with training, infrastructure and agricultural projects.

This is an indication that funds are not vigorously sought from all avenues, national and international donors also borne in mind. There is a lack of initiative from project managers with regard to fund-raising. Several researchers (O’Vreteit, 1995:20; Corey & Corey, 2007:318) maintain that community services are service-driven instead of being need-driven, as the service people get is a mixture of what providers can organise easily at lower cost, and what providers think the people should have.

6.3.6.4 Successes in VEP and how they are acknowledged

VEP in all the districts is perceived to be successful by all the project managers as some participants indicated:

“Women and children, including the elderly citizens of the community who are ill-treated by their next of kin or members of the community are now empowered and they know exactly what to do and where to go in times of abuse.”

“The staff, managers and volunteers of the organisations are fully equipped with information and education from the departments and institutions of higher learning.”

“More prevention is done where all sectors come together to educate people about their rights and the procedures of laying a charge. We had a dummy court during one of our 16 days of activism on violence against women and children and it was an eye-opener to most of the community members, and we decided to perform it on an annual basis.”

The above excerpts indicate that the developmental approach of service delivery is adhered to, in the districts. However, campaigns seem to be emphasised during national and international events such as the 16 days of no violence against women and children. Prevention of violence and crime in Limpopo Province is done through many forms of empowerment and information dissemination to communities such as awareness raising and door-to-door campaigns. Prevention should be the primary focus for society to curb the spread of violence against women (Shaftoe, 2004:103; Guadalupe & Lum, 2002:172; Coulshed & Arme, 2006:77).

6.3.6.5 Additional information or comment
The project managers expressed their dissatisfaction concerning a number of administrative and operational obligations to manage their organisations.

“Funding is a serious problem for projects that are just starting. All projects depend on the Department of Health and Social Development for funding. It is time that other departments such as Justice and Safety, Security and Liaison should consider funding VE project.”

“It is high time that all relevant government departments need to have specialising staff regarding VEP.”

“VEP should be seen as an ongoing process and not be seen and heard of only during international days. As VEP centres we wish to embark on these campaigns but our budgets are too tight for such campaigns.”

“There are very few shelters in our province. We would like to expand our services from overnight centres to long term shelters as there are women who really need to be assisted over a period of three to six months. Women have no choice but to return to their abusive partners.”

These comments by the VEP project managers indicate that there are some challenges that hamper service delivery for project managers and their staff. If these challenges could be addressed by government, and if managers could be trained in terms of financial management and fund-raising, these organisations would be successful and sustainable.

6.4 DATA FOR DISTRICT COORDINATORS

The Department of Health and Social Development in Limpopo Province has qualified social workers responsible for VEP. They have been deployed in each of the five districts. The key role of the co-ordinators is to facilitate all the activities of victim empowerment and support within their respective districts. It is for this reason that they were deemed essential to participate in this study.

6.4.1 Demographic data

This section depicts the biographical characteristics and the background of the social work VEP district coordinators in the Department of Health and Social Development. Of the five district coordinators, two were males and three females. The ages of the participants ranged
from 36 to 50 years and the mean thereof was 42 years.

All five district coordinators reported to be Christians. Therefore, it is assumed that their Christian values would influence their intervention and the type of support they provided to the service providers (from government and non-government sectors) within their districts. The coordinators were also responsible to ensure that the social workers adhere to the principles of social work.

6.4.2 Education level and experience of district coordinators

The educational level of two district coordinators who qualified as social workers before 1984 was that of a 3 year BA (SW) degree whereas the remaining three had a 4 year BA (SW) degree. The entry level of all social workers is a 4 year degree, which means that experience, rather than qualification was considered for being appointed as a supervisor or coordinator.

One other qualifying factor for a position of district VEP coordinator was the occupational rank, since all coordinators are at the level of chief social worker. Two had a period of five years as district VEP coordinator, one had two years of experience, and one coordinator had an experience of three years whereas the other one had an experience of four years. It can, therefore, be deduced that despite their experience as social workers, their experience as VEP co-ordinators were limited because field coordination in social work is relatively new.

6.4.3 Programme facilitation and consultation

The purpose of this section was to highlight the frequency of consultation between the district coordinators and programme implementers in local areas, considering that supervision is crucial in service delivery.

6.4.3.1 Methods, frequency and effectiveness of consultation

Only one coordinator indicated that consultation was done on a monthly basis and sometimes on a weekly basis if the need arose, whereas the remaining four consulted with
programme implementers on a monthly basis only, citing the reason that local area social workers do not focus on VEP only, but have other responsibilities from other programmes such as substance abuse, care for older persons, services for the disabled persons as well as HIV and AIDS.

Three coordinators indicated that consultation is effective due to the fact that both parties are able to determine progress and challenges. Consultation affords them an opportunity to device means of addressing such challenges. The following excerpts captured the feelings of some of the coordinators:

“The social workers at local areas are expected to carry out instructions from other supervisors for other services and fields such as services for the older persons, substance abuse, services for persons with disabilities and others. Generic social work is a real setback, you know?”

On probing, two coordinators suggested that VEP should be regarded as a field of specialization as this will enable social workers at local areas to be more focused. They were also of the opinion that this may intensify their service delivery to clients.

All participants indicated that individual supervision was offered to local area service providers. Supervision is vital for programme facilitators to ensure growth and support for the workers and quality services for the clients (Mhango, 1997:21; Austin & Hopkins, 2004:215; Cousins, 2004:175; Healy, 2004:104; Brink, 2006: 17; Corey & Corey, 2007:49). The ability for coordinators to provide educational, supportive and administrative supervision for service providers at the implementation level will enhance effective service to abused women.

It was clear from the responses of all the district coordinators that consultation is done through visits to offices within the district whilst generic supervisors are also available at the local area offices to conduct professional supervision, which is a commendable effort by the districts to provide a holistic implementation of the service that the abused women may deserve. It could also be deduced with concern that some of the participants (four) expressed their dissatisfaction with regard to their overwhelming workload, as they are expected to coordinate more than one field or programme. Consultation would therefore, undeniably, be a challenge.
All the coordinators knew about the local VEP activities through the local area supervisors’ consolidated reports. Four coordinators indicated that feedback from social workers was sought from supervisors on a monthly basis whereas one coordinator received feedback on request only. All the participants agreed that feedback has a positive impact on VEP as it reflects the progress achieved and makes it possible to work on what could not be achieved.

It is evident that monitoring and evaluation of the programme by coordinators was done but only at a low scale, probably due to the fact that some of them were responsible for more than one programme.

6.4.3.2 Frequency of meetings among professionals in the Department of Health and Social Development

With regard to the frequency of meeting other professionals who were involved with VEP, 2 coordinators mentioned that the meetings occurred only when there was a need, 1never met with other professionals, 1 indicated that they seldom met and the remaining 1 indicated that they met on a monthly basis, and whenever a difficult situation arose. Coordination of services to abused women among practitioners and funding agencies is fundamental to VEP. All these groups have much to gain by working together (Davis et al., 2000:143; Riger, et al. 2002:25).

6.4.3.3 Coordinators’ support for VEP initiatives

District coordinators play a vital role in supporting and giving hope to community VEP project managers and staff. They could be regarded as bridge builders for all involved in VEP. According to Leone (1996:166), when bridges are built, the victims of family violence and their advocates cross them in droves.

The following were indicated by the five district coordinators as the support they offer to VEP projects/initiatives:
Table 18: Support offered to projects by the VEP district coordinators

<table>
<thead>
<tr>
<th>Supportive activity</th>
<th>Number of participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate capacity building of volunteers</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Facilitate capacity building for project managers and care givers</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Assist with compilation, review and presentation of service plans for funding purposes</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Recruitment of volunteers</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Financial management training</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Fund raising training</td>
<td>1</td>
<td>20</td>
</tr>
</tbody>
</table>

All five coordinators thus focused on capacity building for project managers and their staff members, as well as assistance with service plans. Eight project managers were also receiving training in financial management. This is vital for VEP projects to ensure sustainability of services to abused women. Training on fundraising was minimal which indicated that project managers are not empowered and innovative to accumulate funds from other donors apart from the Department of Health and Social Development. Without adequate funding (Corey & Corey, 2007:318) agencies resort to crisis work, rather that preventing problems. Recruitment and capacity building for volunteers are overlooked by coordinators. This may result in unskilled volunteers, further jeopardising assistance to abused women.

6.4.3.4 Coordinator's assessment of VEP projects

All the five coordinators perceived VEP projects to be serving the purpose of rendering quality services to abused women through ongoing preventative programmes, early intervention and statutory services as well as continuum of care, as requirements of the developmental approach of service delivery.

However, challenges such as a lack of financial back-up from all relevant government departments were spelled out as threatening sustainability and hampering services to
abused women. It is evident that the funding for VEP projects received from the Department of Health and Social Development is not adequate to cater for all the needs of the projects. One weakness which was identified was that the project managers were not innovative in accumulating funds from other potential funders.

The shortage of staff involved in the projects also poses a challenge to services to abused women. It was perceived by the coordinators that if more staff was available for each project, prevention of woman abuse would be intensified as more women would be reached.

6.4.3.5 Support offered to traumatised VEP implementers

The majority of coordinators, eight concurred that care for the care giver training was offered to service providers as a way of relieving them from the traumatic experiences they come across from time to time. Information and material on VEP were distributed by coordinators to increase their knowledge base.

One coordinator expressed her dissatisfaction about care given to programme implementers as follows:

“Nothing is in place to debrief the care givers. The only means of relieving stress is through sharing experiences and frustrations with colleagues.”

Supportive supervision should be offered to social workers and other helping professionals to avoid burn-out and stress as a result of witnessing stressful encounters of victims. This may enhance service providers’ ability to cope with the workload as expected. The same support should be extended to community VEP managers, their staff and volunteers by district coordinators.

6.4.3.6 Accessibility of service providers to abused women

All 5 coordinators mentioned with concern that service providers, particularly professionals from the Department of Health and Social Development, i.e., social workers, doctors, nurses, psychologists and psychiatrists, were in most cases finding it difficult to avail themselves at VEP shelters and centres. The following views were expressed by some of
the coordinators:

“Accessibility at VEP shelters is not always possible due to a serious shortage of staff. There is also lack of incentives for the professionals like payment for overtime when services are to be rendered after hours.”

“We cannot really blame the service providers for their unavailability at the service points, looking into the conditions under which they perform their duties.”

“The lack of staff incentives and non-implementation of the retention strategy by the Department are contributing to factors such as under-staffed agencies and employees leaving the services for better opportunities and working conditions.”

The objectives of the recruitment and retention strategy of professionals in the Department of Health and Social Development (Draft recruitment and Retention strategy for social workers, 2006:4 and the Limpopo Provincial Government journal, 2008:2) are to address the concerns and conditions of service that impact negatively on service delivery. Professionals in the Department of Health and Social Development in Limpopo Province are expected to benefit from the implementation of the Occupational Specific Dispensation before 31March 2008.

On the same aspect, Chapter 4 of the White Paper for Social Welfare gives an overview of the status of human resources within the welfare sector, specifically social workers. It reflects issues of redeployment, capacity building, education and training, accreditation, remuneration, and working conditions.

6.4.3.7 Progress with regard to the reduction of violence against women

All 5 coordinators were of the opinion that a significant number of women were empowered about their rights. They were also confident that more cases were reported than in the past, and more women were able to make follow-ups about the progress of their cases. Abused women and the entire communities were enthusiastically participating in campaigns to fight violence against women, children and other vulnerable groups.

It was also mentioned that the commitment of VEP initiatives as well as the partnership between government and non-government organisations made a great positive impact on the VEP. This is contrary to what was mentioned by professionals and community VEP
managers about the un-integrated services by government and CSOs. The experiences of abused women who utilised the VEP services also indicated their move from one service provider to another, without an attempt by the service providers to work as a team to assist them.

### 6.4.3.8 Sustainability of VEP initiatives

The general views of the project managers were that the initiatives are to a certain extent sustainable. While most of the VEP centres are fully dependent on funding from the Department of Health and Social Development, there are those that are sustainable on their own accord, those that access funds from international and national donors. They are sustainable to the extent of hiring their own social workers and professional nurses with a competent salary compared to the salary offered by the government, with attractive allowances as well.

With regard to funding by the Department of Health and Social Development, there were different views from the coordinators, which indicated that there was no uniformity from the five districts in this regard. One of the coordinators indicated that their district was at that time not funding any VEP initiative and that there is no funding policy for the district. The researcher learnt that since 2008 initiatives were subsidised according to the number of attendances (R40 per person attended to per day) unlike previously when a once-off funding was done for all projects. Two coordinators indicated that funding was sought from the provincial office after the assessment of service plans.

As stipulated by the Integrated Victim Empowerment Policy (2007:20), the partnership between various departments and civil society holds a key to the success of the integrated Victim Empowerment Programme, and provision of financial resources to VEP initiatives is one of the responsibilities of government.

### 6.4.3.9 Retention strategies for VEP volunteers

The response from the four district coordinators about the retention strategy for VEP volunteers is captured in the following excerpt:
“There is absolutely no retention strategy for VEP volunteers at the moment. Volunteers used to receive a stipend of R500 per month but it was stopped. We are facing a difficulty of recruiting new volunteers from time to time, train them and let go once again. This is a losing battle as far as keeping volunteers within organisations.”

The sentiment of the remaining coordinator was that a retention strategy can only be seen in organisations that are able to access funds from national and international supporters, as they are able to provide their volunteers with stipends. The criteria used for the payment of stipends for HIV/AIDS volunteers should be considered for VEP initiatives.

6.4.4 Integration of services for abused women, the constituency of the team and its effectiveness

This section spells out the integration of services provided by different professionals aimed towards quality service. It also explains the formation of the interdisciplinary teams.

6.4.4.1 Service integration for abused women

Several researchers contend that the VEP facilitates the establishment of and integration of interdepartmental and inter-sectoral programmes and policies for the support, protection and empowerment of victims of crime and violence, with a special focus on women and children (Kemp, 1998:252; Block et al., 1999:1164; Campbell, Dienemann & Kub, 2002:,1160; Campbell et al., 2004:39; Lewis et al., 2004:30 & Higham, 2006:6).

With regard to the interdisciplinary approach of rendering services to abused women, all the coordinators were of the opinion that integration is seen where professionals from the Department of Health and Social Development and other departments come together as a District VEP Forum to address issues of violence against women. The forum constitutes professionals, NGOs, volunteers, as well as men’s forums. The general feeling of coordinators regarding the effectiveness of the multi-disciplinary forums is that they make a positive impact on the programme. The following excerpts illustrate some of the coordinators’ perceptions:

“Multidisciplinary forums are recently being formed and are still finding their feet. I think participation and commitment will improve with time. Forum members are ultimately seeing light as far as VEP is concerned.”
“VEP was seen to be the responsibility of social workers and the South African Police Services by other professionals and on the other hand Social Workers and the Police masterminded the programme without the actual involvement of other stakeholders. Since the involvement of other stakeholders, progress is visible.”

“Integration of services by all the departments is long overdue. Guidelines and policy documents were available but implementation was always difficult.”

“The team approach is effective, especially when each member knows and understands his or her role in preventing violence against women as well as the intervention strategies. Experiences are shared and it is good to know that a problem shared is a problem solved.”

It is evident that a multi-disciplinary approach of service delivery is highly esteemed by professionals as a means of elevating quality service to abused women. All forms of support, including emotional, instrumental, informational and appraisal support (Ragg, 2006:382), may be offered accordingly by different professionals. In his speech to the National Council of Provinces (NCOP), the acting president of South Africa, Mr. Kgalema Motlanthe stressed the development of a clear inter-governmental framework for intervention, monitoring and support (7 November 2008). The reason behind this was that millions of people have access to basic and other services. However, there are institutional weaknesses that hamper the effectiveness of governance.

6.4.4.2 Challenges encountered with integrated service delivery and solutions

A number of challenges were highlighted by all the participants as factors leading to their inability to execute their duties effectively as team players:

- Inadequate physical and human resources.
- A lack of clarity on the inter-sectoral roles and responsibilities of different service providers.
- The inability to interpret and understand the policies and framework of VEP by different stakeholders, including professionals in the Department of Health and Social Development.
- Inconsistency and absenteeism of team members at service points for abused women.
- Generic service delivery compared to specialisation.
It is important to note that the challenges mentioned above need to be addressed by all the relevant government departments to ensure that service providers are offered training in victim empowerment to enable them to render effective services to abused women. Despite all the suggested challenges, some positive attributes such as campaigns, life skills and economic empowerment training, information about the Domestic Violence and other related Acts are, however, noted as making an impact on empowering abused women.

6.4.5 Capacity development for service providers

This section sought to determine the extent to which coordinators facilitate the development base of service providers in terms of workshops and training sessions with regard to VEP. According to the National VEP strategic planning (2002 – 2005) and the White Paper for Social Welfare (August 1997), capacity development and reorientation of personnel were identified as some of the objectives that will improve service delivery. An attempt to include VE issues in the curricula of formal training institutions would be vital for service providers.

All the 5 coordinators reported that the majority of social workers in the Department of Health and Social Development received training and attended workshops on VEP (which included trauma counselling and debriefing, capacity development and coaching, project management, and care for the care giver), though 80% of the professionals were not aware of any training that was offered to other health professionals in their Department. The remaining coordinator reported to have always enquired about the progress made in other sections of the department and found out that all professionals in her district had a fair share of training and workshops on VEP, with the exception of psychiatrists. The training had been provided by UNISA, Department of Psychology; The Centre for the Study of Violence and Reconciliation (CSVR); South African Institute of Trauma Services (SAITS); Tshwaranang Legal Advocacy Centre; Department of Health and Social Development and the Department of Justice.

Responding to how they could assist those who have not been trained to acquire the requisite knowledge and skills, none of them had any suggestion to make. This is probably due to their lack of interest about how other helping professionals can acquire the necessary
knowledge and skills. They may also have no idea of whose responsibility it is within the two sub-sectors of the DoHSD to ensure that the training needs of all the helping professionals across the department are met. However, one of the coordinators said:

“It is difficult to make plans for other professionals because we belong to one department though in principle we are two separate departments with separate budgets. Each section is simply taking care of its programmes and personnel.”

According to the draft Integrated VEP Policy (2007:23), the Social Development section of the DoHSD is responsible for coordinating the roles across the relevant departments. The coordinators should, therefore, be in a position to know how to include their fellow helping professionals in all the staff development programmes.

6.4.6 Situational analysis of resources for service providers

This section aimed at depicting the actual situation in terms of the utilization and availability of resources for the service providers as well as the client system in Limpopo Province. Higham (2006:9) states that the primary mission of the social work profession is to enhance the well-being of the client and assist with the basic needs with particular attention to the empowerment of people who are vulnerable and oppressed. To achieve this mission, physical, human and financial resources are essential.
6.4.6.1 Needs for service providers and consumers

The table below indicates the coordinators’ view of how the needs of service providers are met.

Table 19: The needs of service providers and their clientele system

<table>
<thead>
<tr>
<th>Resources</th>
<th>Needs for service providers</th>
<th>Needs for abused women</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Physical  | Coordinators shared the same sentiments with regard to availability of physical resources:  

“Very few officers shared office space while the majority of professionals are provided with offices, although some are still accommodated at clinics and tribal offices.”  

“Transport, both subsidised and pool vehicles are available, though it takes a very long time for subsidy applications to be processed and approved.”  

“Abused women are able to access services anywhere but not anytime due to the fact that all professionals knock off at a given time.”  

“Transport is available to accompany victims to the Police Station, hospital, clinic or VEP centre”.  

“Victim friendly facilities are mostly available where the principle of confidentiality can be observed while victims are assisted.”  

Office accommodation seems to be less of a challenge as pointed out by coordinators. This is a positive attribute as confidentiality needs to be maintained at all times.  

The availability of transport enables coordinators and their colleagues at local areas to execute their duties, thus ensuring quality service for abused women.  

All participants indicated that they have labour saving devices such as computers, although only two had access to the internet. They indicated...
that there are no computers for professionals at sub-district offices, which makes it difficult for them to compile reports and other administrative duties.

| Human | “Service providers from all sectors, namely, social workers, nurses, doctors, police officers and others should be available to assist abused women at all times. The presence of volunteers is also important because of the role they play, such as accompanying clients to the referred agency and assisting them to lay charges against perpetrators. They also assist with basic counselling.” | All the participants expressed their dissatisfaction in terms of shortage of staff in the Department of Health and Social Development across the province. They are hoping that the new staff establishment will solve the problem, though the onus lies with management to implement the process soon. The new staff establishment will ensure the spread of services accordingly and will also make room for specialisation of certain services. |
| Financial | “All districts are able to conduct awareness campaigns satisfactorily. Workshops and training sessions are also catered for. We are able to procure promotional material such as bandanas, squeeze bottles and others. | “Empowerment for women and children is done extensively across the province and as a result, victims of violence and crime know their rights and know how to access resources.” | A positive response about the budget allocation was given by all the coordinators. However, project managers and professionals displayed their dissatisfaction regarding this. |
6.4.6.2 VEP SWOT analysis

The National Crime Prevention Strategy (NCPS) aims to provide integrated services to victims of violence and crime that is supportive, accessible, timeous and thorough, thus contributing to a sense of empowerment and an environment conducive to peaceful communities (Munday & Ely, 1996:3). The purpose of the question was to make a follow-up on the situation with regard to VEP in the Province. Hereunder follows the opinions of the district coordinators presented in the form of a SWOT analysis:

Table 20: SWOT analysis of the VEP by district coordinators

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weak points</th>
</tr>
</thead>
<tbody>
<tr>
<td>“VEP is well coordinated at the provincial and district level in the SocialDevelopment section of the DoHSD and the coordinators at these two levels of governance are well conversant in this field due to the extensive workshops and training they have undergone.”</td>
<td>“Staff turn-over and shortage is a serious challenge as it poses inconsistency in service delivery. The victim’s case is handled by different professionals, thus making the abused woman to repeat her story, which might affect her emotionally.”</td>
</tr>
<tr>
<td>“The expertise is cascaded to service providers in the department as well as the civil society through workshops and training.”</td>
<td>“We are in most cases only reaching out to communities during national events when we conduct campaigns. Much as we would like to do more, we find it difficult, as we are overwhelmed by the high caseload. Some of us are coordinating two or three fields at the same time.”</td>
</tr>
<tr>
<td>“The services to abused women and children are accessible to all.”</td>
<td></td>
</tr>
</tbody>
</table>
in need of care at clinics, social welfare agencies as well as Community Based Organisations. These facilities are within reach for the communities, unlike in the past where clients had to walk and travel long distances for assistance."

**COMMENTS:**
District VEP coordinators view the programme as successful and effective based on the above excerpts. Professionals who provide empowerment and support services to victims of violence and crime indicated the lack of integration as their major challenge. Though service is provided by all the professionals, they do not come together as teams to provide a comprehensive and coordinated service.

"A lack of safe houses for abused women and their children."

"A lack of funding for VEP initiatives."

"A lack of stipends for volunteers."

**COMMENTS:**
The challenges indicated above suggest that there are gaps in service delivery for the VE programme to be successful. Most of the above mentioned challenges were reiterated by the participants and respondents at all levels of service delivery.

<table>
<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“At least there are VEP coordinators at the district and provincial level. Recently coordinators were also appointed at the sub-district level.”</td>
<td>“Mushrooming of VEP community based organisations”</td>
</tr>
<tr>
<td>“Service agencies are available for abused women to access”</td>
<td>“Volunteers are leaving the field of VEP for other fields, such as HIV and AIDS, where they are offered stipends and other benefits”</td>
</tr>
<tr>
<td>“There are opportunities for capacity development at all levels of”</td>
<td>“Socio-cultural beliefs that a woman cannot abandon her family, no matter how much she is suffering.”</td>
</tr>
</tbody>
</table>
Through capacity development for all stakeholders, there is the likelihood for more women to be empowered. With more exposure to the NCPS, it is hoped that the integrated model for service delivery will be practised by all service providers.

**COMMENTS:**

Volunteer retention strategy for VEP needs to be developed and maintained by the Department of Health and Social Development. Volunteers have a vital role to play in VEP and other programmes as more people could be reached at the grassroots level. Monitoring and evaluation for VEP centres would prevent mushrooming of unnecessary organisations with no clear objectives.
From the above sentiments shared by the coordinators, it is clear that they have knowledge about VEP in their respective areas of operation. The coordinators were aware of what is hindering progress of the VE programme. They were also aware of the positive attributes and successes of the VEP. The SWOT analysis is a way of identifying the successes and to pave ways to address the threats and weaknesses.

6.4.7 Self development

It is imperative for providers of service at all levels of service delivery to be equipped with knowledge and skills to enable them to assist their clients diligently, efficiently and effectively. Several authors (Edwards & Hulme, 1995:3; Suzuki, 1998:43; Barnett et al., 2005: 269; Corey & Corey, 2007:324;) believe that training staff involves a paradox and is designed to develop people within the organisation. This section seeks to determine the extent of knowledge and expertise of the VEP district coordinators, as the expertise of service providers is somewhat dependent on them.

6.4.7.1 Capacity development for programme managers

All the five coordinators had undergone a 12 months formal and comprehensive VEP training at UNISA, which included capacity development and coaching. This training enabled them to conduct the same training and coaching of supervisors at the sub-district level, for them to cascade the training further to other service providers. Two of the coordinators had enrolled with institutions of higher learning to pursue their studies in management courses, while 3 had the opportunity to attend formal two years management training. All the coordinators obtained a one year computer course certificate. One coordinator had enrolled for a Master’s degree in Social Work.

6.4.7.2 Source of support for programme managers

All the coordinators acknowledged the support of the Department of Health and
Social Development through the availability of bursaries for personnel and through outsourcing service providers for capacity development. District coordinators mentioned that they were trained on capacity development and coaching, for them to cascade the knowledge to their colleagues at the local level.

6.5 ABUSED WOMEN WHO UTILISED VEP SERVICES

Ten abused women who utilised the services of VEP were interviewed throughout Limpopo Province. Two were selected from each district, through the VEP centres they accessed. It was imperative to include their views since the whole study revolves around them. Patton (2002:227) asserts that qualitative methods typically produce a wealth of detailed data about a much smaller number of people or cases.

A case study for abused women was deemed necessary for an in-depth understanding of their experiences in their abusive relationships. Their cognitive and emotional feelings towards the abuse were also explored. Case studies are conducted to understand an issue under way (Flick, 2007: xi). Hereunder follows a synopsis of each of the interviews conducted with women who utilised the VEP services over a period of twelve (12) months, from March 2008 to April 2009, (* not their real names):

Case study 1

*Zodwa was 36 years of age, married (in community of property) for seven years. She came from Gauteng Province, and was married into a Tsonga family. She had three children aged 18(f), 15 (m) and 12 (f), all attending school. She is an educator by profession, employed at a local primary school. She has a 3 year teachers’ diploma, and had enrolled as a part time student for Further Education and Training in 2007. She is a Christian who, together with her family, is a staunch member of their church.
Zodwa endured marital abuse from the second year of her marriage due to conspiracy from her mother in law and her sisters in law, who were under the impression that she was not eager to learn and follow the family traditional ways and norms, and they were supported by her husband.

She was severely battered and emotionally abused on several occasions, with nowhere to turn to, except to her few friends and colleagues. They were also not keen to offer advice or assistance for fear of being blamed for interference. Zodwa's family circumstances affected her social life as well as her work and she was withdrawn at all times. Her friends and colleagues distanced themselves from her as her husband was accusing them of influencing her against him. The children were also badly affected by the relationship between their parents and relatives.

It was only after 3 years of physical and emotional abuse that she approached the social welfare office for assistance. The social worker engaged the local police services for assistance. A protection and restraining order was issued against her husband by the magistrate in terms of section 7 (1) (a) and (b) of the Domestic Violence Act, (Act No. 116 of 1998). The order made a little difference as she was no longer battered. However, the relationship between herself, her husband and in-laws remained strained as they seldom interacted.

She sought the intervention of the social worker once more to assist her in preserving her marriage. She was eager to have her own house where she could live in harmony with her husband and children, without the interference and negative influences from her in-laws. The social worker engaged her and her husband on four occasions for joint counselling sessions. Aspects of physical and emotional abuse were discussed at length during the sessions. She brought it to the attention of her husband that the restraining order was also covering all forms of abuse, and not only physical abuse. The social worker visited their place of abode to also involve the rest of the family (in-laws) in the matter.
Zodwa’s husband was reluctant to pursue the issue of having their own home, but ultimately showed signs of interest as most of his friends were staying in their own homes. Now and then they would have informal discussions about buying building materials for their new home, which did not make the in-laws happy. Zodwa was determined to make this plan work.

Despite the signs of emotional abuse experienced by Zodwa and her children, other professionals such as a psychologist were not involved to address the problem. This led to Zodwa being dissatisfied with the assistance of the social worker as the problem was recurring. She kept on hoping for better outcomes of the service she had received, but her problems were never resolved.

**Case study 2**

*Tinyiko was 28 years old and she was customarily engaged to be married (lobola had been paid for her hand in marriage). She was staying with her husband and two daughters aged 6 and 8 in a rented backyard room in the township. She had been in the relationship for 8 years with no sign from her husband to complete the marriage rites.

She had little formal education, and had only studied up to grade 10. She had no formal employment and was self-employed as a street vendor, selling food to augment her husband’s income. She was doing well in her business as she sold indigenous food that people do not always eat in their homes. Her business was, as a result, one of the most liked by government employees.

Her husband was employed as an electrician by a reputable company. He also did electrical odd jobs during his spare time and was known all over the community. He drank a lot and had a number of extra marital affairs. His concubines regularly called Tinyiko and swore at her. Whenever she brought this to his attention, he assaulted her and used abusive language in the presence of their children, sometimes hitting them and shouting at them as well. She and the children had endured physical and emotional abuse for four
years. Her business was compromised as he would go to her business site to threaten her.

The social worker, police and the prosecutor were involved in helping Tinyiko to resolve her problems. She was in and out of the state offices since the abuse recurred on several occasions. The social worker referred her to the local VEP centre together with the children after she was severely battered. She stayed at the centre for almost 2 weeks. She received medical treatment from the nurses and the doctor who visited the centre whenever there was a need. The children were also negatively affected as they went to school from the shelter and were mocked by other children at school.

Tinyiko went back to her home after the intervention of the social worker and the staff from the centre that assisted her with an application for the protection order. Her husband always mentioned the protection order and the centre whenever they had a disagreement. She had also sought assistance from her parents and her in-laws, who were always supportive, though they were staying far from her.

Tinyiko acknowledged that she was empowered by the intervention of the social worker, the VEP centre staff, the police and the magistrate, as her problem was solved. She, however, mentioned challenges throughout the process of seeking help. She went from one office to another and at one stage felt that she could not continue as she was gradually becoming emotionally and physically exhausted.

This resulted from her constant visits to various service providers at different times without proper referral and the lack of coordinated services. The assistance for the perpetrator should have been ideal to assist him to deal with his insecurities, abusive behaviour and to prevent re-victimisation.
Case study 3

*Conny, 44 had been in an abusive relationship for over 10 years. She had been married in community of property for 18 years, after staying in a customary union for 5 years. She was employed by one of the leading Information Technology companies and earned a good salary. Her husband was employed at the local high school. They had 3 children, 24(m), 21(m) and 19(f). The eldest was employed and stayed at his place, while the other two were at tertiary institutions, still staying with their parents. The eldest left home after constant arguments with his father, who accused him of teaming up with his mother against him.

Conny had endured emotional and economical abuse in the relationship. Her husband was always accusing her of not respecting him and doing as she wished because her work involved travelling. He misused the family joint funds and often demanded money from her, stating that what belonged to her, belonged to him as well. They were Christians and staunch members of their church.

Conny and her husband were summoned to the social worker’s office for joint interviews and counselling sessions after she had reported the abuse to the social worker. She had also sought the services of a psychologist, referred by the social worker, as she could not cope with the daily abuses. Their parents, neighbours, church pastor as well as their close friends also lent a hand to resolve their differences.

Although he still shouted and swore, the relationship had improved tremendously. The relationship between the eldest son and his father had also improved. Conny intended to keep on talking to her husband about the shouting and accusations until he could overcome his abusive tendencies.

Through the empowerment and support provided by the mentioned professionals, family and friends, Conny was able to speak out against the
abuse she endured. She was determined to solve her family problems, hence she sought help from different support systems, though the services were not coordinated, Conny was happy about the services she received as well as the support that was provided by family and friends.

Case study 4

*Selaelo, who was 42 years old, had been separated from her husband of 12 years after five years of fights, court hearings, family discussions, and advice from friends and the church leaders. Her three children, all boys aged 20, 18 and 14 were in her custody, where they preferred to stay. They stayed with their mother at their maternal grandmother’s house, just a stone’s throw from their father’s house.

Selaelo had endured physical, emotional and economic abuse, while her children were affected emotionally due to the never ending disputes between their parents. Their grades dropped due to the disputes, and the youngest was seriously affected and went through a behaviour change. He picked up fights easily and constantly with other children at school. The school authorities intervened through the social worker, who was already involved in the parents’ marital dispute.

Selaelo’s husband did not honour the social worker’s call-in-notes, or the court hearings as allegedly advised by his lawyer. As a result, Selaelo always spent fruitless hours at the social worker’s and magistrate’s offices.

Selaelo who was employed as an administration clerk at a government department had differences with her employers due to her constant absence from work, attending to her family matters. She was saved by her industrial representatives from being granted leave without pay, as she had exceeded her leave days. She thus encountered secondary victimisation. The services of a wellness programme practitioner were utilised, and she referred her to the psychologist for assessment and psychotherapy. She qualified for only three
sessions with the psychologist, thereafter she was expected to pay the professional fees.

The fights, phone calls, insults and endless court proceedings dragged on for 2 years and were still going on. Selaelo’s husband was not co-operative and did not have any respect for anyone or the law. Selaelo was not happy about the case outcomes as the case was postponed due to the alleged delaying tactics by her husband and his lawyer. The youngest child’s unruly behaviour patterns did not change as the disputes were persistent. The marriage was irrevocably broken and Selaelo opted for a divorce. She was still waiting for the final decision of the court about the divorce and division of the estate.

The level of satisfaction was very low. Although a number of service providers were involved, little progress was made. An interdisciplinary approach through case conferencing could have made a positive impact.

**Case study 5**

*Mampho was 55 years of age with no children of her own. She was staying with her late sister-in-law’s 3 children aged 16(f), 14(f) and 10(m). She had been in her customary marriage for 28 years and has endured a lot of physical, emotional, economic abuse as well as sexual harassment from her husband. Her in-laws, including the children she was taking care of were contributing towards her ordeals by mocking her.*

Mampho had been a housewife since her marriage and had been denied an opportunity of securing a job by her husband. She was also denied permission to further her studies soon after her marriage. She was completely dependent on her husband. In some instances she had to get permission from her mother-in-law for accessing money for basic needs.

Her marriage was characterised by a lot of interferences from her in-laws, especially her mother-in-law and brothers-in-law. She tried leaving the abusive
relationship on many occasions, but kept on returning due to lack of financial and home security. She came from a large extended family, in which she was not comfortable to stay, thus resorting to stay in her matrimonial abode. She was a Christian, a member of a charismatic denomination.

She was admitted to the local hospital after sustaining serious injuries as a result of an attack by her husband. She was referred to the social worker within the hospital for professional intervention, who further linked her to a VEP shelter in fear of exposing her to re-victimisation. She stayed at the shelter for 5 days. She returned home after a lengthy counselling by the social worker and the shelter staff.

From time to time she visited the shelter to offer voluntary services to abused women. She had since been trained on basic counselling and debriefing and also involved in community campaigns. Through capacity developed from the VEP shelter, Mampho was able to change her life and those of her next of kin. She became a change agent even for the community. During awareness campaigns Mampho always gave testimony of her previous abuses and how she was assisted by professionals and the shelter personnel. The level of satisfaction towards the services she received was very high.

**Case study 6**

*Rosalia was 48 years of age. She had been divorced from her abusive husband after a marriage of 16 years. She was an educator and had been able to fend for herself and her two children, 22(f) and 19(m). She had been the main breadwinner in her relationship as her ex-husband had no steady job. He had philandering and drinking problems, which made him even more aggressive. He accused her of extramarital relationships with her colleagues and always followed her around to monitor her movements.

She endured physical abuse as a result of jealousy from her husband. She sought for the assistance of a social worker and consulted her family doctor on
several occasions for the assaults. The abuse did not stop despite the intervention of the social worker.

Rosalia had been in and out of their matrimonial home on several occasions, on separation for weeks and months with the hope that her husband would change. She finally decided to move out for good. This did not go down well with her estranged husband. He became more physically and emotionally abusive. She sought legal assistance from the Department of Justice and a protective and restraining order was issued to him. He later developed a sense of remorse and approached the social worker to persuade his estranged wife to return to their home. He made several attempts to have her back but she refused, knowing what he was capable of.

Rosalia was one of the few women who were able to stand her ground against gender based violence. Most women would choose to remain in an abusive relationship, hoping that the partner would change. Even though the marriage did not work, Rosalia was satisfied by the intervention she received from the social worker, doctor and the justice system. Through her empowerment programme, Rosalia was able to leave the abusive relationship to avoid further abuse. Her level of satisfaction was very high and she felt empowered through the services she received.

**Case study 7**

*Tshifhiwa was 38 years old. She had been married for 8 years and was in the middle of a very stressful divorce process, which was taking too long to be finalized, probably due to her husband’s delaying tactics.*

She hoped that they could work out their differences, only to realise that he was not changing his behaviour. Her husband was in a process of marrying another wife, as was permitted by their church. When she entered into the marriage she knew that polygamy was practised in their church. Her husband reassured her that she would be the only wife.
The social worker was consulted by Tshifhiwa to help her solve the problem of the new marriage. Her husband was determined to marry the new wife so the matter could not be resolved. Tshifhiwa was employed and had two minor boys aged 8 and 10, who were staying with her. Her husband was self-employed, with a chain of businesses. Since they were married in community of property, they were supposed to share properties and assets, but there seemed to be numerous problems.

Some of the movable assets, 2 cars and 2 mini busses that were used as taxis, were missing. She brought this to the attention of the lawyer, only to find that they were registered in his brother's name, whereas they were initially registered in their names. There was no proof of purchase as he took all the family files, and he was the one who was responsible for buying property, particularly vehicles. Attempts to retrieve the assets through a court of law failed, since evidence was lost.

Tshifhiwa sought the assistance of the social worker once again. Her husband and brothers were summoned to the office for a discussion about the assets but they refused upon the advice of their lawyer. The social worker compiled a report based on Tshifhiwa’s allegations and the little evidence she could gather and referred the matter to court.

Her level of satisfaction about the justice intervention was very low as she was still awaiting the court outcome. However, she was satisfied with the manner in which the social worker assisted her and showed her support throughout the intervention process.

**Case study 8**

*Fhulufhelo was 48 years old and self employed as a vendor at a local market. She was married customarily to a migrant worker who came home only three or four times a year. They had five children, 26(f), 24(f), 21(f) 16(m), and 16(m)*
all of school going ages except the eldest. Her husband was allegedly married to another wife at his place of employment, but the woman was never formally informed by neither her husband nor her in-laws.

She was subdued to beatings and ridicules whenever her husband was around and he was supported by his brothers and sisters. She was a born again Christian and believed that God was the only one who knew her fate. She was determined to stay in her matrimonial home until her husband came to his senses. She received counselling from the social worker, the pastor and the psychologist respectively due to the ongoing emotional distress caused by her husband and family.

She was also encountering financial abuse as her husband only gave her money during the few visits he made during the year. She was expected to fend for the four children who struggled to go through school and college. The eldest was employed but had a child to bring up. However, she was able to assist her mother when possible. Fhulufelo appreciated the services she received from the social worker, pastor and psychologist though she acknowledged that their interventions were in vain as she was still enduring much pain and trauma due to the recurring abuse.

Case study 9

*Bright, 34 years of age, had been married for 12 years and was staying with her 2 children, 14(m) and 10(f) and her disabled husband. She was employed as a temporary teacher at a local school. Her husband, who was a government employee, was involved in a car crash two years before. She had since been accused by her in-laws of bewitching or having a hand in her husband’s accident.

Her mother-in-law moved in with them soon after her son’s accident. Life had always been unbearable for Bright and the children. Her mother-in-law took charge of almost everything in the house including what the children should eat
and wear, when and with whom to play. Bright’s friends and relatives were also not welcome in the house and she would always make sure to make their visits unbearable with unpleasant remarks. Bright’s husband always took sides with his mother especially since she was the one who cared for him while his wife was at work. His mother always manipulated the situation and was using emotional accusations for Bright and blackmail for her son.

There was always tension in the family. Bright sought the assistance of the social worker to remove her mother-in-law from her matrimonial home, but her husband was adamant that she should stay. She involved the church authorities to talk to her but they failed. Bright was helpless since she did not get any support from her husband to evict his mother from their home, while on the other hand the presence of her mother-in-law was justified by her husband as his care giver. Bright lost confidence in the social work and the justice services as she felt that they had the powers to remove her mother-in-law from her home. Her level of satisfaction was very low.

Case study 10

*Mamikie was 42 years old, and had been in an abusive relationship for about 10 years. She did not have children, but her husband had children from previous relationships. He still maintained regular contact with these children and their mothers, who also came into their home whenever they felt like it, demanding money, even though he supported them through the maintenance court.

She had suffered a lot of humiliation and ridicule from the community, friends, colleagues and even her in-laws because she could not bear children. Her husband even accused her of having aborted a number of pregnancies before their marriage. She was employed at a retail store as a supervisor and was always accused by her supervisees and colleagues of being heartless because of her childlessness. Although she was a Christian, she was not a regular church attendant, nor did she like to be in public places, to avoid conversations
about children. The couple received joint counselling from the social worker for
the emotional abuse caused by Mamikie’s husband and his ex-girlfriends. He
promised to put an end to the visits by his ex-girlfriends. Mamikie was grateful
about the counselling as it brought changes to the humiliations she endured at
home.

6.5.1 Discussion of the case studies

The above case studies reveal that abused women who are empowered are
able to speak out against violence and abuse. They take action and do not
despair when their cases are not successfully resolved. In two of the case
studies, the abused women left their abusive partners to indicate that they are
empowered and know their right to life, dignity and safety.

The support and empowerment services provided by professionals, especially
social workers, were evident and proved to have been effective in some of the
cases (Tinyiko, Conny, Mampho, Rosalia and Mamikie). Helping professionals
were able to assist even though it was difficult in some cases to assist the
victims of abuse.

From the case studies, only two women, Conny and Selaelo, were referred for
further expert assistance by the social worker while the rest sought assistance
on their own. Structures were engaged but only in silos. Case conferencing
could have prevented the emotional exhaustion of victims moving from agency
to agency.

From the above case studies, it is clear that there are factors contributing to
women remaining in abusive relationships, for instance, fear of ridicule by the
community and family members who may perceive them as having failed to
fulfil their obligations as wives. Women who come back from their marriages
are often labelled “return soldiers”, “o paletšwe ke lapa”, meaning “she was not
successful in her matrimonial duties”, and “she is not a marriage material”.

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Women often choose to remain in abusive relationships despite their ongoing sufferings. Leaving an abusive partner is not an easy step to take for most abused women. A number of authors (Cf. Barker, 1997:207; Davis, 1997:184; Schwartz, 1997:160 and Angless et al., 1998:644) point out that women stay in abusive relationships because they fear retaliation from violent partners.

Conny’s case study revealed that the abuse was triggered by her husband’s accusations that she was having extra marital affairs. This is an indication that some men feel insecure with their employed partners. Despite their financial positions, some women remain in abusive relationships for longer periods.

Most Christians believe that it is unchristian to resort to divorce during times of hardship. It is, therefore, evident that the church has a vital role to play in restoring marriages. As stated by Myerson (1995:207), the religious abused woman stays in an abusive relationship to fulfil her duty as a wife who should submit herself unto her husband. It is also believed that her obligation is to pray for her abusive husband as prayer will change him eventually.

6.5.2 Health and psychosocial services for abused women

From the case studies, it is evident that all the ten women endured all forms of abuse. Eight of them were physically and emotionally abused, while two experienced emotional and economic abuse. This indicates that whenever physical abuse is endured, there is always emotional abuse.

For physical injuries, which include cuts, broken ribs and sexual violence, 8 women sought medical service from state institutions while two visited private practitioners. However, most of them did not seek these services each time they had sustained physical injuries, but did so only when the abuse was severe. Medical examination and treatment were performed by medical practitioners and professional nurses respectively. Five participants who were treated at health institutions indicated that they were advised by the health practitioners to seek social work and legal intervention.
All the participants sought social work intervention for economic abuse. Three of the women who were assisted by the social worker were further referred to the maintenance office for legal intervention, since their partners were not cooperative. For emotional abuse, all the participants sought the assistance of social workers, while three also sought assistance from their church pastors. Two of them whose conditions were extreme, were referred to the psychologist for further assessment.

Six of the participants made use of the legal assistance to obtain a protection order, laying a charge of assault, maintenance order, child custody and compensation. Two participants were referred to the VEP shelter for care and protection. Six of the participants (Tiniko, Conny, Mampho, Rosalia, Fhulufelo and Mamikie) felt that the assistance they received from the professionals mentioned above improved their lives tremendously. They responded as follows:

“I feel more protected than before because my partner knows that I will not sit back and watch him do as he wishes with me.”

“I am no more feeling helpless because I know what to do whenever my husband starts a fight.”

“I feel empowered and have control over my life.”

“I have realised that this is my life, and I am the one who should make decisions over it.”

“I will not sit back and watch my fellow women suffer in pain. I will assist them as much as I can.”

The professionals are there to enable victims of violence to develop self-confidence, self-esteem and negotiation skills through the empowerment process. They also enable victims to cope with their shortcomings and adapt to their situation (Jack, 1995:13; Beckett, 2006:111).
6.5.3  Community participation in reducing violence against women

Six of the participants were involved in community campaigns that are organised by the NGOs and the government officials on a regular basis. Two mentioned that they were deeply involved to the extent of organising campaigns in their communities, speaking out about violence in the homes and communities. They assisted as volunteers in their respective communities and were part of the support groups. The remaining two reported to have been passively involved in the sense that they just attended events and learned more about taking care of themselves to prevent re-victimization.

Self-help and support groups are vital in changing the lives of abused women. To confirm this, a number of researchers (Kurtz, 1997:4; Dutta, 2003:ii; 2002:152 and Lee, 2001:34), maintain that the self-help and support groups are supportive, educational, usually change-oriented mutual aid groups that address a single life problem or condition shared by a group of people.

6.5.4  Coordination of services to abused women

All the abused women sought assistance from social workers. Of the ten abused women, two were physically injured and were treated at the public health institutions and private practitioners. They were differently assisted by professional nurses, psychologists and medical practitioners. The services of safety, security and legal assistance were also utilised by five of the ten abused women.

The integrated service delivery model is emphasised at all levels of service delivery. As viewed by Davis et al. (2000:155), a multidisciplinary treatment team is often perceived as an important source of support, identity and esteem, as team members collaborate in therapy and decision-making. Work stress is considerably lessened through team interaction. This study has revealed that coordination was practised to a lesser extent. Therefore, the stress level of professionals was likely to increase.
6.6 SUMMARY OF THE CHAPTER

The findings in this study confirm that violence against women is prevalent in Limpopo Province. It was further revealed that as much as government and civil society organisations were striving to curb the spread of these anomalies, a number of factors (discussed below) were negatively impacting on the progress to reduce violence against women. At all levels of service delivery, lack of funds for VEP projects was reported to be having a negative effect on the process of empowerment and support for abused women.

Prevention is the cornerstone of reducing violence against women. The budget for the programme needs to be sufficient if this objective is to be realised. The findings further show that prevention programmes such as creating awareness on violence against women could not be done on regular basis due to budgetary constraints. Therefore campaigns were done sparingly, that is only during national and international calendar events.

A shortage of staff was also cited as a challenge at the district and local levels of service delivery. The coordinators reported to have been responsible for more than one field of specialisation, which undoubtedly jeopardised service delivery for abused women. The National Crime Prevention Strategy and Victim Empowerment and Support Programme emphasise the interdisciplinary approach of service delivery. The findings indicate that coordination of services is not done as it should as some government departments and NGOs are not seen to be operating as a collective.

As revealed by professionals who render services to abused women, the intervention process was found to be focused only on individual therapy. Other intervention strategies such as group work, family therapy and case conferencing were not employed by the professionals. The perpetrator rehabilitation programme as discussed in Chapter 2 was also not taken into consideration by the professionals when addressing violence against women, particularly re-victimisation. This may be attributed to lack of staff and or lack of
funding for stipends to attract volunteers who would provide support to abused women at various stages of the intervention process.

It became apparent that the process of client referral was a challenge as there was no system in place. Clients were referred from one service to another in a haphazard manner and no proper follow-up was made. Clients’ rights to human dignity and protection were often violated when a referral was not done appropriately. To close this gap, the researcher conceptualised and developed the client referral system as guidelines that could be used during the process of intervention. It is hoped that these guidelines would also facilitate the coordination, monitoring and evaluation of services provided to abused women.

The following chapter discusses the referral system that was developed by the researcher to be used by the helping professionals as guidelines for providing services to abused women.
CHAPTER 7

SUGGESTED REFERRAL GUIDELINES FOR SOCIAL WORKERS AND
OTHER HELPING PROFESSIONALS

7.1 Preamble

To address the identified challenge of the non-existence of referral systems, the researcher developed a number of referral templates (see annexure L–S), that will assist professionals and other service providers to refer clients appropriately. The guidelines will also be used to prevent violation of the client’s rights and jeopardising service delivery as they are referred from one agency to another.

The purpose of the VEP is to develop, strengthen and monitor integrated victim empowerment policies, programmes and services at all levels through strategic partnerships within and between government and civil society. Specific emphasis is placed on the prevention of victimisation, providing support, protection, and empowerment for victims of crime and violence, with special focus on vulnerable groups.

Potential clients often feel uncertain and reluctant to seek help from government and non-government institutions. The reasons might vary from fear of the unknown to fear of previous unpleasant experiences. Prospective clients might have heard about encounters from friends and then next-of-kin. The following phrases are often heard from clients at one stage or another, about the service providers:

“I was sent from pillar to post.”
“They were passing the buck. It seemed no one was prepared to assist me.”
“I was told to return the following day, since the person who knows my case was not around.”
The VEP and the NCPS were initiated by the government as an attempt to transform services for victims of violence and crime into a more user friendly and conducive service (Pretorius & Louw in Davis & Snyman, 2005: 80). The Constitution of South Africa also emphasises the Bill of Rights, which seeks to protect the rights of all citizens of the country, particularly those who were previously marginalised and discriminated against.

The South African Constitution follows a value-based approach to service delivery (Mpedi, 2008:4) because it embraces a normative value system which is ultimately linked to the goal of transformation. These values, that encompass human dignity, equality, human rights, and freedom, form the basis of values that guide governance and intergovernmental relations in the country.

The service delivery transformation policy comprises of eight (8) Batho Pele translated as people first, principles. These principles were formulated to supplement and revitalise the already existing principles for Nursing, Social Work, Medical and other Health and Social Development services. The principles seek to imbue public spiritedness among public servants and to instil a sense of ubuntu/botho. Services to victims and survivors of violence and crime should, therefore, be provided without ridicule, humiliation, blaming, judgmental attitudes, and discrimination.

7.2 Rationale for the referral system guidelines

The research findings revealed that all the helping professionals who participated in this study did not have a standard referral system. As a result, most agencies use their own discretionary measures to refer clients to other agencies for expert intervention. The study further revealed that 55% of helping professionals work in isolation, without the involvement of other professionals. It is, therefore, deduced that service coordination and collaboration is not prioritised among helping professionals in executing their services to abused women. The guidelines were developed to assist the professionals in networking with their counterparts in government and non-government
institutions who provide services to abused women.

The implementation of services of domestic violence had proven to be taking a slow and uncertain route in helping professionals and civil society groups. The difficulties surrounding the implementation of services for domestic violence (Dixon, 2004:173) include:

- A gap between policy and delivery, or implementation of the policy.
- Problems of inter-departmental coordination arising from conflicting lines of horizontal and vertical accountability between departments.
- Persistent problems in promoting activity at local level, due to a lack of expertise and capacity in provincial and local governments and the often-resented status of their responsibility for crime prevention as an unfunded mandate.

Services for victims of domestic violence include hotlines, support groups, counselling, housing, safety strategies, job training, and economic support as well as opportunities for activism. This implies that an integrated service delivery model is vital to address issues of domestic violence. However, without a proper and efficient referral system, an integrated service delivery model will remain a pipe dream to the detriment of abused women.

Client referral is the act of transferring an individual to another person or agency for specialised assistance not available from the original source (Hackney & Cormier, 2005:298). The need to refer clients to alternative services would occasionally be necessary.

7.3 The inter-disciplinary service delivery team

Services for victims of domestic violence include prevention, intervention, access to statutory services, and continuum of care, as required by the integrated service delivery model. Murphy and McDonald (2004:127) and Bronstein (2003:301) assert that a team of experts in the helping professions is
required to make it possible for clients to access comprehensive and quality services. The team members should be equipped with clinical diagnostic skills, including prescribing and dispensing of essential medication. Dixon (2004:174) suggests the following as objectives of a multi-disciplinary team:

- To provide integrated and accessible service to victims of violence and crime.
- To improve the multi-disciplinary management of domestic violence cases.
- To improve the referral system.
- To build capacity for abused women to promote the quality of victim empowerment services.
- To improve the reporting rates of domestic violence cases.
- To increase the conviction rates in domestic violence cases.

**Figure 13: Client referral pathway**
Figure 13 shows that the entry point for an abused woman may vary according to the nature of the abuse. Some may seek medical intervention soon after the incidence of abuse, while some may seek police intervention. Isaacs and Enos (2001:1) note that physicians and other health care practitioners have a legal obligation to involve the police when they suspect that the client they are treating has been abused. For the purposes of this study, social work is considered as the first point of entry for abused women.

In a multidisciplinary setting, it is appropriate that the social worker (who would have made the first case intake) be the case manager (Guin, Noble & Merrill, 2003: 365). The social worker will eventually be the case coordinator. If a case conference is to be held, the case manager would be the ideal professional to convene the conference. The case manager will keep a record of all the intervention processes provided by all helping professionals.

Case management is, therefore, vital in linking clients to needed and relevant resources. Skidmore, Thackeray, Farley, Smith and Boyle (2000:335) regard case management as a procedure that plan and monitor service from different potential service providers on behalf of the client. Case management involves case recording, case assessment and frequent reassessment.

According to Guin et al. (2003:365), the social worker is the ideal professional who can develop the initial case history through her ability to achieve a holistic perspective. The social worker is also a logical case manager though the formal and intensive training in interviewing and therapeutic skills. Resnick and Tighe (2003:97) regard the social worker to be in a better position to establish relationships with different community services and direct the client to relevant service providers. Through networking with other resources, the social worker as case manager will be able to make a follow-up to ensure timely responses from the receiving agency. The case conference will be appropriate and only necessary for complex cases. An intervention plan can be done during the case conference. For all other non-complex cases, referral of the client to a suitable service provider should be considered.
7.4 Client referral

An integrated service delivery model for victims of violence and crime requires service providers, usually the helping professionals to collaborate in rendering services (Snyman in Davis & Snyman, 2005:12). The client is compelled to pass through a number of interveners before her problems could be resolved.

Clients are, in most instances, referred from one service provider to another. The researcher conducted a service delivery study with different professionals to determine how client referral was executed. The finding thereof revealed that there is no uniformity and consistency in terms of client referral in government agencies.

Dion (2004:149) state the following reasons to refer a client from one service provider to another or from one agency to another

- Client referral can be considered when the service provider cannot continue to provide counselling either for ethical or personal reasons. A service provider might not feel comfortable to conduct a counselling session with her next of kin or close friend.
- A client can be referred when the competency level of the service provider is insufficient, and s/he is confident that another service provider with relevant expertise can assist the client.
- A client can be referred to another service provider for cultural, ethnic or racial reasons. It is appropriate for a client who does not understand the language spoken by the service provider to be referred to the one who speaks the client’s language.
- Client referral can be done when the client needs some specialised form of counselling or intervention. A client can be referred to a service provider who had undergone specific training such as Victim Empowerment for abused clients and adult assessment for perpetrators.
7.5 Methods of referral

Referring a client from one service to another can be done in different ways. A referral can either be formal or informal. An informal referral can be done when a client does not have information about the right service institution to access. A desk pad or note can be used to write down the address of the place to be accessed. This will assist the client to find the place she is referred to with ease.

Written referrals are usually formal, and differ according to the nature of the case. Different written referrals will be discussed later in the text. Physical referral means that the client can be accompanied to the appropriate service provider if she is not in a fine state of mind, or if she had endured serious injuries and bruises. Most VEP centres in Limpopo Province have volunteers and lay counsellors on site to accompany clients for further expert assistance. Both personal and written referrals can be used, depending on the nature of the case.

A telephonic referral is usually informal. A telephonic enquiry can be done before a written referral is issued (pre-referral). This is often done to prepare the receiving service provider for the case to be referred. The intention to refer a client to another service provider should be communicated to the client first. A mutual agreement should be reached by the counsellor and the client. The reasons for referring the client for that particular service should be clearly spelled out to the client.

It will be appropriate for the receiving service provider to acknowledge receipt of the referral note or the referred case. If possible the acknowledgement note should specify the intervention that the new case manager will embark on. If an acknowledgement note is not received by the referring service provider, she has the responsibility to make enquiries with regard to the referred case (post-referral). This may be done after five working days.
7.6 Referral tools

It is imperative to refer a client with a formal referral note for the receiving service provider to have an idea of the referred case. The previous case manager should spell out clearly the nature of the case. An accompanying explanatory document will on the other hand assist the client not to present the case time and again. Different referral documents can be utilised depending on the nature of the case.

7.6.1 A referral note

A brief referral note should be given to the client to forward to the potential service provider. Such a referral note will be appropriate for simple cases, e.g. referral to the clinic for inclusion in the support group or for a specific clinical and professional assessment. A referral should always be and formal as possible. For example, it should be written on the letterheads of the organisation, signed by the professional and the supervisor or manager.

7.6.2 A referral letter

A standard referral letter would be more appropriate (Annexure L)and should also be sent together with a case summary report (Annexure N), designed in such a way that the receiving service provider could have more information about the referred case. A standard referral letter should be developed for the organisation. This will save time as the client will not have to wait while the case manager writes the letter.

7.6.3 The referral summary report

A referral report would assist the receiving service provider to have a detailed case background, including recommendations from the referring service provider. The report can be used as a supporting mitigating tool for the court proceedings on behalf of the client.
In most instances, the prosecutor requests the social worker to provide the court with a report, especially for more serious, complicated and sensitive cases. Many court cases cannot be concluded due to lack of evidence, especially with regard to medical reports.

7.6.4 A referral form

It is advisable for the organisation to design a standard form that would be readily available for referring clients to other agencies for further assistance. The referral form will serve as a time saving tool. A client need not wait while the case manager drafts and writes the referral note. Annexure N was designed for medical, health, social, psychological, and other services within the health fraternity, while Annexure O was designed to refer clients for protection by police services.

The helping professionals are faced with a significant problem of providing culture-congruent care to their clients (Tjale, De Villiers, 2004: 30). Annexure R was developed to refer culture related cases such as marriage negotiations commonly referred to as lobola or magadi and customary union disputes to the traditional authority offices for expert intervention.

7.7 The process of client referral

Service providers need to know the reason as well as the timing for referral. Often in agencies, referral is done haphazardly without considering a number of factors. Questions such as these might assist the service provider to decide whether to refer or not:

- Is it necessary to refer?
- Is there any other alternative than to refer?
- Is the client involved in the decision to refer?
- Is it the best alternative?
• Will the client receive the assistance/ intervention she deserves?

Four referral steps identified by Hackney and Cormier (2005:298) are briefly presented below:

7.7.1 Identifying the need to refer

A referral can be done when the client needs some specialised form of counselling or intervention. A need for referral may also emanate from a special condition relating to gender, ethnicity or culture. A client can be referred in accordance to proximity or area of jurisdiction. This should only be done in the best interest of the client. A consensus should nevertheless be reached between the service provider and the client.

7.7.2 Evaluating potential referral sources

The counsellor should be familiar with potential service providers in the community. Most communities, especially towns and cities, publish Health and Social Services directories that list public agencies, services provided and how referral can be accomplished. The yellow pages of the telephone directory also provide information on both public and private sources. In 2005 the National Department of Social Development published a resource directory for all services of domestic violence and crime prevention, in all the nine provinces.
Table 21: Reasons for client referral and community sources

<table>
<thead>
<tr>
<th>Reasons of referral</th>
<th>Sources for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital disputes</td>
<td>Priest</td>
</tr>
<tr>
<td>Battering; grievous bodily harm</td>
<td>Forensic and professional nurse</td>
</tr>
<tr>
<td>Marital disputes; domestic violence; Child maintenance</td>
<td>Justice services</td>
</tr>
<tr>
<td>Battering; GBH</td>
<td>Medical practitioner</td>
</tr>
<tr>
<td>Post-traumatic Stress Disorder</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>PSYCHO-SOCIAL PROBLEMS</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Domestic violence; GHB</td>
<td>Social worker</td>
</tr>
<tr>
<td>Social relief of distress</td>
<td>South African Police Services</td>
</tr>
<tr>
<td>Domestic violence and disputes</td>
<td>South African Social Security Agency (SASSA)</td>
</tr>
<tr>
<td>Domestic violence and disputes</td>
<td>Traditional leader (Chief or Induna)</td>
</tr>
</tbody>
</table>

Referral can also be referred to as alternative care, support and intervention. All sources of intervention and support within the community are of equal importance. The church and the local authority office, often referred to as moshate, are in most cases overlooked by service providers as alternative sources of intervention. Service providers should always take into cognisance that most church leaders had undergone formal and intensive counselling training. The service providers should also ascertain that the client is referred for better service than the one he or she can offer. Respect for the client’s decision is key as some may not feel comfortable to consult a church minister or a traditional leader.

7.7.3 Coordinating the transfer of the client for further assistance

Successful referrals require that the service provider make contact with the receiving professional or service provider. The use of technology such as emails may provide a mechanism for easy follow up. It is appropriate for the
referring case manager to make a follow-up with the receiving agency in terms of the development of the referred case.

A follow-up could serve as a reminder for the receiving agency if the matter was not yet attended to. To observe protocol, a case should be referred to the senior personnel in charge of the agency or institution, who will in turn make an appropriate internal referral or allocation. It is, therefore, imperative for all referring service providers to keep record of all the referred cases in the form of a referral file to enable case follow up.

7.7.4 Preparing the client for the referral process

The client should be provided with details of the referral. Acknowledge the client’s anxieties about the new relationship. Reassure the client, especially after contacting the receiving professional. Always communicate the reasons for referral with the client. Give details of the potential professional. A written case summary should be provided to the receiving professional. Obtain signed consent from the client to provide any written material, especially sensitive information to the potential professional.

7.8 What to consider during the client referral process

A number of aspects need to be taken into consideration during the process of referring the client from one service to another. Quality service delivery is the core to client satisfaction.

7.8.1 Victim’s rights

The National Implementation Plan for the Service Charter for Victims of Crime (2007:14) is set to give back power to victims of crime and to ensure that they are not short-changed by those whose job it is to help them. It is imperative for service providers to ensure that the client’s rights, such as to be involved in decision making, are not violated during the referral process. Sgarzi and Mc
Devitt (2003:138) and The National Implementation Plan for the Service Charter for Victims of Crime (2007:14-15) identify the seven major rights for the victims of crime and violence as follows:

- The right to be treated with fairness and with respect for your dignity and privacy: A victim has the right to be attended to promptly and courteously, treated with respect for her dignity by all members of any department, institution, agency, or organisation providing a service.

- The right to offer information: A victim has the right to offer information during the police investigation and court trial.

- The right to receive information: The victim has the right to be informed of her rights and how to exercise them.

- The right to protection: Victims have the right to be free from intimidation, harassment, fear, tampering, bribery, corruption and abuse. Victim should report such threats to the police or prosecutor. The victim may also be placed in the Witness Protection Programme provided he or she meets a certain criteria.

- The right to compensation: Victims have the right to compensation for loss of or damage to property suffered as a result of a crime committed against them. Victims can request the prosecutor to apply to court for a compensation order in terms of section 300 of the Criminal Procedure Act (Act No.51 of 1977).

- The right to restitution: Victims have the right to restitution in cases where they have been unlawfully dispossessed of goods or property or where their goods or property have been damaged unlawfully.

- The right to assistance: Victims have the right to request assistance and have access to the available social, health and counselling services, as well as legal services that are responsive to their needs.

### 7.8.2 Client's safety measures

Instilling a sense of safety for the client is a crucial first step in preventing further violence. In most cases clients are given call-in notes by social workers
or court officials to deliver to their partners as appointments for a joint interview. This usually sparks act of re-victimisation. Any correspondence between the perpetrator and the intervening office or agency should be the responsibility of that office.

Clients who had endured grievous bodily harm should be accompanied to the referred place such as the police station or victim empowerment shelter to avoid further victimisation. Victims of violence should be encouraged to keep emergency contact numbers (Annexure M). However, those who are not comfortable with keeping the contact numbers should be urged to ask a reliable relative or friend to keep the list for them.

7.9 VEP resources that can be accessed by victims of abuse

It is imperative for service providers to know their community resources and provide the information to their clients. In 2003 the National Department of Social Development developed and distributed a comprehensive VEP resource directory with information on government (Health, Social, Justice, and South African Police Services as well as complaints mechanisms) and non-government services for the whole South Africa. The resource directory is reviewed on an annual basis.

Services for victims of domestic violence include hotlines, support groups, counselling, housing, safety strategies, job seeking and training, economic support as well as opportunities for activism. The need to refer clients to alternative services would, therefore, occasionally be necessary. Key organisations that provide services to abused women are presented in the following table. Most of these organisations are found at national and provincial levels.
## Table 22: Key resources for victims of domestic violence

<table>
<thead>
<tr>
<th>Entity</th>
<th>Duties</th>
<th>Contacts</th>
</tr>
</thead>
</table>
| Commission for Gender Equality              | To advance gender equality in all spheres of society and make recommendations on any legislation affecting the status of women. | 011 403 7182 – Head office  
|                                             |                                                                        | 015 291 3070 - Limpopo                                                   |
| FAMSA                                       | Marital counselling and specialised services for victims of domestic violence. | 011 975 7106/7 Head office  
|                                             |                                                                        | 015 307 4833 - Limpopo                                                   |
| Human Rights Advice Line                    | Provide information and training on human rights.                       | 0860 120 120 Toll-free number                                            |
| Human Rights Commission                     | Promote, protect and monitor human rights in South Africa.              | 011 484 8300 – Head office  
|                                             |                                                                        | 015 291 3500 - Limpopo                                                   |
| Independent Complaints Directorate         | Intervention in case your rights have been violated by a member of the South African Police Services. | 012 320 0431 Head office  
|                                             |                                                                        | 015 291 9800 – Limpopo                                                   |
| Legal Aid Board                             | Independent legal assistance for South Africans who cannot afford it.    | 011 484 8300 – Head office  
|                                             |                                                                        | 015 291 3500/04 – Limpopo                                                |
| Network on Violence Against Women           | Training and capacity building on violence against women and children.  | 011 339 5560 – 5 Head office  
|                                             |                                                                        | 015 295 6888– Limpopo                                                   |
| National Institution of Crime and Reintegration of Offenders (NICRO) | Development of restorative justice and crime prevention initiatives. | 021 462 0017 – Head office  
|                                             |                                                                        | 015 297 7538 - Limpopo                                                   |
| The office of the Public Protector          | Investigates serious complaints against government departments and organisations, including provincial or legal authorities, and government owned companies. | 0800 112 040 toll- free  
|                                             |                                                                        | 011 339 3737 – Head office  
|                                             |                                                                        | 015 295 6984 - Limpopo                                                   |
7.10 SUMMARY OF THE CHAPTER

The client referral process has proven at all times to be essential in ensuring a hassle-free and quality intervention for abused women. The Department of Health and Social Development should always encourage the helping professionals in the government and non-government organisations to utilise appropriate referral systems for quality service to abused women. Through the referral system, a more integrated, collaborated and well structured service will be assured. Abused women will, therefore, be assisted to access services that may help reduce stress and decrease the likelihood of further victimisation.

This chapter provide the practice and referral guideline as conceptualised and developed by the researcher as an endeavour to assist the VEP service providers with the appropriate and quality service for abused women. The involvement of interdisciplinary teams were emphasised as referral of clients from one service to another involves different disciplines and helping professionals. The client referral pathway was illustrated in Figure 12 to accentuate the importance of multi-disciplinary teams.

The different methods of client referral were provided to alert the referring professional on the suitable referral to use in line with the case or situation. Annexure N - R were designed by the researcher to assist the helping professionals with relevant tools to utilise during the referral process. Closely linked to the methods of referral was the four phased referral process, which included the identifying the need to refer, evaluating potential referral sources, coordinating the transfer, and preparing the client for referral. Through this process the helping professionals will be able to assess the need to refer and to identify appropriate potential expert sources.

It was essential to include what to consider when making a referral as clients’ rights and safety are in most cases violated and not considered by the referring practitioners. Annexure M was designed by the researcher to assist the client with a personal safety form that can be placed at a safe place and be used in
times of emergencies. The rights of clients were recapitulated in this chapter to emphasise the importance thereof.
CHAPTER 8

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

Violence against women remains a challenge in Limpopo Province, despite different role-players striving to curb the spread through empowerment and support services to the abused. The scourge commonly takes place behind closed doors even at home where women are supposed to find refuge and protection. The act of violence against women is commonly perpetrated by the husband or male partner, who is expected to offer protection and care for his wife and children.

Data collected from ten abused women from five districts throughout Limpopo Province revealed that wives and female partners are physically, emotionally and economically battered. These heinous incidents occur despite the available laws and policies that protect women and their children and other vulnerable groups, against violence and crime. The country’s number one statute, the South African Constitution, which emphasises human rights (Chapter 2 of the Bill of Rights), is neither taken seriously nor adhered to by the citizens who are familiar with the statute. Some citizens, especially uneducated and traditional men may, however, not be familiar with the Bill of Rights.

Violence against women has been widely researched nationally and internationally. However, the focus is usually on the concept of violence and its manifestation. This study was uniquely designed to explore ways which service providers in the government and non-government sector are providing services to abused women. Services were also explored with a view to provide recommendations for best practices for abused women.

Focus was also on the integration of services by different professionals and stakeholders with regard to victim empowerment and support. Qualitative data
were collected from the five district VEP coordinators which shed light on how services are integrated in their respective districts.

8.2 GENERAL ORIENTATION TO THE STUDY

The summary, conclusions reached and recommendations based on the orientation to the study are presented below.

8.2.1 Summary

An introduction and general orientation to the study was provided in Chapter One. The researcher was prompted by recurring trends of violence and crime against women by their marital or live-in partners in Limpopo Province. Another motivation was the type of service that was rendered to the abused women as well as the way they access these services. Violence and crime is a concern for the entire province, which makes it the responsibility of government and non-government organisations to embark on programmes that aim at curbing spousal or partner abuse. The question under scrutiny was the effectiveness and efficiency of services rendered by the above-mentioned sectors.

A combination of qualitative and quantitative research was deemed fit for the purpose of a comprehensive study. The researcher’s intention was to unearth the best possible ways to provide services to abused women. Data were collected from service providers at three levels of service delivery (quantitative data from professionals at local areas, and qualitative data from district coordinators and project managers). Qualitative data were also collected from consumers of the service, being abused women who utilized the victim empowerment services in their areas of abode.

The problem formulation, aim and objectives of the study were also outlined in Chapter 1. Assumptions were stipulated as required by an exploratory study. A preliminary literature review was done, exploring the general trends of service delivery for abused women. The literature review covered issues on women’s
reaction towards domestic violence, intervention systems and the theoretical perspectives in relation to violence against women. An attempt to cover the international and South African literature was made, even though information on service delivery was obtained from international literature.

The functional theory was introduced in Chapter 1 as the framework for the study. However, various theories were limited to attitudes and characteristics of abusers and abused women as well as the mindset of researchers of violence against women. Key concepts were identified and defined. The orientation to the study also included the research methodology, which covered the research type, design, population, sampling, data collection, and analysis. The area of study was included in the Chapter as well as the significance of the study.

8.2.2 Conclusions

Researchers around the globe focused on the concept of domestic violence and the forms of violence suffered by abused women. In 1996 the South African state initiated an integrated service delivery approach for victims of violence and crime, and conceptualised the VEP as well as the NCPS. While the VEP is more concerned with the empowering of and support for vulnerable groups such as women, children, older persons, and the disabled, the NCPS is more inclusive, taking into cognisance all forms of crime and all victims of crime.

The data collected from the service providers suggest that services provided to the abused women are rendered in isolation by different departments (Cf. section 6.2.4.1). Coordination of service and partnership is not as visible as it is supposed to be.

The DoHSD in Limpopo Province is the lead department on the VEP, but the findings revealed that 24 (30%) out of 80 professionals that took part in the study, were not conversant with the VEP as they are expected.
8.2.3 Recommendations

The qualitative and quantitative results of this study should be made available by the researcher to all the relevant role-players and policy makers within Limpopo Province. This will be done through workshops or consultative meetings.

Partnerships among practitioners and researchers in institutions of higher learning should develop best practices in providing services to abused women. The Department of Health and Social Development should take the lead in this process.

Researchers and professionals should be encouraged to embark on indigenous knowledge development that would take culture into consideration when providing services to abused women.

8.3 EMPOWERMENT AND SUPPORT SERVICES FOR ABUSED WOMEN: AN OVERVIEW

The following section is based on an overview of the empowerment and support services for abused women.

8.3.1 Summary

The main purpose of this chapter was to highlight means of empowerment and support to be considered by professionals and other service providers to assist abused women. The Chapter also covered ways in which clients could be actively involved to address their challenges and needs.

The concepts of empowerment and support were outlined. In addition, the principles of the empowerment approach were highlighted as an emphasis of best practices that need to be considered when addressing violence against women. The central functions of the VEP, that is, emotional support,
informational support, immediate practical support, and networking support were explicated as the cornerstone of service delivery.

The empowerment roles and processes were also included for service providers to enable them to assist the abused women. Furthermore, the strategies of VEP, as emphasised by the developmental approach of service delivery, were comprehensively outlined as early intervention, prevention, statutory services, and continuum of care. Lastly, the values and principles of service delivery were discussed, as they assist in providing women within sight into their problems; on how to utilise and access the victim empowerment and support services, at the same time sensitising the service provider on how best service could be rendered.

### 8.3.2 Conclusion

Currently social workers focus mainly on case work in an endeavour to assist abused women, whereas all methods of service delivery, including group work and community work, need to be considered to strengthen the impact of empowerment and support for abused women. The adage of “prevention is better than cure” is indeed the solution; and the more community campaigns are conducted, the more empowered women will be.

Despite the fact that women are empowered through the provision of information with regard to violence against women, they react differently to incidences of abuse. Abused women still remain in abusive relationships for a long period, for various reasons. The case studies conducted with the ten abused women in Limpopo Province revealed that women knew where to seek help in times of need. It was further established that social workers and nurses were the most consulted due to accessibility, compared to other professionals within the DoHSD (Cf. section 6.5). Services provided by other professionals such as medical doctors, psychologists and psychiatrists are limitedly accessed by abused women.
8.3.3 Recommendations

The following recommendations are made based on the findings:

- Service providers at all levels of service delivery should ensure that abused women are well conversant with services available to them as well as how to access these services. The DoHSD as the leader in issues of empowerment and support should ensure that the VEP coordinators drive this process effectively.
- All the helping professionals should, on the other hand, be accessible, committed, dedicated and willing to offer quality service the abused women deserve.
- Continuous capacity development and coaching for all role-players should be encouraged and ensured by the provincial VEP manager of the Department of Health and Social Development, to enable quality service delivery.
- In order to measure the effectiveness of and to provide guidance for the programme, the provincial VEP manager leading the provincial VEP forum, should conduct monitoring and evaluation sessions at all the VEP organisations and agencies that address domestic violence.
- Professionals in the Department of Health and Social Development as well as other service providers should be acquainted with the general principles of service delivery (batho pele), also taking cognisance of the special principles of addressing violence against women, to ensure client satisfaction.
- To avoid repeated acts of violence and crime, professionals should be encouraged by their supervisors and managers to work closely with the NICRO and refer perpetrators for counselling and other rehabilitative programmes. A holistic approach of problem solving is vital, where the family members need to be part of addressing the problem through family conferencing and family therapy.
8.4 SERVICE CO-ORDINATION AND TEAMWORK

The summary, conclusions reached and recommendations based on coordination and teamwork are presented below.

8.4.1 Summary

The coordination of services is the core requirement of the developmental approach of service delivery. It is a known fact within the DoHSD that a multidisciplinary approach to service delivery should be applied, but the implementation thereof is taking place to a minimum extent. A multidisciplinary team is essential in VEP as abused women would receive a comprehensive service from different team members with varied knowledge, skills and expertise. The case manager with the primary role of coordinating the team work, will ensure quality service and client satisfaction.

8.4.2 Conclusion

Coordination of services by professionals within the DoHSD is only done on a limited scale. Forty-four professionals (55%) had no idea on how services should be coordinated by different professionals. Project managers of VEP centres on the other hand (60%) cited their dissatisfaction with regard to the unavailability of professionals for an integrated service to abused women. Contrary to the responses of professionals and managers of VEP centres with regard to coordinated services to abused women, the district coordinators stated that service integration was running smoothly. This will undoubtedly not be viable since one district VEP coordinator is reportedly responsible for two or more programmes, while professionals at the implementation level are overwhelmed with a variety of cases. The staff establishment that was designed to expand service delivery in 2005 by creating more posts for professionals in the DoHSD is overdue and yet to be implemented. Without the implementation of this new staff establishment, service delivery will be hampered.
It is assumed that VEP and support will be effective if one-stop centres could be established in the province for better client accessibility. The NCPS/VEP is an aspect of intervention that needs to be well understood and implemented at all the levels of service delivery, putting more emphasis on the local level. The study thus reveals that 56 (70%) of the professionals providing services to abused women are conversant with VEP. It is crucial for all professionals providing service to abused women to be well conversant with all the aspects of VEP so that service delivery should not be jeopardised.

8.4.3 Recommendations

It is recommended that:

- Awareness on the NCPS VEP should be created and emphasised for professionals by the district and provincial VEP coordinators in the Department of Health and Social Development as the lead department in the VEP, clearly stipulating the roles and responsibilities of all role-players.

- Staff retention strategies and workers’ incentives, should be prioritised by policy makers in the Department of Health and Social Development. The strategy should be implemented on an ongoing basis to avoid the current trend of staff relocating to other provinces and countries in search of greener pastures. The strategy will address the challenge of staff shortage.

- The DoHSD should appoint case managers on a full-time basis to coordinate team services by different professionals as well as to facilitate the referral process.

8.5 ORGANIZATIONAL STRUCTURE OF VICTIM EMPOWERMENT IN LIMPOPO PROVINCE: THE STATUS QUO

The summary, conclusions reached and recommendations based on the status quo of the VEP are presented below.
8.5.1 Summary

Violence against women in Limpopo is a course for concern, as it is in all other provinces. Domestic violence is encountered across race, economic and social stance throughout the province. Acts of violence and crime by partners are committed for a variety of reasons, from jealousy, insecurity and masculinity inclined reasons. The case studies that were conducted across the five districts of Limpopo Province demonstrate the plight of abused women through what they endure in their matrimonial and other intimate relationships.

Limpopo Province, in the attempt to reduce and address violence against women and children, has a number of government and non-government or civil society organisations that render services to abused women and children. The Department of Health and Social Development is engaged with empowerment and support for abused women through the four levels of service delivery, namely prevention, intervention, statutory services, and continuum of care. The departments of Safety, Security and Liaison as well as Justice are responsible for the prevention, intervention and statutory services to abused women, while all other participating departments have their focus on prevention strategies.

8.5.2 Conclusion

Albeit a number of challenges as depicted by the provincial problem tree (Cf. figure 10), Limpopo Province has programmes that endeavour to fight violence against women. The shortage of staff, volunteers and funds were cited by VEP centre managers as the main reasons of impending progress and sustainability of the VE projects in the province. Structures of VEP shelters are mainly found in townships and towns around the province, while victims of domestic violence around rural areas have to travel long distances to access these services.

8.5.3 Recommendations

For women to be more effectively and efficiently assisted in Limpopo Province,
coordination must be done according to the requirements of the National Crime Prevention Strategy. Based on the findings, it is recommended that:

- One VEP coordinator at each of the five districts should be responsible for the programme to give it the necessary focus and attention.
- The implementation of the new staff establishment should be finalised by the Human Resource Directorate of the Department of Health and Social Development as a matter of urgency for staff to be placed evenly among different fields. The retention and job satisfaction strategies of the DoHSD, especially among social workers, must be enhanced.
- Social workers should be provided conducive and decent office space. They should also be provided residential accommodation as is the case for nurses, medical doctors and other medical professionals of the DoHSD.
- All the professionals should be afforded the necessary support from supervisors and managers through the process of supervision.
- Care for care givers programmes should be offered to professionals by management in the DoHSD in order to assist them to maintain their emotional stability.
- Provincial and district coordinators should ensure that services are accessible to all abused women across the province.
- Shelters and satellite shelters should be established in rural areas as well. The *Thuthuzela* centres that are introduced in the province should be made available by the DoHSD in clinics and hospitals throughout the Province to augment the two existing facilities.
- Funding for shelters and centres for abused women and children should be continuously provided by the DoHSD for the sustainability of this service. Other participating government departments should also assist in terms of funding.
- An update on current issues about VEP should be provided to district coordinators and all case managers to keep them abreast for quality service. Continued on the job training should also be provided to them for skills enhancement. It is also crucial for all case managers and
professionals to be familiar with the relevant Acts, including the interpretation and implementation thereof.

- Integration and coordination of services among different professionals and other role players should be encouraged at all times by Health and Social Development as the lead department for a holistic service delivery.
- Capacity development for VEP project managers in shelters and centres, particularly in terms of financial management, should be ensured by the Department of Health and Social Development for the sustainability of these projects.

8.6 THE REFERRAL GUIDELINES FOR THE SOCIAL WORKERS AND OTHER HELPING PROFESSIONALS

The summary, conclusions reached and recommendations based on the referral guidelines are presented below.

8.6.1 Summary

Chapter 7 portrayed the referral guidelines developed by the researcher to be utilised by helping professionals for assisting abused women. Traumatised abused women often move from agency to agency to seek for assistance with their domestic ordeals. The referral system is, therefore, necessary and vital to guide helping professionals on the best possible ways of referring their clients for expert assistance.

8.6.2 Conclusion

The study reveals that there is no uniformity with regard to the referral system in the DoHSD of Limpopo Province. Professionals in the DoHSD indicated that they referred their clients for further assistance. However, the study reveals that there is no uniformity in this process. Since there is no standard referral system for professionals, government and non-government agencies
developed their own referral letters, notes and forms, often with scanty contents (Annexure I, J and K). A proper referral system is one of the most crucial processes of ensuring quality service for abused women.

8.6.3 Recommendations

Based on the findings, it is recommended that:

- The DoHSD should ensure that a standard referral system is utilised throughout the province. The referral guidelines developed by the researcher should be cascaded to all the agencies in the Province to assist helping professionals and other service providers with the referral process.
- The DoHSD provincial VEP coordinator should conduct consultative workshops on the referral system throughout the province for helping professionals and service providers of VEP centres and other organisations addressing violence against women.

8.7 AIM OF THE STUDY

To develop guidelines for integrated social work practice in relation to the empowerment of abused women based on the exploration and description of the integrated intervention strategies utilised by various service providers in the Department of Health and Social Development in empowering abused women through the implementation of Victim Empowerment Programmes.

The aim of the study was attained, as the researcher was able to explore and describe the intervention strategies for abused women, guided by the W5H theory (what are the services, who provide the services, why are the services provided, where, when and how). The level of integration of services offered by various professionals to abused women is not satisfactory due to a lack of a proper referral system. Hence, the researcher has developed different referral instruments which may be utilized for this purpose.
Chapters 1 and 2 highlighted the explorative-descriptive research design in terms of how services are provided to the abused women in Limpopo Province. The findings indicated that professionals were involved in addressing the plight of abused women in Limpopo Province. The findings further highlighted various forms of prevention and intervention strategies that are utilised by service providers. More setbacks were cited by service providers in their attempts to render the service, than successes. Findings from abused women also support the fact that more challenges were encountered whilst trying to access assistance from service providers.

8.8 OBJECTIVES

The following section demonstrates how the objectives of the study were met.

Objective 1

To explore and describe the current collaborative efforts and intervention strategies by helping professionals to address violence against women in the Department of Health and Social Development, from the perspectives of professionals.

The objective was partly met as the helping professionals; managers of VEP centres as well as district coordinators shared their experiences about the integrated service delivery in their day-to-day execution of duties. Professionals rendering services to abused women (55%) indicated that coordination was a challenge with regard to intervention for abused women. The shortage of staff and the generic type of service delivery were cited as the main reasons for un-collaborated and un-coordinated services for abused women.

There are organisations and government departments such as Justice and Law, Security and Liaison who were found to be providing prevention, intervention and statutory services to abused women. Professionals within the
Department of Health and Social Development (Cf. section 6.2.5.1) reported to have interacted with service providers from the mentioned departments through referrals and during campaigns. The coordination of services by these different role players were, however, reported to be done to a limited extent as some of them were still operating in isolation. One-stop services would serve as a holistic approach of service delivery, thus avoiding situations where abused women will be expected to move from one service point to another. The findings further revealed that collaboration is often practiced during campaigns, where every sector is enthusiastic to register its presence, whereas coordination is mostly needed during the intervention stage.

**Objective 2**

To explore and describe the challenges faced by managers of VEP centres in Limpopo Province, from the perspectives of managers of VEP centres and the VEP district coordinators.

While managers and staff members of the VEP centres and shelters triumphed over the services that they are providing to the abused women, a number of challenges were cited as hindering the quality service they desired to offer (Cf. table 20 and section 6.3.6.3). For example, insufficient funds and the government’s bureaucratic process of releasing funds to the organizations were mentioned as a serious challenge. The lack of stipends for volunteers resulted in volunteers either staying for shorter periods or moving to other community organizations that offer stipends thus crippling the centres’ ability to provide required supportive services to abused women.

Most VEP centres were unable to operate 24 hours and 7 days a week as a result of the fact that professionals employed by the DoHSD are not available to offer their expert services after official working hours. Monitoring and evaluation is one area that is not given attention by the Department of Health and Social Development as the main funding institution.
Objective 3

To determine the perceptions of abused women in terms of the service provided by the helping professionals in the Limpopo Province, from the perspectives of abused women.

The objective was met as ten women who utilised the services of VEP in Limpopo Province participated in the study by sharing their experiences. Qualitative data collected from abused women in the Limpopo Province revealed that women have information on domestic violence especially violence against women and children and the repercussions thereof. However, services provided for abused women seem to be less accessible for women in rural areas compared to their counterparts in urban and semi-urban areas. In addition, the services are not well integrated. For example, in cases where the women were referred to another professional, there was no evidence that the professionals communicated and shared relevant information on the services provided to abused women.

The support system was noted to be available in all areas of the province, where clinical and social work services are available as early intervention strategies. Six of the abused women were not satisfied with the judicial systems as reported cases tended to drag for long. The participants also reported that in their view, the judicial system tend to be lenient when passing sentences to the offenders (cf. case studies 4, 7 and 9).

Objective 4

To develop and provide practice guidelines and conceptualise the referral process for helping professionals addressing violence against women, based on the findings of the study.

The objective was met in full. The vital contribution made by the researcher, is
the development of the referral templates as referral tools to be used by professionals (Annexure L – S). The referral process for cases of domestic violence was also conceptualised as a guide for professionals and other role players (Chapter 7), as well as a means to address un-integrated service delivery for abused women. The guidelines and the templates will be presented to the Department of Health and Social Development for consideration and approval.

8.9 CLOSING STATEMENT

Women’s rights are continuously violated by their partners, spouses and their superiors at work. There is, therefore, still much to be done by government and non-government sectors as violence against women continues. The researcher unravelled a number of critical aspects that were not heeded and seriously considered in the process of empowerment and support for abused women in Limpopo Province.

Of importance to note, the integrated service delivery is the core of VEP and the NCPS/PCPS. While attempts by service providers were made to provide services to abused women, quality service for these women was compromised due to a lack of proper integration based on the findings of the study. All role players should actively be involved, if violence against women is to be defeated. A holistic approach towards VEP will probably pay dividends.

Client referral from one service to another is one aspect that is generally ignored as an important system by government and civil society organisations that offer assistance to abused women. To caution service providers on the importance of retaining the client’s dignity and rights, the researcher conceptualised the referral system and developed guidelines that would assist professionals and other service providers with appropriate means of client referral.

Based on the findings, case conferencing was also noted not being taken into
consideration by professionals for an intensive intervention for abused women. Case conferencing would ensure joint intervention by expert professionals, with the inclusion of key family members in decision making pertaining to the problem at hand. On the contrary, empowering the vulnerable groups is not enough if the perpetrators are kept at bay, and left outside the cycle of empowerment. This would only give rise to re-victimisation and secondary victimisation. Perpetrator restitution and retribution should always be considered and implemented by professionals as possible corrective measures and behaviour change.

There is a constant need for capacity development for professionals and other service providers to close the intervention skills gaps. This will also ascertain that they are empowered with knowledge and skills in order to accelerate their expert intervention. Capacity development for the helping professions should be seen as a priority for them to keep abreast with issues of violence and crime against women and other vulnerable groups.

Empowerment for women in general as well as those who are abused is equally essential. It should be done continuously to enable women to make informed choices about their lives and those of their children. Empowered women would, undoubtedly, be able to prevent foreseen and unforeseen abuse, HIV and AIDS, re-victimisation and secondary victimisation.

Management buy-in and support for all participating government departments should be offered to non-government organisations at all times. This will ascertain sustainability of the good service civil society organisations are providing to abused women. The programme will not be complete without the most important and assistive tool for addressing domestic violence and violence against women. The policy document for service delivery needs to be distributed to all stakeholders by the leading Department of Health and Social Development, for quality assurance.
REFERENCES


Brink, H. I. 2006. Fundamentals of research methodology for health care
professionals. Cape Town: Juta & Company.


Mbeki, T. 2006. *State of the Nation address delivered to the National Assembly on the 3rd of February at Pretoria*.


Resnik, D. B. 2009. *What is ethics in research and why is it important?* Cape Town: NIEHS


Legislations


Publications of the state and authorities


ANNEXURE A: MAP OF LIMPOPO PROVINCE
### ANNEXURE B: VICTIM EMPOWERMENT PROGRAMME TIMELINE

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>1985</td>
<td>The UN Declaration of basic principles of justice for victims of crime and abuse of power</td>
<td>Internationally the needs and rights of victims of crime and violence were recognised and addressed, primarily through the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. South Africa is signatory to this Declaration.</td>
</tr>
<tr>
<td>1994</td>
<td>The Reconstruction and Development Plan (RDP) Victim Support Programme (VSP) launched</td>
<td>In 1994 the RDP VSP was launched under the auspices of the SAPS. From 1994 to 1996 the VEP was named the VSP and located in the RDP with the SAPS as lead department.</td>
</tr>
<tr>
<td>1995</td>
<td>Beijing Declaration and Platform for Action</td>
<td>The Platform for Action reaffirmed the fundamental principle that the rights of women and girls are an &quot;inalienable, integral and indivisible part of universal human rights.&quot; The Platform for Action also called upon governments to address several critical areas of concern, among them violence against women.</td>
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<tr>
<td>1996</td>
<td>The Constitution of the Republic of South Africa, Act 108 of 1996 National Crime Prevention Strategy (NCPS) Victim Empowerment</td>
<td>Within South Africa, chapter 2 of the Bill of Rights of the Constitution (Act no. 108 of 1996) explicitly emphasises the right of every person to human dignity, equality and to freedom and security. It imposes a duty on government to take appropriate steps to ensure that the human rights of persons are respected, especially the rights to freedom and security.</td>
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<td>In 1996 the creation of the NCPS was announced with the VEP as one of its programmes and the</td>
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<td>Year</td>
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<tr>
<td>1996</td>
<td>First National Workshop on Victim Empowerment</td>
<td>The first national workshop on VE occurred in Kempton Park, 1996, hosted by SAPS and the Institute for Security Studies. In response to the emphasis in the NCPS VEP on intersectoral collaboration, the workshop recommended that national and also provincial co-ordinating structures be put in place. As a result, the National VEP Reference Team was established (renamed the National VEP Management Team in 2001), with the DSD as Chair.</td>
</tr>
<tr>
<td>1997</td>
<td>National Policy Guidelines for handling of victims of sexual offences released</td>
<td>The guidelines aimed to improve survivors' experience in the criminal justice system by providing detailed protocols for officials in the police, health, welfare, justice and prisons.</td>
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<tr>
<td>1998</td>
<td>Domestic Violence Act, Act 116 of 1998</td>
<td>The Domestic Violence Act (DVA) stipulates that: “any member of the SAPS must, at the scene of an incident of domestic violence or as soon thereafter as is reasonably possible or when the incident of domestic violence is reported, render such assistance to the complainant as may be required in the circumstances, including assisting or making arrangements for the complainant to find a suitable shelter and to obtain medical treatment.” The VEP was officially launched under the DSD at the Diamond City Tabernacle in Kimberly during the first national VEP conference.</td>
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<td></td>
<td>DSD VEP launched at Kimberley Conference</td>
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<td></td>
<td>The UNISA Centre for Applied Psychology (UCAP)</td>
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<td>Year</td>
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<tr>
<td>1999</td>
<td>UCAP Victim Empowerment and Support short courses launched</td>
<td>Victim Empowerment and Support short course was launched. The course is the first of its kind within the sector, recorded with SAQA and accredited for Continuing Professional Development with South African Council for Social Services Professionals and Professional Board of Psychology.</td>
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<tr>
<td></td>
<td>DSD VEP fully initiated</td>
<td>The full implementation of the VEP commenced in January 1999 after a lengthy process of obtaining approval of inter-sectoral three-year business plan.</td>
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<td></td>
<td>Research study: “From Policy to Practice: Exploring Victim Empowerment Initiatives In South Africa” released</td>
<td>Commissioned by the NCPS VEP Reference Team and funded by the Department of Arts, Culture, Science and Technology, the aim of this internationally recognised research project was to determine critical success factors for VE initiatives at a local level involving direct service delivery (Nel &amp; Kruger, 1999)</td>
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<td></td>
<td>Business Against Crime’s Support Partnership for Police Station Programmes initiated</td>
<td>Business Against Crime (BAC) Support Partnership for Police Station (SPPS) programme focused on improving service delivery at local level in an entrepreneurial manner in which the partners themselves identify and address the areas of greatest need. Each partnership comprised a willing business, a selected police station and the community served by that police station represented by the Community Police Forum (CPF).</td>
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<tr>
<td></td>
<td>The Saartjie Baartman Women Centre initiated</td>
<td>The Saartjie Baartman Women’s Centre was initiated by the minister of Health and Welfare, and officially opened in May 1999. It was the first One-stop Centre and this initiative was the first public/private partnership in the field of violence against women. The public/private partnership is a partnership between the DoH, the DSS and CSOs.</td>
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As part of its victim-centred approach, the NPA SOCA
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<tr>
<th>Year</th>
<th>Event Description</th>
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<tr>
<td>2000</td>
<td>First Thuthuzela Care Centre established</td>
<td>Resource Directory for VEP launched unit played a leading role in setting up the country's first NPA initiated One-stop Centre for rape victims in June 2000; the Thuthuzela Rape Care Centre at the C. F. Jooste hospital in Cape Town. The Resource Directory for women was a joint initiative by the DSD and National Network on Violence Against Women (NNVAW).</td>
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<tr>
<td>2001</td>
<td>Themba Lesizwe launched</td>
<td>National Crime Combating Strategy implemented Themba Lesizwe, previously called The South African Network for Trauma Service Providers (SANTSEP), went through major growth and changes since it was first established in 2000. Themba Lesizwe was a European Union-sponsored initiative established to consolidate the trauma sector in South Africa. In 2001 the National Crime Combating Strategy was implemented in response to a call for more punitive measures by government on criminals.</td>
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<td>2002</td>
<td>Ikhaya Lethemba Braamfontein, Johannesburg launched</td>
<td>Ikhaya Lethemba, meaning &quot;Home of Hope&quot;, provides holistic and integrated services for survivors of violence against women and children from its premises in Smit Street, Braamfontein. Ikhaya Lethemba is an initiative of the Department of Community Safety (DCS). ToR for the VEP Management Team established and clarified the vision, roles and responsibilities of representatives. The first strategy plan for VEP MT, for the period 2002 to 2005 was developed, but never implemented.</td>
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<td></td>
<td>ToR for the VEP Management Team established</td>
<td>Minimum Standards on Service provided service</td>
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<td>Year</td>
<td>Event Description</td>
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<tr>
<td>2003</td>
<td>Delivery in Victim Empowerment released in DSD. Practitioners were provided with information on what is expected of them when rendering services to victims. They also provided clients with information about what to expect from practitioners. The set of Minimum Standards developed by DSD informed the later development of the Victims Charter Minimum Standards that was released by National Government in 2004.</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Research study: “From Policy to Practice: Exploring Victim Empowerment Initiatives in South Africa” — A follow-up study Interim Technical Report” released. Impact Analysis on VE projects conducted by Strategy and Tactics. This follow-up survey was conducted from March 2002 to July 2003 in partnership with the VEP MT led by the National DSD. The DSD commissioned an evaluation of the VE projects to determine whether the needs of victims were being met by service providers. The evaluation was to: • Identify and evaluate whether the needs of the victims were met through the implementation of each business plan • Identify the constraints to effective implementation, and • Make recommendations for better implementation or for the replication of the identified best practice models.</td>
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<tr>
<td>2004</td>
<td>Second VE Conference hosted by Themba Lesizwe in Durban. DoJ Victims Charter approved by Cabinet. European Union programme of assistance negotiations took place. Second national VE conference hosted by Themba Lesizwe. The Victims Charter was approved by Cabinet in 2004. The Victims Charter is a document detailing the rights of victims of crime and violence. It was developed by the DoJ as part of their role in the VEP. Themba Lesizwe, together with National DSD and the European Union negotiated since mid-2004 to reach...</td>
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<td>Year</td>
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<tr>
<td>2004</td>
<td>Themba Lesizwe publication launched: Key issues in VEP</td>
<td>The publication was a 2004 report on the key issues within the VE sector and discovered that many of the problems identified in the Nel &amp; Kruger (1999) study were still apparent within the sector. It was written by Greg Moran under the auspices of Themba Lesizwe.</td>
</tr>
<tr>
<td></td>
<td>DoJ Minimum Standards on Service Delivery for victims approved by cabinet</td>
<td>Minimum Standards on Service Delivery for Victims of Crime released as an information document to further explain victims' rights as contained in the Victims Charter. The Minimum Standards provide service practitioners with information on what is expected of them when rendering services to victims. They also provide clients with information on what to expect from practitioners.</td>
</tr>
<tr>
<td></td>
<td>NPA Domestic Violence training manual initiated nationally</td>
<td>The Integrated Domestic Violence Training Programme manual aims to help police officers, prosecutors, magistrates, counsellors, health practitioners and victim assistant officers to deal adequately with domestic violence.</td>
</tr>
<tr>
<td>2005</td>
<td>Themba Lesizwe Glossary of Terms released</td>
<td>The glossary of terms was a CSO driven endeavour aimed at creating effective dialogue and communication between all the stakeholders in the VE sector to improve co-ordination and collaboration. The glossary of terms was an attempt at attaining consensus on the terms used in the sector.</td>
</tr>
<tr>
<td></td>
<td>VEP strategic plan for 2006 – 2008 implemented</td>
<td>The second strategy plan for VEP MT, for the period 2006 to 2008 was developed and implemented.</td>
</tr>
<tr>
<td></td>
<td>SAQA approves NQF levels 2 – 4 qualifications in VE</td>
<td>This Unit Standards-Based Qualifications is aimed at enabling learners in affected communities to understand issues faced by victims, to provide victim support, to identify resources and services available</td>
</tr>
<tr>
<td>The publication: Victimology in South Africa released</td>
<td>in the community and to utilise these appropriately.</td>
<td></td>
</tr>
<tr>
<td>Needs assessment for Integrated Trauma Stress Services initiated in Mpumalanga Province, South Africa</td>
<td>“Victimology in South Africa” edited by Davis &amp; Snyman, is a publication that gives a comprehensive overview of VE and victimology in South Africa and is aimed at practitioners, researchers, policymakers and role-players in the criminal justice system.</td>
<td></td>
</tr>
<tr>
<td>Children’s Act, Act 38 of 2005</td>
<td>Needs Assessment for Integrated Traumatic Stress Services: Mpumalanga Province, South Africa by Higson-Smith, Thacker and Sikhakhane for the South African Institute for Traumatic Stress. This study was aimed at assisting the process of transformation of mental health services to victims of violent crime in Mpumalanga Province.</td>
<td></td>
</tr>
<tr>
<td>CSIR conducted a costing exercise for VE policy for DSD</td>
<td>The Children’s Act effect to certain rights of children as contained in the Constitution, set out principles relating to the care and protection of children, defined parental responsibilities and rights.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The CSIR, contracted by DSD, conducted a costing exercise of the VEP policy to determine the costs and benefits of the VEP.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| 2006 |  |
| The Older Person’s Act, Act no. 13 of 2006 | The Older Person’s Act is meant to deal effectively with the plight of older persons and the promotion and maintenance of their status, rights, well being, safety and security and provides for matters connected therewith. |
| Revised costing of the implementation of the Integrated VEP policy: updating the original costing model released by the CSIR | This study was a revision of the costing model that was finalised in 2005 and sought to address some of the gaps and limitations identified. |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>2007</td>
<td>Demise of Themba Lesizwe</td>
<td>By May 2007 Themba Lesizwe had grown into a network of 269 affiliates in the VE sector in South Africa. Themba Lesizwe, South Africa's only civil society network for rape and abuse victims, collapsed after the European Union (EU) withdrew €20-million it had pledged to the organisation over a three year period. This was after two of Themba Lesizwe's founding NGOs failed the EU's financial standards after audits were conducted on these organisations.</td>
</tr>
<tr>
<td></td>
<td>VEP Service Charter officially launched</td>
<td>Launched by the Minister of Justice in Port Elizabeth in December 2007.</td>
</tr>
<tr>
<td></td>
<td>Impact of the National Directory of Services for Victims of Violence: A summative and formative evaluation conducted</td>
<td>National Directory on Services for Victims of Violence was an important intervention to assist the sector in information sharing. The directory was developed in partnership with the provincial VE Co-ordinators and was launched on 2 December 2003, and updated in 2005 and 2006. It serves as a database of services available throughout the country to address the needs of victims of violence. This study sought to assess the impact that this directory has made to the VE sector in terms of co-ordination, information dissemination and as a referencing tool. The study was conducted by SAITS.</td>
</tr>
<tr>
<td></td>
<td>Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007</td>
<td>The Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007 repeals the common law offence of rape and replaces it with a new expanded statutory offence of rape, applicable to all forms of sexual penetration without consent, irrespective of gender.</td>
</tr>
<tr>
<td>2008</td>
<td>APEX priorities announced</td>
<td>In his 2008 State of the Nation Address, former President, Thabo Mbeki announced 24 Apex priorities, one of which was revamping the criminal justice system to intensify the offensive against crime which holds a direct bearing on VE.</td>
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### ANNEXURE C

**LIMPOPO PROVINCE VICTIM EMPOWERMENT CENTRES**

<table>
<thead>
<tr>
<th>District</th>
<th>Municipality</th>
<th>Centre</th>
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<tr>
<td>CAPRICORN</td>
<td>Aganang</td>
<td>Matlala VEP</td>
</tr>
<tr>
<td></td>
<td>Blouberg</td>
<td>Senwabarwana VEP, Alldays VEP, Malebogo VEP</td>
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<tr>
<td></td>
<td>Lepelle Nkumpi</td>
<td>Lebowakgomo VEP, Malepisdrift VEP, Magatle VEP, Zebediela VEP</td>
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<td></td>
<td>Molemole</td>
<td>Morebeng VEP, Mogwadi VEP, FAMSA</td>
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<tr>
<td></td>
<td>Polokwane</td>
<td>Limpopo Network, Mankweng VEP, Seshego VEP, Chuene VEP, Polokwane Child Welfare, Polokwane SAPS VEP</td>
</tr>
<tr>
<td>MOPANI</td>
<td>BaPhalaborwa</td>
<td>Khumbekani VEP, Namakgale VEP, Huis Maroela VEP</td>
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<td></td>
<td>Giyani</td>
<td>Bongani Youth Care, Homu VEP, Mabalane VEP</td>
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<td></td>
<td>Greater Letaba</td>
<td>Bolobedu VEP, Morebeng VEP, Modjadiskloof VEP</td>
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<td>Lesedi VEP</td>
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<td>Tzaneen</td>
<td>Maake VEP, Phaphamani VEP</td>
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<td>SEKHUKHUNE</td>
<td>Moutse</td>
<td>Dennilton VEP</td>
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<td>Area</td>
<td>Organizations</td>
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<td>Marble Hall</td>
<td>Nebo VEP</td>
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<tr>
<td>Makhuduthamaga</td>
<td>Tubatse VEP, Leboeng VEP, Penge VEP, Madiseng VEP, Motodi VEP</td>
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<td>Tubatse</td>
<td>Seokodibeng VEP, Atok VEP</td>
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<td>Fetakgomo</td>
<td>Vuwani VEP, Tipfuxeni VEP, Mphephu VEP, Dzata VEP, Levubu VEP, Pfukani VEP, Waterval VEP, Tshitale VEP, Rotenda VEP, Khakhu VEP, Save the Children</td>
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<td>Musina VEP, Tshamutumbu VEP</td>
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<td>Mutale VEP, Niani VE</td>
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<td>Thulamela</td>
<td>FAMSA, Vhundredzi VEP, Prince of Peace VEP, Munna Ndi Nnyi Men’s Forum, Far North Network on Family Violence, TVEP, Neighbourhood Protection Against Domestic Violence</td>
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<tr>
<td>WATERBERG</td>
<td>BelaBela</td>
<td>BelaBela VEP</td>
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<td>Lephalale</td>
<td>SAVF</td>
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<td>Mokopane VEP</td>
<td>Mahwelereng VEP</td>
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<td>Thabazimbi</td>
<td>Thabazimbi VEP</td>
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</table>
Dear Respondent,

RESEARCH PROJECT: GUIDELINES FOR INTEGRATED SOCIAL WORK PRACTICE IN THE EMPOWERMENT OF ABUSED WOMEN: A CASE STUDY IN LIMPOPO PROVINCE

I am currently engaged with the above stated research project as a Doctoral student, enrolled at the University of Limpopo. The study entails service delivery strategies that are used by professionals within the Department of Health and Social Development in Limpopo province.

As one of the professionals who render services to abused women in the Department of Health and Social Development in the form of Victim Empowerment and Support, you are kindly requested to participate in this project by completing the attached interview schedule. Please be assured that your response will be handled with confidentiality.

The purpose of this study is to explore the service delivery strategies utilised by various professionals in the province with the intention of improving the service for abused women.

Should you agree to participate in this research project, I would like to request you to complete the enclosed questionnaire, which comprise of closed and
open-ended questions. Kindly, send the completed questionnaire back to the researcher on or before 30th November 2007.

Please note that your participation is voluntary. However, your contribution to this study will be highly appreciated.

Yours Sincerely

Mabatho Mhango
QUESTIONNAIRE FOR THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT PROFESSIONALS INVOLVED IN VEP AND SUPPORT PROGRAMMES

SECTION A: DEMOGRAPHICAL DATA

1 Gender

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2 Age group

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3 Period of involvement

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4 Home language

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6 Job title

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</table>

SECTION B: SKILLS AND KNOWLEDGE WITH REGARD TO VICTIM EMPOWERMENT AND SUPPORT

7 How conversant are you with the concept of victim empowerment and support?
7.1 What skills do you have to ensure effective service delivery to abused women?
7.2 Who provides information and training for you?
7.3 What impact does the training make to the service that you provide to abused women?

8 How do you determine client satisfaction with regard to the service that is offered to them?

SECTION C: SERVICES DELIVERY FOR VICTIMS OF VIOLENCE AND CRIME

9 What do you find useful with the following legislation when rendering services to abused women?

- Customary Unions Act
- South African Constitution
- Sexual Offences Act
- Maintenance Act
Domestic violence act

9.1 Which legislation do you feel might hamper service delivery to abused women?
- Customary Unions Act
- South African Constitution
- Sexual Offences Act
- Maintenance Act

10 The policy framework and strategy for shelters for victims of domestic violence in South Africa stresses the vitality of shelters and centres to address violence against women. What is your starting point of assisting organisations to establish centres for abused women?

10.1 In terms of 10 above, how are victims of violence and crime assisted to access these service centres?

10.2 In terms of 10 above, how do you ascertain that the client will receive effective service from the centre?

11 What are the prevention strategies that are used to reduce violence against women in your area of operation?

12 What are the intervention strategies that address the needs of abused women?

13 Indicate the role played by each professional in the department of Health and Social Development

- Medical doctor
- Professional nurse
- Psychiatrist
- Psychologist
- Social worker

14 In which way do you reduce violence against women in your area?

14.1 What expertise do you have as a professional, to address violence against women?

SECTION D: COORDINATION OF SERVICES IN TERMS OF VEP

14 The integrated service delivery model emphasises coordination of service and partnership
for effective service delivery. How do you coordinate services with other professionals from your department?

14.1 How does the inter-sectoral plan of action assist you in rendering services to abused women?
14.2 Which professionals from your department form part of the inter-disciplinary team?

15 Based on your knowledge and experience of the duties and responsibilities of various service providers, what are the strategies for sharing best practices when addressing violence against women?

16 What guiding tools do you utilize as a team in addressing violence against women?

17 Who takes the lead in facilitating team activities such as meetings, case conferences and others?

18 What challenges have you met whilst working with other professionals from your department?

18.1 How do you deal with challenges you meet as a team?

SECTION E: JOB SATISFACTION

19 State any barriers or challenges that you face when executing your daily duties.

20 What are your successes in addressing violence against women?

21 In which way are your achievements in addressing violence against women acknowledged by your supervisor?

Thank you for completing the questionnaire. Your contribution is much valued.
Dear Participant,

RESEARCH PROJECT: GUIDELINES FOR INTEGRATED SOCIAL WORK PRACTICE IN THE EMPOWERMENT OF ABUSED WOMEN: A CASE STUDY IN LIMPOPO PROVINCE

I am currently engaged with the above stated research project, enrolled at the University of Limpopo. The study entails service delivery strategies that are used by professionals within the Department of Health and Social Development in Limpopo Province.

As one of the district coordinators of the field of Victim Empowerment and Support in the department of Health and Social Development, you are kindly requested to participate in this project by completing the attached interview schedule. Please be assured that your response will be handled with confidentiality.

The purpose of this study is to explore the service delivery strategies utilised within the province, with the intention of improving the service for abused women.

Should you agree to participate in this research project, I would like to have
one (1) interview with you at a time and place that would suit you. This interview will not take longer than 90 minutes. An interview schedule comprised of open-ended questions will be followed during the interview. Please note that you have the right to change your mind at any time about your participation in the study. Your withdrawal from the study will not be held against you.

Your participation will be much valued.

Yours Sincerely

Mabatho Mhango
### INTERVIEW SCHEDULE FOR THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT VICTIM EMPOWERMENT PROGRAMME (VEP) DISTRICT CO-ORDINATORS

#### SECTION: DEMOGRAPHICAL DATA

1. **Gender**

<table>
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<th>Female</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

2. **Age group**

| 51+  |        |
| 46 - 50 |      |
| 41 - 45 |      |
| 36 - 40 |      |
| 31 - 35 |      |
| 25 - 30 |      |

3. **Period as VEP co-ordinator**

| 26+  |        |
| 21 – 25 |      |
| 16 – 20 |      |
| 11 – 15 |      |
| 6 – 10  |      |
| 1 - 5   |      |

4. **Educational level**

| D.Phil (SW) |        |
| MA (SW)     |        |
| Honours (SW) |      |
| B.A(SW)4 YEARS |      |
| B.A(SW)3 YEARS |      |
SECTION B: PROGRAMME FACILITATION AND SUPERVISION IN TERMS OF THE VICTIM EMPOWERMENT PROGRAMME

5. How often do you confer with social workers at local areas?  
5.1 How effective is the conference with social workers at local areas?

6. How often do you confer with other professionals within your department who are involved with abused women?  
6.1. How effective is the conference with these professionals?

7. In which way do you offer support to victim empowerment initiatives in your district?  
7.1. What is your perception of these non-government initiatives in addressing violence against women?

8. What are the reporting mechanisms from local areas and VEP initiatives?  
How often do you receive progress reports in terms of 8 above?  
What impact do the reports make towards the programme?

9. Working with abused women can develop a psychological impact on service providers.  
How do you ensure that service providers do not experience vicarious victimisation?

10. Domestic violence occurs any time of the day and any day of the week. How do you ensure availability of service to abused women at all times?

11. For service providers to provide early intervention for victims of domestic violence, working long hours is required. How do you make certain that they do not experience stress, burn-out and other psycho-social conditions?  
11.1 What intervention strategies do you employ in your district?  
11.2. What prevention strategies do you apply to reduce the rate of violence in your district?  
11.3. What progress have you observed in your district with regard to the reduction of violence against women?

12. How do you ensure sustainability of victim empowerment initiatives in your district?

13. Most volunteers are involved in VEP because there is nothing else they can do while being unemployed. What retention strategies do you have for volunteers?

SECTION C: INTEGRATION OF SERVICES TO ABUSED WOMEN

14. How do you ascertain integration of services to abused women by professionals in your department?  
14.1. How often do you hold multi-disciplinary meetings?
14.2. How effective are these multi-disciplinary meetings?
14.3. Which professionals from your department are involved in the multi-disciplinary teams?
14.4. Indicate the level of commitment of the multi-disciplinary teams.
14.5. What is your perception of the multi-disciplinary teams in addressing violence against women?
14.6. What challenges did you come across with regard to integrated service delivery?
14.7. How did you ascertain that the challenges are resolved?

SECTION D: CAPACITY DEVELOPMENT FOR SERVICE PROVIDERS

15. What training did the following professionals in your department receive to enable them to deliver effective service to abused women?

- Medical doctors
- Professional nurses
- Psychiatrists
- Psychologists
- Social workers

15.1. What are you doing to bring those who are not trained in terms of 14 above, on board?
15.2. Who provides training in terms of 14 above?

SECTION E: SITUATIONAL ANALYSIS (Resources)

16. How are the needs of service providers met in terms of the following?

- Physical resources
- Human resources
- Financial resources

SECTION F: SELF DEVELOPMENT

17. How are you capacitated as the programme manager?
18. What source of support do you receive in managing the programme?
18.1. How does this support assist you as the programme co-ordinator to execute your duties?

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. YOUR CONTRIBUTION IS MUCH VALUED.
Dear Participant,

RESEARCH PROJECT: GUIDELINES FOR INTEGRATED SOCIAL WORK PRACTICE IN THE EMPOWERMENT OF ABUSED WOMEN: A CASE STUDY IN LIMPOPO PROVINCE

I am currently engaged with the above stated research project, enrolled at the University of Limpopo. The study entails service delivery strategies that are used in Limpopo Province.

As one of project managers in the field of Victim Empowerment and Support in Limpopo province, you are kindly requested to participate in this project. Please be assured that your response will be handled with confidentiality.

The purpose of this study is to explore the service delivery strategies utilised within the province, with the intention of improving the services for abused women.

Should you agree to participate in this research project, I would like to have one (1) interview with you at a time and place that would suit you. This interview will not take longer than 90 minutes. An interview schedule comprised open-ended questions will be followed during the interview. Please be assured that your response will be handled with confidentiality.
Please note that you have the right to change your mind at any time about your participation in the study. Your withdrawal from the study will not be held against you.

Your participation will be much valued.

Yours Sincerely

Mabatho Mhango
INTERVIEW SCHEDULE FOR MANAGERS OF VICTIM EMPOWERMENT PROGRAMME (VEP) INITIATIVES IN THE LIMPOPO PROVINCE

SECTION A: DEMOGRAPHICAL DATA

1. Gender

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
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</table>

2. Age group

|------|---------|---------|---------|---------|---------|

3. Period of involvement

|------|---------|---------|---------|-------|------|

4. Home language

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<td>IsiSwati</td>
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<td>Tshivenda</td>
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5. Highest level of education/qualification

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<td>Degree</td>
<td>D.Phil</td>
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</tbody>
</table>

315
SECTION B: SKILLS AND KNOWLEDGE WITH REGARD TO VICTIM EMPOWERMENT AND SUPPORT

7. What training did you undergo with regard to VEP?

7.1. Who conducted the training?

7.2. What skills do you have to manage the VEP initiative?

7.3. What expertise do you have in terms of victim empowerment and support?

SECTION C: SERVICES DELIVERED TO VICTIMS OF VIOLENCE AND CRIME

8. What services are offered by your project to abused women?

8.1. How do you assist abused women and their families in terms of early intervention?

8.2. What prevention strategies do you use to curb the spread of violence against women?

8.3. In terms of 8 above, how are victims of violence and crime assisted to access these services?

8.4. In terms of 8 above, how do you ascertain that the client will receive effective service from the centre?

9. Indicate how the following legislation has been useful to you for implementing your services to abused women and their families:

- Customary Unions Act
- South African Constitution
- Sexual Offences Act
- Maintenance Act
- Domestic Violence Act

9.1. In which way do the following legislations prevent you from assisting abused women in your centre?
SECTION D: COORDINATION OF SERVICES IN TERMS OF VEP

10. The integrated service delivery model emphasises coordination of service and partnership for effective service delivery. How do you coordinate services with other stakeholders?

10.1 Which government departments form part of your intervention team?

10.2 Which non-government organisations form part of your intervention team?

11. What guiding documents do you utilise as a team in addressing violence against women?

12. Who takes the lead in facilitating team activities such as meetings, case conferences and others?

13. What are the challenges that you experience as a team?

13.1 How do you address the challenges you meet as a team in terms of 13 above?

13.2 What are the loopholes that might be caused by un-integrated services?

13.3 What impact do coordinated services make to abused women?

SECTION E: SUPPORT SYSTEMS FOR VEP INITIATIVES

14. Indicate the support you get from the government, if any, that makes it easier for you to render effective service to abused women.

14.1 Indicate the support you get from the community that enhances effective service delivery.

15. What challenges do you have with regard to availability of staff and volunteers for executing duties at the centre?

15.1 What successes can you identify in addressing violence against women by your centre?
15.2. In which way are your achievements in addressing violence against women acknowledged by your sponsors and funders?

15.3. How do you deal with the challenges that you have experienced in terms of 15 above?

16. Would you like to be informed about the findings of this study?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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16.1. If yes, please give the following details:

Telephone number (home)..............................................

Telephone number (work)..............................................

Cell phone number......................................................

Physical address......................................................

Postal address......................................................

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. YOUR CONTRIBUTION IS MUCH VALUED.
ANNEXURE G: INTERVIEW SCHEDULE FOR ABUSED WOMEN

Box 3821
Enquiries: M Mhango                              Mokopane
Contacts:  015 491 1950                          0600

Dear Participant,

RESEARCH PROJECT: GUIDELINES FOR INTEGRATED SOCIAL WORK PRACTICE IN THE EMPOWERMENT OF ABUSED WOMEN: A CASE STUDY IN LIMPOPO PROVINCE

I am currently engaged with the above stated research project, enrolled at the University of Limpopo, as a D.Phil (Social work) student. The study entails service delivery strategies that are used by professionals within the Department of Health and Social Development in Limpopo province.

As one of the people who utilised the services of Victim Empowerment and Support in Limpopo province, you are kindly requested to participate in this project. The purpose of this survey is to get the opinions of people who made use of services of VEP with the intention of improving the service to abused women.

The purpose of this study is to explore the service delivery strategies utilised within the province, with the intention of improving the services for abused women. Should you agree to participate in this research project, I would like to have one (1) interview with you at a time and place that would suit you. This interview will not take longer than 90 minutes. An interview schedule
comprised of open-ended questions will be followed during the interview. Please be assured that your response will be handled with confidentiality.

Please note that you have the right to change your mind at any time about your participation in the study. Your withdrawal from the study will not be held against you.

Your response to this survey will be much valued.

Yours Sincerely

Mabatho Mhango
INTERVIEW SCHEDULE FOR ABUSED WOMEN WHO UTILISED THE SERVICES OF VEP DURING THE PAST 12 MONTHS

SECTION A: DEMOGRAPHICAL DATA

1. Age
2. Marital status
3. Home language
4. Highest level of education
5. District
6. Religious affiliation
7. Are you employed?

If not, who provides for your needs?
Number of dependent children

SECTION B: SERVICES RENDERED TO ABUSED WOMEN

1. Which services were offered to you from the Department of Health and Social Development?

1.1. Which services were you happy about?

1.2. What specifically made you happy about that service?

1.3. Which services were you unhappy about?

1.4. What made you unhappy about that service?

1.5. How do you think you should have been assisted in terms of 1.3 above?

2. What do you do in your community to assist abused women?

2.1 What do you do prevent violence against women in your community?

3. How useful are the prevention strategies of the Department of Health and Social Development towards reducing violence against women?

4. What are the successes of the Department of Health and Social Development in addressing violence against women?
SECTION C: COORDINATION OF SERVICES TO ABUSED WOMEN

5. How did several professionals work together as a team to assist you?

5.1. What is it that you liked most about a team of professionals working together to address your problem?

5.2. What did you like the least about a team of professionals working together to assist you?

5.3. How significant was it to you for them to work as a team?

5.4 How insignificant was it to you for them to work as a team?

6. Would you like to be informed about the findings of this study?

6.1. If yes, please provide your contact details:

   Telephone number(home)..........................................................................................

   Telephone number(work)........................................................................................

   Cell phone number..................................................................................................

THANK YOU FOR YOUR PARTICIPATION
## VEP STAKEHOLDERS' MEETING

**Date:** 25 February 2010  
**Venue:** SAPS

<table>
<thead>
<tr>
<th>Agenda items</th>
<th>Resolutions</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Opening and Welcome</td>
<td>The meeting was declared open at 10h15 by the chairperson who also welcomed all members present and appealed for maximum and active participation in the deliberations of the day.</td>
<td>VEP coordinator</td>
</tr>
<tr>
<td>2 Introductions</td>
<td>All members were requested to introduce themselves</td>
<td>All</td>
</tr>
<tr>
<td>3 Roll Call and Apologies</td>
<td>The roll call was circulated and only one apology was registered, from SAPS.</td>
<td></td>
</tr>
<tr>
<td>4 Purpose of Meeting</td>
<td>The chairperson explained the purpose of the meeting and indicated that since the Victim Support Centre was renovated and officially opened in October 2009, it has never been functional and the meeting needs to understand and resolve challenges pertaining to the operations and functions of the centre.</td>
<td>VEP coordinator</td>
</tr>
<tr>
<td>5</td>
<td>Business of the Day</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Operations and Programmes</strong> – It was indicated that for VSC’s, operations are mainly at the centres wherein victims are given material and emotional support in the form of counselling and referrals whereas victim empowerment entails doing campaigns and door – door events, seminars and conducting workshops.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rosters</strong> – members were advised to draw up duty list for all volunteers. They were further advised to work in shifts and teams. It was mentioned that there should be a team that works during the day and another one to work during the nights, or on rotational basis. Those not on the day or night shifts are to do door to door campaigns or workshops. This, as it was explained, would alleviate a situation where volunteers are just sitting at the centre and not doing anything.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Programme management</strong> – it was explained that for the centre to be fully functional, it must have a programme manager who will see to the day to day operations and to also compile reports and statistics and submit such to the district office. The centre manager will also coordinate the daily program and activities of the volunteers and manage the centre.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Management</strong> – the executive committee must be elected by the community and they are to provide leadership and executive support to the centre management, they are also referred to as the board of directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coordination</strong> – apart from the executive support to the centre manager, there must be a social development coordinator, usually</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| VEP coordinator |

| VEP coordinator |

| VEP coordinator |

| VEP coordinator |
as a social worker and the SAPS coordinator in charge of the centre. Budget - Mr. Sekanka explained that social development will be responsible for programme funding in terms of activities based on the business plan, provided that the business plans meet all funding criteria. SAPS will be responsible for day to day operational budget issues. The centre management and executive committee were also advised to raise funds since they have an NPO certificate.

**Trainings** – Mr. Sekanka indicated that Social Development will also conduct capacity building trainings for volunteers and staff. Volunteers will also be taken through the EPWP training for skills Development.

<table>
<thead>
<tr>
<th>6</th>
<th>Way Forward</th>
<th>The meeting resolved to call a community meeting on 04/03/2010 wherein the community will elect the executive committee and appoint the centre manager</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Closure</td>
<td>The meeting was closed with prayer at 15h25 by Mr. Sithole L.S</td>
<td>Sithole L.S</td>
</tr>
</tbody>
</table>

Chair: District VEP coordinator

Scribe: VEP Forum secretary
ANNEXURE I: DISTRICT 1-CURRENTLY USED REFERRAL LETTER

DEPARTMENTAL LOGO

DISTRICT OFFICE ADDRESS

RE:..............................................................

The above client............................................. was seen by the undersigned Social Worker.

He/She is therefore referred to your office for further intervention. He/She is expected to call again on.................................

Your cooperation in this regard is highly appreciated.

.................................
Social Worker

The heartland of Southern Africa – development is about people!
ANNEXURE J: DISTRICT 2 CURRENTLY USED REFERRAL LETTER

DEPARTMENTAL LOGO

District office address and contact details

To: .................................................................

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

Re: ............................................................................................................................

Name of client: .............................................................

Physical Address: ................................................

Reason(s) for referral
.................................................................................................................................
.................................................................................................................................

____________________________
Social Worker
To: ..........................................................

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

From: ..........................................................

Re: ..............................................................................................................................

Name of client: ..........................................................

ID Number: ..........................................................................................

Reason(s) for referral

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

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

______________________________
Social Worker
ANNEXURE L: PROPOSED GENERAL REFERRAL NOTE

DEPARTMENTAL LOGO

District office address and contact details

Enquiries..............................................................
Contact details..................................................
E-mail address....................................................
Reference Number..............................................

A. IDENTIFYING PARTICULARS OF CLIENT
Name of client .................................................
Marital status ...................................................
Occupation ....................................................... 
Religious affiliation ...........................................
Contact details..................................................
Physical address ...................................................

B. INTERVENTION SUMMARY
Nature of the problem
..........................................................................................................................

Date(s) of contact(s)...................................................

Services rendered ..................................................
Future plan...........................................................
The client is expected to report at this office on the..........................

C. REASON FOR REFERRAL
..........................................................................................................................

Social Worker

1 General refers to the client’s referral to other role players that are likely to be of assistance to abused women such as the religious priests, South African Social Services Agency and Ward Councillors to mention a few.
ANNEXURE M: PERSONAL EMERGENCY CONTACTS

It is of utmost importance to know and keep the contact details of service providers for emergency.

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Telephone/cellphone</th>
<th>Speed dial</th>
<th>Contact person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sector Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Policing Forum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim Support Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbourhood Response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Community Radi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital/Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Social Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim Empowerment Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chairperson of Governing Body</td>
<td></td>
<td></td>
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<tr>
<td>Remedial Teacher</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NGO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Trauma Counselling</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rape Crisis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Victim Support</td>
<td></td>
<td></td>
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<tr>
<td>Court Support</td>
<td></td>
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<td></td>
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<tr>
<td>Legal Advocacy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Court</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bail Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Public Prosecutor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witness Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerk of the Court</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUMMARY REPORT: REFERRAL FOR PROFESSIONAL INTERVENTION

To be attached to any referral note or form to provide the receiving agency/professional with the case summary.

Enquiries..........................................................
Contact details..............................................
E-mail address..............................................
Reference Number........................................

A. IDENTIFYING PARTICULARS OF CLIENT

Name of client .............................................
Marital status ..............................................
Occupation ..................................................
Religious affiliation .................................
Contact details...........................................
Physical address ...........................................

B. INTERVENTION SUMMARY

Nature of the problem
..........................................................................................................................

Date(s) of contact(s)..................................................

Services rendered ...........................................
Future plan

The client is expected to report at this office on the……………………………

C. REASON FOR REFERRAL

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

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

Social Worker
ANNEXURE O: REFERRAL FOR HEALTH CARE AND SOCIAL SERVICES

DEPARTMENTAL LOGO

DISTRICT OFFICE ADDRESS

<table>
<thead>
<tr>
<th>MEDICAL EXAMINATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH CARE (CLINIC)</td>
<td></td>
</tr>
<tr>
<td>SOCIAL WORK SERVICES</td>
<td></td>
</tr>
</tbody>
</table>

A case summary form, Annexure N, will be attached if necessary

<table>
<thead>
<tr>
<th>Enquiries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact details</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
<tr>
<td>Reference Number</td>
<td></td>
</tr>
</tbody>
</table>

A. IDENTIFYING PARTICULARS OF CLIENT

<table>
<thead>
<tr>
<th>Name of client</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
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<tr>
<td>Occupation</td>
<td></td>
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<tr>
<td>Religious affiliation</td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
</tr>
<tr>
<td>Physical address</td>
<td></td>
</tr>
</tbody>
</table>
B. INTERVENTION SUMMARY

Nature of the problem
..........................................................................................................................

Date(s) of contact(s)..................................................................................................................

Services rendered ......................................................................................................................
Future plan
The client is expected to report at this office on the..........................................

C. REASON FOR REFERRAL
..........................................................................................................................

__________________________________________
Social Worker
ANNEXURE P: REFERRAL FOR CLIENT PROTECTION

DEPARTMENTAL LOGO

DISTRICT OFFICE ADDRESS

ACCORDING TO THE DOMESTIC VIOLENCE ACT 116 OF 1998: SECTION 1 (viii); 2 (a) (b) (c); 4 (1) (2) (a) (b)

To afford the victim of domestic violence the maximum protection from domestic abuse that the law can provide.

To introduce measures which seek to ensure that the relevant organs of state give full effect to the provision of the Act.

Enquiries..............................................................
Contact details..............................................
E-mail address..............................................
Reference Number........................................

A. IDENTIFYING PARTICULARS OF CLIENT

Name of client .............................................
Marital status .............................................
Name and gender of children......................
Occupation ...................................................
Religious affiliation .................................
Contact details...........................................
Physical address ..........................................

336
B. INTERVENTION SUMMARY

Nature of the problem

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

Date(s) of contact(s)............................................................................................................

Services rendered ..............................................................................................................

Future plan
The client is expected to report at this office on the..............................................

C. REASON FOR REFERRAL

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

________________________________________
Social Worker
ANNEXURE Q: REFERRAL FOR INSTITUTIONAL CARE/ EMERGENCY SHELTER

ACCORDING TO THE DOMESTIC VIOLENCE ACT 116 OF 1998:
SECTION

1 (viii); 2 (a) (b) (c) ; 4 (1) (2) (a) (b)
To afford the victim of domestic violence the maximum protection from domestic abuse that the law can provide.

Enquiries............................................................
Contact details.................................
E-mail address........................................
Reference Number.................................

A. IDENTIFYING PARTICULARS OF CLIENT

Name of client ........................................
Marital status .................................
Name and gender of children........
Occupation ........................................
Religious affiliation ..........................
Contact details.................................
Physical address ..........................................................

B. INTERVENTION SUMMARY
Nature of the problem
.................................................................................................................................
Date(s) of contact(s)........................................................................................................

DEPARTMENTAL LOGO

DISTRICT
Services rendered ........................................................................................................

Future plan
The client is expected to report at this office on the...........................................

C. REASON FOR REFERRAL
.................................................................................................................................

____________________________________
Social Worker
ANNEXURE R: REFERRAL FOR TRADITIONAL AUTHORITY INTERVENTION

DEPARTMENTAL LOGO

DISTRICT OFFICE ADDRESS

ACCORDING TO THE RECOGNITION OF CUSTOMARY MARRIAGES ACT 120 OF 1998: SECTION 2 (2) (3) (4); 4 (a) (b)

To provide for the equal status of spouses in customary marriages.

Enquiries........................................................................................................

Contact details..............................................................................................

E-mail address..............................................................................................

Reference Number......................................................................................

A. IDENTIFYING PARTICULARS

Name of client..............................................................................................

Names and gender of children......................................................................

Occupation....................................................................................................

Denomination............................................................................................... 

Physical address...........................................................................................
B. INTERVENTION SUMMARY

Date(s) of contact(s)...........................................................................................................

Services rendered

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

C. REASON FOR REFERRAL

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

_____________________________
Social Worker

_____________________________
Supervisor
ANNEXURE S: CONSENT FORM

UNIVERSITY OF LIMPOPO ETHICS COMMITTEE

PROJECT TITLE: Guidelines for integrated social work practice in the empowerment of abused women: A case study in Limpopo Province.

PROJECT LEADER: Mhango ME

I, ___________________________________________________________ hereby voluntarily consent to participate in the following project:

I realise that:

1. The study deals with empowering strategies for abused women

2. There are no risks involved as the research entails only interviews

3. The Ethics Committee has approved that individuals may be approached to participate in the study

4. The experimental protocol, i.e., the extent, aims and methods of the research, has been explained to me

5. The protocol sets out the possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself and others that are reasonably expected from the research and alternative procedures that may be to my advantage

6. I will be informed of any new information that may become available during the research that may influence my willingness to continue with my participation
7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.

8. Any questions that I may have regarding the research, or related matters, will be answered by the researcher.

9. If I have any questions about, or problems regarding the study, or experience of any undesirable effects, I may contact a member of the research team:

   Ms Mhango M. E.: 072 631 2004
   Prof Makofane M. D. M.: 082 301 1707

10. Participation in this research is voluntary and I can withdraw at any stage.

11. If any medical problem is identified at any stage during the research, such condition will be discussed with me in confidence by a qualified person or will be referred to my doctor.

12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF PARTICIPANT

--------------------------------------------------------

SIGNATURE OF WITNESS

--------------------------------------------------------