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An Evaluation of the Victim Empowerment Programme
**Commissioned by the Western Cape Department of Social
Development.**

JUNE 2014



GENDER, HEALTH AND JUSTICE RESEARCH UNIT

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The project was completed in June 2014 without serious difficulties. The report does provide valuable and useable insights into the Victim Empowerment Programme. It is firmly believed that acting on the recommendations of the report will lead to a significant improvement in the Victim Empowerment sector in the Western Cape.

Various individuals have contributed to the successful completion of this evaluation and the preparation of the report.

Acknowledgement is firstly due to the Western Cape Department of Social Development who made this evaluation possible. Secondly, acknowledgement is due to The Gender, Health and Justice Research Unit of The University of Cape Town who conducted the evaluation and compiled the report. Their evaluation team consisted of Prof. Lillian Artz, Dr Kelley Moulton, Ms Gray Aschman, Ms Talia Meer and Dr Carmen Corral. We thank their team for their dedicated efforts during this project.

Lastly, and most importantly, the Department of Social Development and The Gender, Health and Justice Research Unit would like to acknowledge and thank all the staff and beneficiaries from the various organisations for their participation in the evaluation, and in so doing, contributing to a better understanding of the sector.

EXECUTIVE SUMMARY

The Victim Empowerment Programme (VEP) of the Western Cape Department of Social Development (DSD), established in 1998, assumes the function of coordinating integrated victim services at the provincial level and facilitates the provision of support, care and empowerment services to victims of crime and violence, and to their families and communities. The VEP has grown and expanded in recent years, from initially being a small funding mechanism for shelters within the DSD, to now being a fully-fledged programme that coordinates victim empowerment activities across the province and funds 13 shelters and 18 service provision Non-Profit Organisations (NPOs).

In October 2013, the Gender Health and Justice Research Unit (GHJRU), was contracted to conduct an evaluation of the Western Cape DSD's VEP, to explore and describe the VEP, in particular, its current service delivery focus; identify and describe legislation, strategies and policies relevant to the victim empowerment sector; describe and evaluate current procedures and mechanisms for the identification and referral of victims to appropriate services in the province; explore the potential need for VEP services in terms of the estimated number of persons potentially requiring services (where possible), the various types of violence victims may have been exposed to, as well as their geographical location; evaluate current levels of awareness regarding VEP services in the province; identify gaps and limitations in the VEP based on the review of policies and legislation, the need for services, the appropriateness and location of current services, exit strategies for service users, as well as service delivery capacity (both in the Department and the provincial victim empowerment sector); and make recommendations for the expansion and improvement of services provided by the VEP sector.

The evaluation report outlines these findings, addresses lessons learned and proposes considerations for changes that will create further sustainability of the VEP, and suggests ways for the VEP to move forward with its ongoing expansion of victim empowerment services and activities in the province.

A number of key challenges are identified in the report. These include:

- There is limited and informal collaboration between programmes that render services to victims within DSD, and what collaboration does exist is dependent on the enthusiasm or commitment of individuals within programmes.
- The provincial VEP is cut-off from regional DSD offices, limiting comprehensive planning and implementation, as well as the feedback of problems to the provincial office.

- Collaboration with outside stakeholders (including other government departments) has improved due to the efforts of the provincial and regional fora, but is limited by the lack of legislation mandating forum attendance, which means in practice that attendance is still at the discretion of stakeholders themselves.
- Individual departments and agencies within the victim empowerment sector tend to work in silos and there is consequently little integrated, coordinated service stream in respect of victims of crime.
- Despite good relationships with stakeholders in the sector, the VEP has a low profile amongst communities and even some service providers, resulting in many potential clients not knowing that VEP services are available to them.
- Both DSD regional offices and NPOs face human and material resource constraints, which impact on their ability to render comprehensive services.
- Existing referral systems are ad-hoc and uneven, and participants agreed that there is a need for a referral protocol that outlines the roles and responsibilities of all the stakeholders involved with victims, to guide the identification and referral of victims to appropriate VEP services.
- Rural populations still suffer from limited access to services, and even where these services exist, the range is relatively limited.
- Existing legislation does not address the needs of all victims, and there is a need for a comprehensive victim empowerment law. VEP management is for the most part aware of these challenges, and has already begun to address some of them.

Despite these challenges, overall, evaluation participants felt that the VEP is a successful and important programme, meeting a crucial need in the province. The strengths of the programme include:

- The programme is well managed, and has built strong relationships with key stakeholders in the sector.
- The provincial VEP Forum is a useful mechanism for victim empowerment stakeholders to share best practices, find collective solutions to challenges faced by various departments and organisations, and coordinate collaboration on joint initiatives.
- The provincial VEP has good relationships with the NPOs it funds, and it was noted that it has been making a concerted effort to improve communication mechanisms.
- Although there are still 'gaps' in the available VEP services in the province, the programme has been actively addressing these, by amending NPOs' Transfer Payment Agreements to include the provision of services to a greater number of men and to perpetrators (where appropriate), and by expanding services – particularly shelters – in rural areas.
- While the impact of service provision was beyond the scope of this evaluation, participants reported feeling that services were having a positive impact on clients,

indicated by the high number of referrals that are made to service provision NPOs and shelters by various stakeholders.

The evaluation concluded that DSD has already succeeded in initiating the process of internal and external views on the implementation of the programme. The evaluation's evidence-based recommendations therefore serve the purpose of being potential markers for change, and should be read with the view towards the critical process of identifying areas that are within the control and influence of DSD and with the understanding that internal change processes also sometimes involves the cooperation of external role-players and factors. The key recommendations that stem from the evaluation are as follows:

- DSD should clarify and prioritise the role of the VEP within DSD, including continuing to increase VEP funding, and ensuring representation at all national VEP meetings.
- Address VEP staff shortages at all levels.
- Improve communication between DSD management and operational staff to ensure that incorrect perceptions about management's intentions and priorities are dispelled, and to address DSD staff members' concerns.
- Clarify the scope and focus of the VEP, including supporting the drafting of legislation that defines victims, victim empowerment, and appropriate services and ensuring that this definition is used in practice.
- Amend VEP and other DSD policy documents to clarify which programme/s is/are responsible for providing victim empowerment services to child victims.
- Increase and improve collaboration within DSD to break down programme 'silos' through encouraging intra-directorate communication and collaboration,
- Identify gaps in service provision that result from currently insufficient acknowledgement of clients' multiple needs, and address these gaps.
- Integrate the principles of victim empowerment throughout all DSD programmes.
- Develop a referral protocol to be used to refer clients between DSD programmes, as well as by social workers to refer clients to other government service providers and NPOs.
- Allow the provincial VEP better oversight of all victim empowerment activities in the province, by making reports and statistics easily available, improving communication channels between provincial and regional VEP staff, and ensuring that all regional VEP fora are running and attended regularly.
- Create uniform VEP Monitoring and Reporting standards for both NPOs and regional DSD offices, and expanding the scope and capacity of the Monitoring and Reporting unit's oversight role, to look more closely at the quality and impact of services.
- Strengthen the VEP's collaboration with other government stakeholders in order to ensure that the best possible victim empowerment services are delivered across the sector.

- Improve the relationships between DSD regional VEP staff and social workers and NPO staff and facilitate cooperation and mutual assistance, and to alleviate some of the provincial VEP's workload.
- Expand the VEP's focus to include prevention work, for example by conducting violence prevention activities and programmes, (including in schools), increase and formalising work with perpetrators, and taking a 'life course' approach to violence prevention and victim empowerment.
- Improve the capacity of all VEP service providers to provide victim empowerment services by augmenting training of social workers and social work students.
- Improve community awareness of VEP services, and thus increase the number of victims accessing services.

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LIST OF ABBREVIATIONS

CBO	Community-Based Organisation
DBE	Department of Basic Education
DCS	Department of Correctional Services
DoH	Department of Health
DoJ	Department of Justice & Constitutional Development
DSD	Department of Social Development
DVA	Domestic Violence Act
FCS	Family Violence, Child Protection & Sexual Offences Unit
GHJRU	Gender, Health and Justice Research Unit
HoD	Head of Department
JCPS	Justice Crime Prevention Strategy
LGB/T/I	Lesbian, Gay, Bisexual and Transgender and Intersex (as appropriate)
M&R	Monitoring and Reporting
NCPS	National Crime Prevention Strategy
NPA	National Prosecuting Authority
NPO	Non-Profit Organisation
PTSD	Post-Traumatic Stress Disorder
SAPS	South African Police Services
SASSA	South African Social Security Agency
SLA	Service Level Agreement
TAS	Turn Around Strategy
TCC	Thuthuzela Care Centre
ToC	Theory of Change
UNODC	United Nations Office on Drugs and Crime
VEP	Victim Empowerment Programme
VSP	Victim Support Programme

BACKGROUND TO THE STUDY

The Victim Empowerment Programme (VEP) of the Western Cape Department of Social Development (DSD) facilitates the provision of support, care and empowerment services to victims of crime and violence, and to their families and communities. The Department has identified the following activities as central to the mandate of the Victim Empowerment Programme:

- Facilitation and co-ordination of the Western Cape victim empowerment sector;
- Ensuring and enhancing integrated, intersectoral collaboration, cooperation and service delivery within the Western Cape victim empowerment sector;
- Developing victim empowerment policies;
- Oversight and monitoring of the implementation of victim empowerment policies within the Western Cape;
- Provision of victim empowerment services to victims and enable and ensure the provision of services by contracted service providers (e.g. trauma counselling and debriefing, shelters);
- Strengthening and supporting civil society organisations technically and financially, in order that they can provide services to supplement the services rendered by the Western Cape DSD.
- Training victim empowerment service providers (both within DSD, and in civil society organisations) on victim empowerment and support;
- Conducting prevention-focused activities aimed at high-risk communities; and
- Promoting awareness on victimisation-related issues, focusing on prevention and available VEP services.

As stated in the *Annual Performance Plan, 2013/2014* (WCDS, 2013/2014), a key strategic objective of the Department of Social Development is improving and expanding its "victim empowerment services through programmes, policies and legislation by March 2016". An evaluation of the current focus and scope of the VEP of the Western Cape DSD is thus valuable for the Department to ensure that its services are appropriately targeted and delivered.

To this end, the Gender Health and Justice Research Unit (GHJRU), was contracted to conduct an evaluation of the Western Cape DSD's VEP, focusing on the following objectives:

- Explore and describe the Victim Empowerment Programme of the Department of Social Development, in particular, its current service delivery focus.
- Identify and describe legislation, strategies and policies relevant to the VEP sector.

- Describe and evaluate current procedures and mechanisms for the identification and referral of victims to appropriate services in the province.
- Explore the potential need for VEP services both in terms of the estimated number of persons potentially requiring services; the various types of violence victims may have been exposed to; as well as their geographical location.
- Evaluate current levels of awareness regarding VEP services in the province.
- Identify gaps and limitations in the VEP Programme based on the review of policies and legislation; the need for services; the appropriateness and location of current services; exit strategies for service users, as well as service delivery capacity (both in the Department and the provincial VEP sector).
- Recommendations for the expansion and improvement of services provided by the VEP sector.

A summary of how these objectives were met and what methods were used to do so is contained in the Methodology section below.

METHODOLOGY

This evaluation used a multi-faceted, mixed methodology that included both an informed analysis of documented sources as well as inclusive empirical research. Researchers conducted an informed analysis of (i) relevant legislation, (ii) DSD strategies, policies, procedures and mechanisms relevant to the VEP, and (iii) existing data about the need for VEP service. Researchers also (iv) used interviews to qualitatively assess existing services and the perceived need for VEP services in the various regions of the Western Cape. Triangulation of methods in this way allowed for verification of the data and provides a more textured, narrative account of the VEP.

The following table outlines how the different methods employed addressed the various objectives of this evaluation as laid out in the approved evaluation framework.

OBJECTIVES	METHOD
Identify and describe the specific elements of legislation, strategies and policies that have relevance for the VEP.	<ul style="list-style-type: none"> • Desk review of legislation, strategies and policies.
Explore and describe the VEP of the Western Cape Department of Social Development, in particular, its current service delivery focus and the way in which it works with other programmes within DSD, other relevant government departments and non-governmental organisations.	<ul style="list-style-type: none"> • Desk review of DSD documents, strategies and plans. • Review of previous research.
Describe and evaluate current procedures and mechanisms for the identification and referral of victims to appropriate VEP services in the province.	<ul style="list-style-type: none"> • Desk review of DSD documents, strategies and plans. • Review of previous research.
Assess the appropriateness and location of current VEP services.	<ul style="list-style-type: none"> • Interviews.
Assess service delivery capacity, both in the Western Cape Department of Social Development and the provincial victim empowerment sector.	<ul style="list-style-type: none"> • Desk review of DSD documents, strategies and plans. • Review of previous research.
Assess current exit strategies for service users.	<ul style="list-style-type: none"> • Desk review of DSD documents, strategies and plans.

<p>Identify achievements and best practices as well as gaps and limitations in the VEP.</p>	<ul style="list-style-type: none"> • Review of previous research. • Desk review of legislation, strategies and policy. • Desk review of DSD documents, strategies and plans. • Review of previous research. • Interviews
<p>Identify challenges related to the identification and referral of victims to appropriate services.</p>	<ul style="list-style-type: none"> • Interviews.
<p>Explore the potential need for VEP services in terms of a) the estimated number of persons potentially requiring services, b) the various types of violence victims may have been exposed to, c) the age and gender breakdown of persons potentially requiring services, where possible and d) their geographical location.</p>	<ul style="list-style-type: none"> • Review and analysis of data to explore the need for VEP services. • Interviews.
<p>Evaluate current levels of awareness regarding VEP services in the province.</p>	<ul style="list-style-type: none"> • Interviews.
<p>Identify possible solutions to the lack of service delivery capacity within the province and the need to raise greater awareness regarding existing services; and</p>	<ul style="list-style-type: none"> • Interviews.
<p>Make recommendations for the expansion and improvement of services provided by the VEP.</p>	<ul style="list-style-type: none"> • Interviews.

DESK REVIEW OF LEGISLATION, STRATEGIES & POLICIES RELEVANT TO THE VICTIM EMPOWERMENT SECTOR

This desktop review identified the legislation, strategies and policies that govern and relate to the victim empowerment sector and the gaps therein. This literature provided the background and context within which the VEP is set, as well as a baseline against which to compare the data collected in the interviews about what the VEP is doing.

DESK REVIEW OF DSD DOCUMENTS, STRATEGIES AND PLANS & PREVIOUS RESEARCH RELEVANT TO THE VEP

This desktop research explored existing knowledge on the VEP of the Western Cape DSD, its current service delivery focus, the current procedures and mechanisms for identifying and referring victims to appropriate VEP services, the programme's exit strategies for service users

and the service delivery capacity of the Western Cape DSD. This literature also generated key reference points against which to compare the data gathered in the interview phase of this project.

REVIEW OF DATA TO EXPLORE THE NEED FOR VEP SERVICES

A review of existing publically available research was undertaken to explore the potential need for VEP services in the Western Cape, in terms of a) the estimated number of persons potentially requiring services, b) the various types of violence victims may have been exposed to, c) the age and gender breakdown of persons potentially requiring services, and d) their geographical location (this will indicate the location of key social crime trends in the province). Although impossible to quantify because of the qualitative nature of this evaluation and the lack of data that measures this, this analysis draws together existing information and participants' views, and goes some way toward addressing the broader impact on persons, households and communities indirectly affected by crime and violence.

INTERVIEWS

In order to supplement the desktop analyses, the perspectives of individuals working in the victim empowerment sector, both within and outside of the VEP, have been incorporated through in-depth, qualitative interviews (see Appendices B – E for the interview schedules). Three key groups were included to provide a nuanced and multi-level account of the sector:

- Management and implementing staff of the VEP, including provincial office and regional office staff.
- Management and implementing staff of other DSD service provision programmes, within the provincial office.
- Non-Profit Organisation (NPO) victim empowerment service providers in the Western Cape, including those funded through the VEP and others not affiliated with DSD.
- Other government stakeholders in victim empowerment (government agencies and departments that work with victims).

The interview schedules used in this phase utilised a traditional open-ended, qualitative interview format, and were all conducted in person.

DSD Staff Interviews

Interviews were conducted with provincial DSD staff to assess the VEP's strategic priorities, how the VEP works within DSD (such as collaboration with other DSD Programmes), evaluate what services and information are provided to clients, elicit institutional knowledge about the programme, its problems and successes as well as lessons learned.

1. Provincial DSD Staff

At the provincial level, 14 DSD staff members were interviewed. In addition to members of the provincial VEP (including Monitoring and Reporting staff), interview participants included staff from other programmes in the Directorate of Social Crime Prevention (Crime Prevention and Support), as well as those from the Directorate of Children and Families (Child Protection, Service to Families), Directorate of Special Programmes (Substance Abuse, Disability, Older Persons) and the Directorate of Community Development (Youth). Due to tight schedules and participants' preferences, interviews were usually conducted with two or three staff members where they were in the same directorate or programme.

2. Regional DSD Staff

At the regional level, interviews were conducted at all six of the DSD regional offices with staff that work on VEP in order to draw out the knowledge and perspectives of social workers that implement VEP at the regional and local levels, as well as about their interactions with other actors in the victim empowerment sector. Again, to expedite the process, some participants wished to be interviewed with their colleagues.

Interviews with Local NPO Service Providers in the Western Cape

1. Service Providers funded through the VEP

Local service providers that are contracted by the provincial VEP to provide victim empowerment services provided alternative perspectives on the programme to those provided by DSD staff. With the guidance of the provincial VEP team and the Departmental project reference team co-ordinated by the Research Unit of the Western Cape DSD, 13 organisations were identified to participate. Interviews were conducted at each of the 13 organisations, usually with the organisation director or social work manager, and sometimes included a second member of staff. Participation in the interview process was voluntary, and despite the fact that these organisations have existing contracts with DSD, they were not compelled to participate. Participants were very receptive to our invitation to participate in the project, and reported that they were not constrained in airing their views by their existing relationships with DSD.

2. NPO Service Providers not affiliated with DSD

In order to understand the range of services and issues within the victim empowerment sector more broadly, as well as get an outside perspective on DSD-provided victim empowerment services, interviews were also conducted with four NPOs that are not affiliated with the Western Cape VEP. Whilst their client bases overlap with that of VEP-

funded NPOs and DSD regional offices to some degree, these NPOs provided unique perspectives as each specialises in issues related to specific vulnerable groups, including gender and sexual minorities, people with disabilities, and victims of human trafficking, which have specific victim empowerment needs.

One organisation that provides lesbian, gay, bisexual, transgender and intersex (LGBTI) services, and is not currently funded by DSD, declined to participate in an interview.

Interviews with Relevant Government Stakeholders

The VEP does not operate in isolation from other Government departments and units that assist in providing victim empowerment services, as there is much to be gained from inter-departmental collaboration. As such, the perspectives of relevant government stakeholders were included by interviewing representatives from six provincial government agencies and departments. They included:

- The Department of Health (DoH)
- The Department of Basic Education (DBE)
- The Department of Correctional Services (DCS)
- The South African Police Service (SAPS)
- The National Prosecuting Authority (NPA)
- The Department of Community Safety

Whilst the Department of Justice and Constitutional Development agreed to an interview, this interview was not completed due to the long process of acquiring the requisite permissions to conduct the interview and the time constraints of the project.

SAMPLING

Given the relatively short time-frame of the project and the nature of the evaluation, the project used a convenience sampling methodology, whereby participants were chosen based on existing relationships, availability and knowledge of different aspects of the VEP. The sample was compiled in consultation with the Departmental project reference team co-ordinated by the Research Unit of the Western Cape DSD to include all relevant DSD staff members, and selected participants from the constituencies noted above.

DATA ANALYSIS

Data collected from all literature sources were synthesised and organised around the key themes identified in the objectives of this evaluation, and were compared and contrasted (triangulated) with the empirical findings.

Interview data was closely read, compared, coded and analysed by theme. Themes were developed after an initial reading of the material, to include the range of relevant issues discussed by the participants. The data was then analysed for commonality (similarities) and differences in descriptive topics, and central ideas across interviews.

ETHICAL CONSIDERATIONS: INFORMED CONSENT & ASSENT

Ethical approval for the project was obtained from the DSD Research Ethics Committee as well as from the UCT Health Sciences Human Research Ethics Committee.

Interview participants were given a Participant Information Form (see Appendix A) that explained the purpose, process and anticipated outcomes of this evaluation, and what was expected of them in the interview. This information was discussed with participants, who were then asked to sign a consent form which indicated their assent to being interviewed, and to the interview being tape recorded. All interviews were recorded with the permission of participants, to allow researchers to refer to them, verify data on interview schedules and extract illustrative quotes. These consent forms are on file with the researchers. Audio recordings will be destroyed on completion of the evaluation.

LIMITATIONS OF THE EVALUATION

Given the sensitive nature of victim empowerment services – i.e. that they are aimed predominantly at individuals who have survived crimes, often involving violence and sexual abuse – the researchers did not directly interview any survivors of crime or violence. This is a limitation of the methodology as we are unable to include the perspectives of service users in this evaluation. For the purposes of the evaluation however, this was not imperative, as previous GHJRU research has shown that service provider staff are able to relay their clients' experiences to researchers sufficiently well that the need to interview survivors directly is negated. Interviewing service provider staff rather than survivors avoided any possible re-victimisation of survivors, who often do not want to 'relive' their negative experiences unless absolutely necessary.

A second limitation relates to the qualitative nature of the evaluation. Given that we did not collect quantitative data, this evaluation is not able to give an estimation of the impact of the VEP in statistical terms. The research team did not access the VEP statistics of the DSD regional offices ('own services'), because while the regional offices do report to the office of the Head of Department (HoD), these reports are not then compiled into a single, comprehensive database, and were thus not readily available to the research team. The impact of this reporting system is discussed in more detail in the 'VEP Projects and Initiatives' section of the 'Background and Structure of the VEP' chapter of this report.

On the other hand, because the evaluation chose to use qualitative methods it provides an in-depth, rich understanding of the experiences of DSD staff and service providers as they undertake the daily business of service provision, and the obstacles that they face in doing so. This yields a much more contextual, nuanced understanding of the service provision environment than would be gained from a quantitative analysis, and which is warranted given the complexity of the service provision context.

A third limitation stems from the sampling methodology used in this evaluation. While using a stratified convenience sample allowed us to cover a wide range of perspectives at multiple levels of the victim empowerment sector, the sample is clearly not representative of the number and range of stakeholders that work on victim empowerment in the province as a whole. Because we were evaluating the Western Cape DSD VEP specifically, rather than the victim empowerment sector more broadly, the chosen sample was adequate to meet the evaluation's key objectives.

A fourth (related) limitation relates to the timeframe for the evaluation, and the impact this had on our ability to access potential participants from the NPO sector who are not funded by DSD. Due to the short timeframe of the study, and the lack of established relationships through which to access this group of participants, we were limited in the number of organisations that we could include. Whilst the four 'unfunded' NPOs that were interviewed provided important insights about victim empowerment service provision in their niche areas, their responses do not give an indication of the experiences and challenges of unfunded NPOs more generally. In addition, all of these NPOs were located in urban areas, and therefore do not capture the experiences of similar organisations in rural areas. However, these participants were identified in collaboration with DSD, specifically for their particular expertise in certain areas, and their perspectives are central to informing the VEP's extension of service provision to these vulnerable groups.

Finally, an evaluation that runs for a short period (such as this one) cannot measure change over time. So, for example, although various participants reported an improvement in the VEP, it is impossible to quantify the extent of this improvement without a baseline to compare it to. Further, this evaluation may be particularly sensitive to issues that have emerged at the time of the project, and that, in the long run, may not persist. However, the evaluation did ask participants to reflect on their experiences in the longer term, and most participants spoke to trends within the programme rather than short-term issues. We are therefore confident that the evaluation represents a rigorous representation of both the VEP at present, as well as the shifts that have occurred over time, and the effect that these have had on shaping the programme as it stands.

POLICY & LEGAL FRAMEWORK

The South African government has made significant commitments to protecting victims of violence through the ratification of international instruments and the development of national laws. Artz and Smythe (2013) argue that the area of violence against women and children has, in particular, witnessed profound legislative and policy changes and these changes have to some extent improved the provision of state services to victims of crime. The breadth of both international laws (declarations) signed and/or ratified by South Africa as well as the development of important domestic legislation and policy (see below) has not, however, resulted in the drafting of more comprehensive law on victim empowerment.

However, there is an Integrated Victim Empowerment Policy. This Policy is based on the principles of restorative justice in order to provide services to victims of crime across sectors (DSD, 2004; 4th Draft published in May 2007). Recognising victimisation as a human rights violation in itself, the Policy expands the focus of state responses to crime from conviction of perpetrators to services for victims. As diverse victims, and victims of various crimes, are affected differently, the Policy advocates a responsive, individualised approach to dealing with victims, irrespective of the (perceived) seriousness of the crime (DSD, 2004). The Integrated Victim Empowerment Policy was established to facilitate policy development and the inclusion of the principles of victim empowerment in relevant legislation, to set standards for the provision of victim services and to extend restorative justice programmes, including victim-offender mediation, compensation and restitution (Pretorius & Louw, 2005). Priority groups for implementation of this policy include victims who are already vulnerable, including victims of violence against women, domestic violence, sexual assault, child abuse, elder abuse and the abuse of people with disabilities.

Central to the Integrated Victim Empowerment Policy is the *Service Charter for Victims of Crime in South Africa* (referred to as the Victims' Charter), approved by Cabinet in 2004 (Department of Justice and Constitutional Development, 2004). The Victims' Charter was developed in line with the National Crime Prevention Strategy (Department of Safety and Security, 1996), which took a victim-centred approach to crime prevention and the criminal justice system, as well as the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985). The principles governing the implementation of the Victims Charter are laid out in the Minimum Standards on Services for Victims of Crime (DSD, 2004). The Victims' Charter itself contains seven key rights which victims may demand in the course of the criminal justice process and from other victim services:

- The right to be treated with fairness, dignity and respect for privacy, including the right to be dealt with promptly and courteously.
- The right to offer information, including the right to participate in the criminal justice process.
- The right to receive information, including the right to have your rights explained in the language of your choice as well as regular feedback about the progress of your case.
- The right to protection, including witness protection.
- The right to assistance, including legal assistance, interpreters, special protective measures and disability services.
- The right to compensation, in particular the right to apply to the court for a compensation order.
- The right to restitution.

The Victims' Charter also includes the right to issue a complaint about violations of these rights and provides a list of oversight and regulatory bodies that victims may contact in this regard.

An Inter-Departmental Committee was also established to develop a five-year plan for the implementation of the Victims' Charter (2007 – 2012). The core outcomes of the committee are largely structural and include activities such as training state service providers, developing policies (such as a policy for clinical forensic medicine on the examination and treatment of victims of sexual and other violent offences), improving victim facilities (i.e. at hospitals and police stations), improving work flow and case management and the establishment of call centres where victims can access information and support.

While the Victims' Charter represents an important aspirational shift, it is arguable to what extent, at a pragmatic level, it has shifted entrenched criminal justice attitudes and practices. Perhaps the most important reason for being somewhat sceptical is that the bulk of what is reflected in the Victims' Charter and the minimum standards is already contained in a range of sector-specific and intersectoral policies, guidelines and regulations. Minimum standards expected from the South African Police Service (SAPS) for the investigation of sexual offences have, for example, been in place since 1998, in the form of National Instructions. In 2008, new SAPS National Instructions (3/2008) on Sexual Offences were gazetted. These relate specifically to the new Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007). The Instructions require that the police perform certain duties when rendering services to victims. As these instructions are policy directives, they are binding on all SAPS members. National Instructions are not only intended to establish and maintain uniform standards of policing (s.25(1)(b) of the South African Police Service

Act, No. 68 of 1995), they are also meant to set out clear guidelines for the processing and management of (sexual) offences. Section 5 of the National Instructions – entitled *Victim Assistance* – requires members of the SAPS to assist a person who reports the commission of a sexual offence in a number of ways.

These instructions are a concrete example of how principles set out in the Victims' Charter have been applied to national law and subsequent policies. In this example of the National Instructions, police officers are effectively given step-by-step instructions on how to handle a rape complaint from the moment that the victim arrives at or makes a call to the police station.

In addition to providing service providers a set of guidelines that can be integrated into policy and regulations that guide victim support services, the Victim's Charter is an important means of educating the public at large as to the rights of victims

Artz and Smythe (2013) argue that if the right to protection is to go beyond words, the state will have to do three things:

1. Ensure that the rights within the Charter are more than aspirational; that the basic right to information, protection and support is inculcated in everyday practice, at all levels of the criminal justice system.
2. Respect the objectives and findings of oversight bodies such as the Independent Complaints Directorate (now the Independent Police Investigative Directorate (IPID)) and the Office of the Public Protector when complaints are made about poor provision of services.
3. Engage with the powerful informal mechanisms of social control that operate within our communities, mediating the relationship between rape victims and the criminal justice system.

THE NEED FOR A COMPREHENSIVE VICTIM EMPOWERMENT LAW

The most common criticism of the Integrated Victim Empowerment Policy is that it detracts from the need to develop targeted legislation that places duties on specific sectors of the state to respond appropriately to victims of crime. The Integrated Victim Empowerment Policy is best seen as an overarching policy document which is aspirational in many respects and difficult to enforce. Dey et al (2011) correctly point out that at the moment there is no single piece of legislation that specifically addresses the needs of victims of crime, coordinates service provision to victims or adequately defines what it means to be a victim. While the various international conventions, domestic laws and policies define victims (or

complainants), the acts committed against them and the remedies to address these quite comprehensively, they do not do so cohesively. By example:

Section 1 of the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power defines victims as –

persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power;

and in Section 2 states:

a person may be considered a victim regardless of whether the perpetrator is identified, apprehended, prosecuted or convicted and regardless of the familial relationship between the perpetrator and victim. It also includes, where appropriate, the immediate family or dependents of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimisation.

A review of all relevant South African legislation reveals disparity among government departments in definitions of the term 'victim', and as is discussed below, this can cause confusion for service providers. Legislation will include the word 'victim', but with limited or no definition of the term. Disparities exist amongst definitions used by different government departments (e.g., Department of Justice and Constitutional Development, the National Prosecuting Authority and the South African Police Service, as well as the Departments of Health, Correctional Services, Basic Education, and Social Development). The Constitution (Act No. 108 of 1996), the Criminal Procedure Act (No. 51 of 1977), the Witness Protection and Services Act (No. 112 of 1998) and the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007) do not use the term 'victim' but instead refer to 'complainants', and the Children's Act (No. 38 of 2005) refers to 'children in need of care'. A complainant of rape, for instance, is defined in the Criminal Procedure Act as 'the alleged victim of a sexual offence'. Other legislation defines particular 'acts of victimisation'. For instance:

- Section 1 of the Domestic Violence Act (DVA) defines *domestic violence* as: physical, sexual, emotional, verbal, psychological, and economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant's residence without consent; and any other controlling or abusive behaviour towards a complainant.

- Drawing on – but not verbatim – Section 1 of the DVA, Section 30 (3) of the Older Persons Act (No. 13 of 2006) defines *physical abuse* as: any act that results in injury or death by physical means. For example, slapping, hitting, pushing, cutting, use of any chemical or physical restraints, administering incorrect or excessive medication or any act that causes injury, physical discomfort, over-sedation or death.

Policy documents also define 'victim' differently. For example:

- *The National Policy Guidelines for Victims of Sexual Offences, 1998, of the Department of Health (DOH, 1998)*: A 'victim' is defined as a victim or survivor of rape or sexual assault and as a female or male of any age who claims to be a victim of rape or sexual abuse.
- *The Directives: Complainant Participation in Correctional Supervision and Parole Boards, October 2005, of the Department of Correctional Services (DCS, 2005)*: The Department of Correctional Services uses the definition of 'victim' interchangeably with that of 'complainant'. 'Complainants' are defined in the following cases: murder or any other offence that involves the intentional killing of a person, rape, robbery where the wielding of a firearm or any other dangerous weapon or the infliction of grievous bodily harm or the robbery of a motor vehicle is involved, assault of a sexual nature, and kidnapping or any conspiracy, incitement or attempt to commit any of the offences mentioned above. In the case of murder or the intentional killing of a victim, any immediate relative of the deceased will be regarded as the complainant. Complainants have the right to make representations when the offender is considered for placement on parole, day parole or under correctional supervision.
- *Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) (DSD, 2008)*: Here 'victim empowerment and support' is addressed but rather than defining 'victim' it refers to a philosophy of care and assistance and to a specific approach by service providers (independent of which state department or sector they represent) to delivering the service. It offers emotional and practical support, identification of symptoms of post-traumatic stress, trauma management and referral to professional services where necessary.

The definition of what constitutes a 'victim' is but one reason for considering an overarching law that addresses the treatment of victims of crime. In *The Road to Justice: Victim Empowerment Legislation in South Africa* Dey et al (2011) argue persuasively for a consolidated law on victim empowerment. They also argue that although existing legislation covers a wide range of offending behaviour and victimisation, "there still remains very little provision for the ordinary victims of crime, who make up the majority of victims" and that while specific measures should be established to address specific offences this should not be

at the expense of provisions to address all victims of crime (Dey et al, 2011, p. 15). Of importance is that most laws addressing specific forms of victimisation have been established to *criminalise* 'offending behaviour'. This means they establish new offences that can be prosecuted and, to some extent, create systems to protect and support victims in the criminal justice and other directly related processes (i.e. medico-legal services). The one common element amongst these specific statutes is 'criminal justice'. However, there are victims who may want to report their victimisation to another agency for support or services that are not related to criminal justice. Examples of these may include psychological support, restitution, protection, medical assistance or information about non-criminal legal options and remedies. Where these services appear in other legislation, they seem to be only ancillary and not primary responses to victimisation. Moreover, whilst existing legislation implies *the need* for psychosocial support, provision for these services is not made explicit.

EXISTING INTERNATIONAL CONVENTIONS & DOMESTIC LAW AND POLICY GOVERNING VICTIM EMPOWERMENT IN SOUTH AFRICA

Below is a table of international legislation and national law and policy. It briefly describes each relevant declaration, law or policy and the key provisions within them that implicate victim empowerment services.

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
INTERNATIONAL AND REGIONAL INSTRUMENTS		
The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, 1985	Internationally the needs and rights of victims of crime and violence are recognised and addressed primarily through the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. The Declaration expressly recognises the rights of (domestic) victims of crime in an international document. It also sets out important principals in relation to the treatment of victims of crime. It also affirms the importance of domestic laws that secure the	<ul style="list-style-type: none"> • Victims of crime are entitled to access all mechanisms of justice and to prompt redress for the harm and loss suffered. • They are also entitled to receive adequate specialised assistance in dealing with emotional trauma and other problems caused by the impact of victimisation. • Principles of: fair and equitable access to administrative and judicial processes, victim assistance,

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>recognition of the rights of victims of crime and of abuse of power and to periodically review existing legislation and practices thereof.</p> <p>It specifically admonishes state parties that "victims should be treated with compassion and respect for their dignity" within a responsive criminal justice system, by keeping them informed of the progress and disposition of their case, allowing the "views and concerns of victims" to be heard during proceedings and providing "proper assistance to victims throughout the legal process". In this respect it constitutes an important recognition that the effects of crime are felt by immediate victims, their families and their communities, and must therefore be addressed by the state, beyond its interest in punishing the perpetrators. South Africa is signatory to this Declaration.</p>	<p>restitution and compensation.</p> <p>NOTE: Apart from the right to receive 'assistance in dealing with emotional trauma' these principles have been adopted in the Constitution as well as a number of 'specific offences' laws in South Africa.</p>
<p>Convention on the Elimination of All Forms of Discrimination against Women, 1979</p>	<p>The Convention on the Elimination of All Forms of Discrimination against Women is tantamount to an 'international bill of rights' for women. It describes what constitutes discrimination against women and sets an agenda to end all forms of discrimination against women. The Convention provides the basis for realising equality between women and men through ensuring women's</p>	<ul style="list-style-type: none"> • Article 1 is the cornerstone of CEDAW and provides an expansive definition of discrimination. • Article 2: state obligations to eliminate discrimination and 2(e) specifically sets out state accountability for private violations of women's rights (due diligence and duty to protect)

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>equal access to equal opportunities in political and public life. All the State which are signatories agree to take all appropriate measures, including legislation and special measures to ensure that women enjoy all their human rights.</p> <p>South African Parliament ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women in 1995.</p>	<ul style="list-style-type: none"> • <i>General Recommendation 19</i> (GR 19) sets out duty of state to prevent and address violence against women: (a) Preventive measures, including public information and education programmes to change attitudes concerning the roles and status of men and women; and (b) Protective measures, including shelters, counselling, rehabilitation and support services for women who are the victims of violence or who are at risk of violence. • GR 19 (para 10) also states that states may be responsible for acts of gender-based violence committed by private actors if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and to provide compensation.
<p>The Declaration on the Elimination of Violence against Women, 1993</p>	<p>The Declaration defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (art 1). Article 2 expands on this</p>	<ul style="list-style-type: none"> • Definitions of rape and domestic violence have generally been adopted by SA's DVA and Sexual Offences Act. • Article 4 applies: governments are expected to condemn violence against women to pursue by 'all appropriate means and without delay' a

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>definition by setting out a non-exhaustive list of acts of violence against women occurring at three levels: in the family, in the community and the State. (Combrinck, in press).</p> <p>South Africa ratified this Declaration in 1995.</p>	<p>policy of eliminating violence against women (Art 4)</p>
<p>United Nations Convention on the Rights of the Child, 1989</p>	<p>The Convention describes the human rights of children. It indicates rights of the child to survival and protection from harmful influences. It further emphasised the right to be protected against abuse and exploitation. The Convention has four founding principles which are non-discrimination, best interest of the child, the child's right to life and respect for the views of the child. The UNCRC was ratified by South Africa in 1995. The UNCRC has 54 Articles pertaining to the rights of children. Legislation that has been influenced by the UNCRC in South Africa has included both child protection and child justice legislation.</p> <p>South Africa ratified the UNCRC in 1995.</p>	<ul style="list-style-type: none"> • Article 3 deals with the best interests of the child principle (the best interest of the child to be of primary consideration in every matter affecting the child). • Article 4: the protection of the rights of children through legislation and other social measures • Article 6: the right to survival and development • Article 12: the child's right to participate in decisions affecting him or her • Article 14: freedom of thought, conscience and religion • Articles 24 and 26: health and social security • Article 34: freedom from sexual exploitation • Article 40: legal help and fair treatment should children be in conflict with the law (Art 40). <p>Importantly for victim empowerment and support:</p>

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
		<ul style="list-style-type: none"> • Article 19 protects children from all forms of violence including sexual violence. Of importance: • 19(1): States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. • 19(2): Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
African Charter on the Rights and Welfare of the Child (ACRWC), 1990	<p>The ACRWC is a specific regional instrument protecting the rights of children in Africa. Similar to the provisions of the UNCRC, the ACRWC has provisions protecting children against abuse.</p> <p>South Africa ratified the ACRWC in 2000.</p>	<p>Important articles for the VEP:</p> <ul style="list-style-type: none"> • Article 4: Like the UNCRC, the ACRWC several participation rights, including the right to be heard in all judicial and administrative proceedings (4(2)). • Article 16: states must create measures to protect children against all forms of torture, injury, neglect or maltreatment including sexual abuse while in the care of a parent, legal guardian, school authority or any other person who has the care of the child. • Article 21: protects children against harmful social and cultural practices. • Article 27: states are under a duty to protect children from all forms of sexual exploitation and sexual abuse.
SADC Draft Declaration on Gender and Development, 1997 (Addendum on Prevention and Eradication of Violence against women and children, 2008)	<p>The Heads of State of the Southern African Development Community (SADC) including South Africa signed a declaration committing their countries to embedding gender firmly into the agenda of their Programme of Action, repeal and reform all laws and change social practices which subject women to discrimination. The Declaration further commits to protect and promote the human rights of women and recognise, protect and promote</p>	<p>Specifically:</p> <ul style="list-style-type: none"> • Enact and enforce legislation prohibiting all forms of gender-based violence; • Ensure that the laws on gender based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault; • Review and reform their criminal laws and procedures applicable to cases of sexual

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>the reproductive and sexual rights of women and the girl child as well as take measures to prevent and deal with the increasing levels of violence against women (Art 20 of the Addendum).</p> <p>South African signed the protocol in 1997 and the Addendum in 2008</p>	<p>offences and gender based violence;</p> <ul style="list-style-type: none"> • Enact and adopt specific legislative provisions to prevent human trafficking. <p>For VEP this also means:</p> <ul style="list-style-type: none"> • providing holistic services to the victims of trafficking, with the aim or re-integrating them into society; • enacting legislative provisions, and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions for perpetrators of sexual harassment; and • adopting integrated approaches, including institutional cross sector structures, with the aim of reducing current levels of gender based violence by half by 2015.
<p>International Covenant on Civil and Political Rights, 1976</p>	<ul style="list-style-type: none"> • Ratified by South Africa in 1998 – Principles embedded in the South African Constitution and Bill of Rights • Limited direct implications for VEP services 	
<p>International Covenant on Economic, Social and Cultural Rights, 1976</p>	<ul style="list-style-type: none"> • Signed by South Africa in 1994 – Principles embedded in the South African Constitution and Bill of Rights • Limited direct implications for VEP services 	

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
International Convention on the Elimination of all forms of Racial Discrimination, 1965	<ul style="list-style-type: none"> • Ratified by South Africa in 1998 – Principles embedded in the South African Constitution and Bill of Rights (and the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000) • Limited direct implications for VEP services 	
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984	<p>UNCAT sets out state party obligations to prevent torture and ill treatment (in places of detention) including, amongst others, the (i) creation effective legislative, administrative, judicial or other measures to prevent torture (ii) to criminalise torture; (iii) to investigate complaints; (iv) to redress, compensate and rehabilitate. It also establishes the Committee Against Torture and its operating procedures and describes the ratification of, withdrawal from and disputes under the CAT.</p> <p>Article 1 of UNCAT defines torture as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the</p>	<p>For the VEP, the Article 14 which deals with redress, compensation and rehabilitation is particularly important.</p> <p>NOTE: On July 25th 2013, The Prevention and Combating of Torture of Persons Act, No. 13 of 2013 was signed into law. The Act creates a specific crime of torture in South African law and establishes jurisdiction over certain acts of torture that occur outside of South Africa's borders, among other things. This is an important step in South Africa's domestication of the United Nations Convention against Torture, and marks the Government's commitment to preventing and eradicating torture and other ill treatment in South Africa.</p>

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.</p> <p>UNCAT was signed by South Africa in 1993.</p>	
<p>United Nations Convention against Transnational Organised Crime, 2000</p>	<ul style="list-style-type: none"> • Ratified by South Africa in 2004 • Limited direct implications for VEP services 	
<p>The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, 2000</p>	<p>The Protocol was adopted in 2000 as a supplement to the United National Convention against Transnational Organized Crime. The Protocol aims to facilitate the prevention of human trafficking in participating States and as well mitigate its current presence. Further, the Protocol strives to protect the victims of human trafficking by ensuring that each State has in place policies and laws that provide security for the victim and enable a rightful recovery for the victim.</p> <p>Ratified by South Africa in 2004.</p>	<p>See domestic legislation in this regard.</p> <p>The principles of the Protocol are embedded in the Prevention and Combating of Trafficking in Persons Act 7 of 2013 which creates 6 broad new offence categories: (i) Trafficking in persons; (ii) Debt bondage; (iii) Possession, destruction, confiscation, concealment of or tampering with documents; (iv) Using services of victims of trafficking; (v) Conduct facilitating trafficking in persons; and (vi) Liability of carriers.</p>
<p>The Convention on the Rights of Persons with Disabilities, 2006</p>	<p>Inaugurated at the United Nations General Assembly in December 2006 and ratified by South Africa in November 2007, the Convention on the Rights of Persons with Disabilities</p>	<p>Of particular relevance to the VEP are the following articles:</p> <ul style="list-style-type: none"> • Article 5, which requires that states recognise equality before the law of persons with

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
	<p>reaffirms that all persons living with disabilities (broadly categorised) are entitled to full enjoyment of their human rights under the law. Though the instrument do not confer any new rights (i.e. other than those already enshrined in the 1948 Universal Declaration of Human Rights), the Convention elaborates the terms under which its signatories must protect and ensure, <i>inter alia</i>, the inherent dignity, equality, inclusion, and fundamental freedoms of all persons living with disabilities within their states.</p>	<p>disabilities take steps to curb discrimination and achieve de facto equality.</p> <ul style="list-style-type: none"> • Article 6, which recognises the multiple vulnerabilities of women and girls with disabilities and states that all signatories should take appropriate measure to ensure the empowerment of girls and women with disabilities and the full enjoyment of their human rights. • Article 13, which requires that all persons with disabilities have access to justice, including measures that would allow them to fully participate in the criminal justice system. This might include court preparation services. <p>Article 16, which addresses the right of persons with disabilities to freedom from exploitation, violence and abuse. It give state the responsibility to protect persons with disabilities, prevent violence and abuse and where is occurs to ensure identification, investigation, and prosecution; as well as services for the physical, cognitive and psychological recovery, rehabilitation and</p>

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
		<p>social reintegration of victims with disabilities that is age and gender specific, and takes place in a conducive environment.</p>
<p>The African Charter on Human and Peoples' Rights, 1986</p>	<p>The African Charter on Human and Peoples' Rights was ratified by South Africa in 1996. It aims to 'promote and protect human rights and basic freedoms in the African continent'.</p>	<p>Article 7(1)(a) of the Charter provides that 'Every individual shall have the right to have his cause heard' including 'a right to an appeal to competent national organs against acts of violating his fundamental rights as recognised and guaranteed by convictions, laws, regulations and customs in force.'</p> <p>In June 2002, the African Commission interpreted Article 7 (1) to include victims' rights to reparation: "The protection afforded by Article 7 is not limited to the protection of the rights of arrested and detained persons but encompasses the right of every individual to access the relevant judicial bodies competent to have their causes heard and be granted adequate relief." (Paragraph 213)</p> <p>As such, the right to reparation has been implied by the African Commission despite no specific rights of victims appearing the charter itself.</p>

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
		<p>Further, in its <i>Resolution on the Right to a Remedy and Reparation for Women and Girls Victims of Sexual Violence</i>, adopted at its 42nd Ordinary Session, the Commission stated: 'Taking into consideration the legal and practical obstacles existing in many countries and preventing victims of sexual violence in particular in times of conflict, from accessing their rights to truth, justice and reparation, notably the lack of adequate training on sexual violence issues for actors of the judiciary and the lack of information on services and access to justice for victims; Concerned by the extent of physical and psychological trauma that women and girls victims face as a result of sexual violence and by the necessity for them to receive adequate and accessible health care, including psychological support ... The African Commission on Human and Peoples' Rights ... Urges States Parties to the African Charter on Human and Peoples' Rights to:</p> <ul style="list-style-type: none"> • Put in place efficient and accessible reparation programmes that ensure

NAME	DESCRIPTION	IMPLICATIONS: VICTIM'S RIGHTS
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003	<p>The Protocol deals with violence against women mainly under two rights, i.e. the right to dignity (Art 3) and the rights to life, integrity and security of the person (Art 4). State obligations to address violence against women are specifically addressed under the latter. Importantly, the Protocol highlights the issue of sexual violence in respect of two groups of marginalised women, including elderly women (Article 22(b)) and women with disabilities respectively, states undertake to ensure the freedom from violence of each group of women, including sexual abuse (Article 23(b)).</p>	<p>information, rehabilitation and compensation for victims of sexual violence;</p> <ul style="list-style-type: none"> • Ensure that victims of sexual violence have access to medical assistance and psychological support; - Ensure participation of women in the elaboration, adoption and implementation of reparation programmes ...' <p>Article 4.2(a): State duty to enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public'.</p> <p>In addition, Article 25 of the Protocol states under 'Remedies' that, 'States Parties shall undertake to:</p> <ol style="list-style-type: none"> a) provide for appropriate remedies to any woman whose rights or freedoms, as herein recognised, have been violated; b) ensure that such remedies are determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by law.'

Domestic Legislation

Constitution of the Republic of South Africa, Act No. 108 of 1996

Section 231 of the South African Constitution specifically sets out procedures for ratifying international agreements and adopting them into our domestic law.

Chapter 2 in the *Bill of Rights* of the Constitution entrenches 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.

The inclusion of a right to freedom from all forms of violence in Section 12(1)(c) of the Constitution has, for example, been used as the legal platform for emerging legislation to combat violence. Other important provisions in the Constitution that have been leveraged to improve legal measures addressing violence include the rights to bodily and psychological integrity (s. 12(2) of the Constitution), to life (s. 11), dignity (s. 9) and equality (s. 10).

Section 28(1)(d) deals with the child's right to be protected against maltreatment, neglect, abuse or degradation by private individuals as well as the state.

Section 28(2) states that 'a child's

The Constitution requires the state to act positively to prevent violence. The Child Care Act 74 of 1983 (CCA), the Domestic Violence Act 116 of 1998 (DVA), the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007 and the Child Justice Act 75 of 2008 are manifestations of these obligations.

best interests are of paramount importance in every matter concerning the child.'

Promotion of Administrative Justice Act, No. 3 of 2000 (PAJA)

The Promotion of Administrative Justice Act aims to make the administration effective and accountable to people for its actions. Together with the Constitution of the Republic of South Africa, 1996 promotes South African citizens' right to administrative action that is lawful, reasonable and procedurally fair.

Promotion of Access to Information Act, No. 2 of 2000 (PAIA)

The Promotion of Access to Information Act (PAIA) aims to give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights; and to provide for matters connected therewith.

Promotion of Equality and Prevention of Unfair discrimination Act, No. 4 of 2000 (PEPUDA)

The Promotion of Equality and Prevention of Unfair discrimination Act (PEPUDA) aims to give effect to section 9 read with item 23(1) of Schedule 6 to the Constitution of the Republic of South Africa, 1996, so as to prevent and prohibit unfair discrimination and harassment; to promote equality and eliminate unfair discrimination; to prevent and prohibit hate speech; and to provide for matters connected therewith. No direct positive duties in relation to VEP, but reinforces principle of "equal access".

Criminal Law (Sexual Offences & Related Matters) Amendment Act, No. 32 of 2007

The Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act No 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. Creates new statutory offences, including sexual assault, certain compelled Certain sections of the Act implicate – though are not explicit – about VEP services to victims of sexual offences. Section 62(1) and 63 which requires that:

- The Minister must, after consultation with the cabinet members responsible for safety and security, correctional services, social development and health and the National

acts of penetration or violation, the exposure or display of child pornography and the engaging of sexual services of an adult; new sexual offences against children and persons who are mentally disabled. It also:

- creates a duty to report sexual offences committed with or against children or persons who are mentally disabled;
- provides the South African Police Service with new investigative tools when investigating sexual offences or other offences involving the HIV status of the perpetrator;
- provides the courts with extra-territorial jurisdiction when hearing matters relating to sexual offences;
- provides certain services to certain victims of sexual offences to minimise secondary traumatisation (PEP and the right to have an accused tested for HIV)
- creates a National Register for Sex Offenders; and
- creates an interim provision relating to the trafficking in persons for sexual purposes.

Director of Public Prosecutions, adopt a national policy framework, relating to all matters dealt with in this Act, and a committee to be known as the Inter-sectoral Committee for the Management of Sexual Offence Matters is established.

And Chapter 5 of Act which states: provides that after a rape, a victim should urgently access a health facility that provides sexual assault services:

- To have injuries attended to;
- Access medications to prevent HIV, STIs and pregnancy;
- Access other health services needed including counselling; and
- For the J88 form to be completed and medico-legal evidence to be collected.

Specific provision of service the victims of sexual offences – including children and people with disabilities as well as those at risk of HIV would include:

- Information access to PEP for their complainants and testing of their accused
- Assessment of children (for risk of sexual offences or impact of sexual offences or exposure to or involvement in pornography or trafficking)
- Assessment of child sexual

	<ul style="list-style-type: none"> offenders • Support to victims of sexual offences during the pre-trial and trial process through information, counselling or referrals • Court reports • Competency of children to testify
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Witness Protection and Services Act, No. 112 of 1998	<p>The Witness Protection Act establishes the structures, rules and procedures for the protection of people who have to testify in court. It also sets out the duties and responsibilities of all the people involved in making sure that witnesses are safe.</p>	<p>Social workers may be requested to provide a report to the courts relating to:</p> <ul style="list-style-type: none"> • the risk of further victimisation and/or • the particular needs of the victim/witness.
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To provide for the establishment of an Office for the protection of witnesses; to regulate the powers, functions and duties of the Director: Office for Witness Protection; to provide for temporary protection pending placement under protection; to provide for the placement of witnesses and related persons under protection; to provide for services related to the protection of witnesses and related persons; to amend the Criminal Procedure Act, 1977, so as to make provision for witness services at courts; and to provide for incidental matters.

Maintenance Act, No. 99 of 1998	<p>Under the Convention on the Rights of the child, the Republic of South Africa is committed to give high priority to the rights of</p>	<p>Although the Maintenance Act has limited VEP related duties, Section 15 might have particular relevance for children in need of care due to</p>
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children, to their survival and to their protection and development. Thus this Act is enacted according to the Convention requiring States Parties to recognise the right of every child to a standard of living which is adequate for the child's physical, mental, spiritual, moral and social development and to take all appropriate measures in order to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child. This Act governs all the laws that relate to maintenance, and honours the ruling that both parents have a legal duty to support their children, and that, in some cases, a duty of support exists between family members.

neglect (manifesting, for instance, as a result of a complaint of domestic violence). Duty of parents to support their children:

(1) Without derogating from the law relating to the liability of persons to support children who are unable to support themselves, a maintenance order for the maintenance of a child is directed at the enforcement of the common law duty of the child's parents to support that child, as the duty in question exists at the time of the issue of the maintenance order and is expected to continue.

(2) The duty extends to such support as a child reasonably requires for his or her proper living and upbringing, and includes the provision of food, clothing, accommodation, medical care and education.

Domestic Violence Act, No. 116 of 1998

The Domestic Violence Act provides for the issuing of a protection order in cases of domestic abuse. Key entry point for social workers is through Section 2 (duties on the police) whereby: "any member of the South African Police Service must, at the scene of an incident of domestic violence or as soon thereafter as is reasonably possible or when the incident of domestic violence is reported; render such assistance to the complainant as

VEP: Complainants or their children may require assistance with:

- Counselling or other support services
- Access (custody) and supervision arrangements with children
- Removal of children (via Children's Act but precipitated through the DVA)
- Risk assessment (at application stage, on the return date or, if the order is breached and the accused is charged, as part of sentencing report)

may be required in the circumstances, including assisting or making arrangements for the complainant to find a suitable shelter and to obtain medical treatment”.

- Information regarding rights under the Act or other related legislation (i.e. Maintenance Act)

**Older Persons Act,
No. 13 of 2006**

The Older Persons' 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. Section 34 of the Act provides that the Minister may make regulations to create measures to:

- i. prevent, combat and deal with the abuse of older person;
- ii. be taken to advance person disadvantaged by unfair discrimination;
- iii. promote the rights of residents of residential facilities;
- iv. promote the rights of older persons that are not in residential facilities.

The Department of Social Development has positive legal duties in the Regulations of the Act. These Regulations contain detailed information regarding measures to promote rights of older persons (Section 20), measures to prevent and combat abuse of older persons (Section 21), measures to be taken to advance older persons disadvantaged by unfair discrimination (Section 22), and to create a register of persons convicted of abuse of older person (Section 23).

Specific provisions in the Act placing positive duties on service providers include, but are not limited to:

- Every service provider providing a community-based care and support service and every operator of a residential facility must have measures in place to promote the rights of older persons, which includes protection of older persons from any form of abuse such as neglect, ill-treatment and financial exploitation. (Section 20 (1))

- An older person must be encouraged by all relevant structures to report any violation of his or her rights to them (Section 20 (4))
- Every service provider providing a community-based care and support service and every operator of a residential facility must have measures in place to prevent abuse of older persons (Section 21 (1))
- The creation of a register to have a record of persons who have been convicted of the abuse of an older person and to use the information in the register in order to protect older persons against abuse from these persons. (Section 23 (2))

**Child Care Act,
No. 74 of 1983**

To provide for the establishment of children's courts and the appointment of commissioners of child welfare; for the protection and welfare of certain children; for the adoption of children; for the establishment of certain institutions for the reception of children and for the treatment of children after such reception; and for contribution by certain persons towards the maintenance of certain children; and to provide for incidental matters.

Refer to Children's Act 38 of 2005

**Child Care
Amendment Act,
No. 96 of 1996**

To amend the Child Care Act, 1983, so as to amend, insert or delete certain definitions; to provide for legal representation for

Refer to Children's Act 38 of 2005

children; to shift the focus from the unable or unfit parent to the child in need of care; to further regulate the provisions relating to the adoption of children; to provide for the registration of shelters; to extend the inspection of children's homes and places of care; to further regulate the medical treatment of children; to further regulate the notification in respect of injured children; to provide for the delegation of powers to the provinces; to extend the application of the Act to the former TBVC states and self-governing territories; to repeal certain laws; and to provide for incidental matters.

Children's Act, No. 38 of 2005

The Children's Act gives effect to certain rights of children as contained in the Constitution, set out principles relating to the care and protection of children, define parental responsibilities and rights, and make further provision regarding children's courts and contribution orders. It also addresses the issue of child abduction. It too creates a 'best interest of the child' standard and the participation of children in the proceedings.

On an administrative level the Act sets out functioning, powers, jurisdiction and procedure of children's courts. The Act further

The Department of Social Development is heavily implicated by this legislation. It is an all-inclusive piece of legislation that provides a comprehensive range of social services for vulnerable children and their families.

Specific duties imposed on DSD by the Children's Act include:

- Chapter 7 concerns the Child Protection System and delineates the circumstances under which the Act should be implemented to protect the best interests of a child who has come to the attention of the system. Proper coordination and utilisation of available resources

addresses the protection of children through the establishment of a National Child Protection Register and the creation of procedures to deal with children who have been victims of trafficking.

are necessary for harm minimisation in managing cases concerning children. Related services that must be provided include, *inter alia*, therapeutic care; support during court proceedings and court order implementation; prevention and early intervention services; the removal of children from care where appropriate; the placement and integration of children in alternative care where necessary; and the appropriate planning for a stable, safe and permanent living space for a child into the future.

- Chapter 8 gives weight to prevention and early intervention programmes aimed at minimising the impact of children's rights violations on children and families. DSD are to have special concern for keeping families together and preserving family life. The provision of appropriate psychological, therapeutic and rehabilitation programmes is included in the strategy for prevention and early intervention.
- Chapter 9 addresses duties to children in need of care and protection. In terms of 'victim support', s. 150(1) of the Act identifies children in need of care and protection as:

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- abandoned or orphaned with visible means of support;
 - displaying uncontrollable behaviour;
 - living or working on the streets and begging for a living;
 - addicted to substances and unable to access treatment;
 - exploited or potentially exposed to exploitation;
 - living in or exposed to circumstances that may seriously physically harm the physical, mental or social well-being of the child;
 - mentally or physically neglected; and
 - being maltreated, abused, deliberately neglected or degraded by a parent, caregiver or other person in control of the child.
- During court proceedings, designated social workers must provide to the court an assessment of a child's current and long-term needs, including therapeutic, developmental, educational, and others that may assist in achieving the best possible outcomes for the child.
 - Chapter 18 deals with circumstances of human trafficking in children. Suspected cases of child trafficking must be reported, investigated and the child must receive adequate care and protection, and further
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departmental assistance with repatriation to their country of origin (if necessary).

**Children's
Amendment Act,
No. 41 of 2007**

To amend the Children's Act, 2005, so as to insert certain definitions; to provide for partial care of children; to provide for early childhood development; to make further provision regarding the protection of children; to provide for prevention and early intervention; to provide for children in alternative care; to provide for foster care; to provide for child and youth care centres and drop-in centres; and to create certain new offences relating to children; and to provide for matters connected therewith.

**Child Justice Act,
No. 75 of 2008**

To establish a criminal justice system for children, who are in conflict with the law and are accused of committing offences, in accordance with the values underpinning the Constitution and the international obligations of the Republic; to provide for the minimum age of criminal capacity of children; to provide a mechanism for dealing with children who lack criminal capacity outside the criminal justice system; to make special provision for securing attendance at court and the release or detention and placement of children; to make provision for the assessment of children; to provide for the holding of a preliminary inquiry and to incorporate, as a central feature, the possibility of diverting matters away from the formal criminal justice system, in appropriate circumstances; to make provision for child justice courts to hear all trials of children

Regulations, directives, national instructions and register (Section 97) are explicit:

- The Cabinet member responsible for the administration of justice, after consultation, where appropriate, with the Cabinet members responsible for *social development*, safety and security, education, correctional services and health, may make regulations regarding any matter which is required or permitted by this Act to be prescribed by regulation or any other matter which is necessary or expedient to prescribe in order to achieve the objects of this Act.
- With regard to assessments, the assessment report must contain information about the impact of the offence on the victim (Section 27) and the progress report must indicate any positive outcome for the child or the victim (Section 42, 43).

whose matters are not diverted; to extend the sentencing options available in respect of children who have been convicted; to entrench the notion of restorative justice in the criminal justice system in respect of children who are in conflict with the law; and to provide for matters incidental thereto.

**Mental Health
Care Act, No. 17 of
2002**

To provide for the care, treatment and rehabilitation of persons who are mentally ill; to set out (different procedures to be followed in the admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill persons; to repeal certain laws; and to provide for matters connected therewith.

The following provisions and regulations apply:

- Regulations (Section 66)
- Department of Health : General Regulations
- Regarding to section 11 (1) of Mental Health Care Act, 17 of 2002, it includes the detailed information about the report on exploitation and abuse.
- S7. Report on exploitation and abuse:

(1) A person witnessing any form of abuse set out in section 11(1) of the Act against a mental health care user (a) must report this fact to the Review Board concerned in the form of MHCA 02 attached hereto; or (b) may lay a charge with the South African Police Service.

(2) A report referred to in sub-regulation (1) received by the Review Board must be investigated by such Review Board and if necessary a charge be laid by such

Prevention and Combating of Trafficking in Persons Act, No. 7 of 2013

To give effect to the Republic's obligations concerning the trafficking of persons in terms of international agreements; to provide for an offence of trafficking in persons and other offences associated with trafficking in persons; to provide for penalties that may be imposed in respect of the offences; to provide for measures to protect and assist victims of trafficking in persons; to provide for the coordinated implementation, application and administration of this Act; to prevent and combat the trafficking in persons within or across the borders of the Republic; and to provide for matters connected therewith.

- An immigration official, police official, social worker, social service professional, medical practitioner or registered nurse who comes into contact with a child who is a victim of trafficking in the Republic must refer that child to a designated social worker for investigation. (Children's Act, Section 288)
- When a child victim of trafficking is reported:
 - The provincial department of social development must without delay access whether of child is a victim of trafficking.
 - A child who has been found to be a victim of trafficking must be referred to a designated social worker for investigation, and may be placed in temporary safe care.
 - A finding in terms of section 156 of the Children's Act that an illegal foreign child who is a victim of trafficking is a child in need of care and protection serves as authorisation for allowing the child to remain in the Republic for the duration of the children's court order. (Prevention and Combating of Trafficking in Persons Act,

Section 18)

- When an adult victim of trafficking is reported:
 - A police official must, within 24 hours, refer the person to an accredited organisation and notify the provincial department of social development of that person.
 - The provincial department of social development which has been notified must without delay access whether the person concerned is a victim of trafficking.
 - If the provincial department of social development, after having completed the assessment, is satisfied that the person is a victim of trafficking, the provincial head must immediately issue a letter of recognition to the victim. (Section 19 of Prevention and Combating of Trafficking in Persons Act)
- The Minister of Social Development must prescribe a system for the accreditation of organisations which will provide services to adult victims of trafficking, and the circumstances in which accredited organisations qualify for financial assistance, within available resources (Section 24-26)
- An accredited organisation that

provides services to adult victims of trafficking who have children in their care must provide a safe environment and necessary measures for children. (section 25 (3), 26 (3))

- An accredited organisation must collect information on victims of trafficking. (section 25 (4))
- An accredited organisation must offer a programme aimed at the provision of accommodation and counselling to adult victims of trafficking, and the reintegration of adult victims of trafficking into their families and communities. (section 26 (1))
- An accredited organisation may offer a programme aimed at the provision of rehabilitation and therapeutic services, and education and skills development training to adult victims of trafficking. (section 26 (1))
- The Director-General: Social Development must take reasonable steps to find suitable family members or an institution or organisation, and without due delay, provide the Director-General: Home Affairs with information collected. (Prevention and Combating of Trafficking in Persons Act, Section 32)

Prevention of Combating and	To give effect to the Republic's obligations in terms of the United	• The State has a duty to promote awareness of the prohibition
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Torture of Persons Act, No. 13 of 2013	Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; to provide for the offence of torture of persons and other offences associated with the torture of persons; and to prevent and combat the torture of persons within across the borders of the Republic; and to provide for matters connected therewith.	against torture, aimed at the prevention and combating of torture. (Section 9 (1)) <ul style="list-style-type: none"> • One or more designated Cabinet members must not only make an effort to educate and train all public officials on the prohibition, prevention and combating of torture, but also assist any person who wants to lodge a complaint of torture. (Section 9 (2))
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Statutory frameworks, policies and guidelines

National Policy Guidelines for Handling of Victims/Survivors of Sexual Offences, 1998	Complete sets of guidelines for victims of sexual offences. South African Police Service - Support to victims of sexual offences; Department of Health - Uniform national health guidelines for dealing with survivors of rape and other sexual offences; Department of Welfare - Procedural guidelines to social welfare agencies and appropriate NGO's in assisting victims of rape and sexual offences; Department of Justice - National guidelines for prosecutors in sexual offence cases; And Department of Correctional Services - National guidelines.	These guidelines are useful, but have become almost obsolete.
Service Charter for Victims of Crime in SA, 2004	The Service Charter for Victims of Crime or "Victims' Charter" consolidates the current legal framework on the rights of victims of crime and the services that should be provided to them. It	Some of its key VEP-related objectives are to: <ul style="list-style-type: none"> • Eliminate secondary victimisation in the criminal justice process; • Ensure that victims remain central to the criminal justice

outlines the rights of victims of crime, including the right to fair treatment, access to information, right to protection, assistance, restitution and compensation. The Charter also developed the Minimum Service Standards for Victims of Crime.

The Victims' Charter and the Minimum Standards serve as a means of protecting and promoting the rights of victims in compliance with South Africa's obligations under various international and regional human rights instruments.

The Victims' Charter and Minimum Standards provide an important framework for the consolidation of all laws and policies in relation to the rights of and services provided to victims of crime and violence. They are intended to promote excellence in service delivery thus promoting client satisfaction with the services delivered.

process;

- Clarify the service standards that can be expected by and are to be accorded to victims whenever they come into contact with the criminal justice and associated systems;
- Make provision for victims' recourse when standards are not met.

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. Proficiency, professionalism and respect for the client are uppermost in service delivery. Minimum Standards further serve as a guideline for developmental quality assurance in service delivery. The Minimum Standards include complaint mechanisms to address failure to adhere to the Minimum Standards.

<p>Minimum Standards on Services for Victims of Crime, 2008</p>	<p>Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence).</p> <p>The principles for victim empowerment services include:</p> <ul style="list-style-type: none"> • Accountability • Empowerment • Participation • Family-centred 	<p>Again, DSD is directly implicated by these Standards:</p> <ul style="list-style-type: none"> • The Department of Social Services and other social service providers will, if available, offer emotional and practical support services, which may include court preparation programme. • If the case goes to court, victims can expect the following things:
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- Community-centred
 - Continuum of care and development
 - Integration
 - Continuity of care and development
 - Normalisation
 - Effectiveness and efficiency
 - Person-centred
 - Rights
 - Restorative justice
 - Appropriateness
- Social service providers will, as far as possible, maintain continuity by ensuring that the same social service provider or volunteer work with victims from the time of reporting the crime to the finalisation of the case.
 - Social service providers and volunteers will be interviewed in private in their languages and the conversation will be treated as confidential.
 - Social service providers will, if necessary, interview victims and if obtaining medical evidence is relevant to the case, make arrangements for a medical examination.
 - In the case of sexual offence victims, the police may need the clothing as evidence, in which case victims may ask the social service provider to assist them in obtaining alternative clothing.
 - Victims will not be left to deal with the case on your own. If the case has not been yet reported to the police, the social service provider will help them to report the case.
 - Victim support or social service providers will explain your rights and the procedures that are to follow.
 - Victim support or social service providers will, on

request, assist victims to track the case through the system and, if possible, accompany victims to court.

- Victim support or social service providers will offer victims support and counselling or refer victims to professional counselling and support services.
- Social service providers will assist victims by making available the services of social service providers or probation officers.
- Social service providers will provide help in contacting family or friends and take steps to ensure that victims or their family are not at risk or in danger.

BACKGROUND & STRUCTURE OF THE VICTIM EMPOWERMENT PROGRAMME

DEVELOPMENT OF THE NATIONAL VICTIM EMPOWERMENT PROGRAMME

According to the Draft VEP Intersectoral Strategy and Model until 1994, services to victims by the state were non-existent and minimally provided by civil society (DSD, 2013). With the onset of democracy, this approach changed with the launch of the Victim Support Programme (VSP) led by SAPS as a part of the Reconstruction and Development Programme. The National Crime Prevention Strategy (NCPS), developed in 1996, adopted a restorative justice approach, by putting the rights of victims at the centre of crime prevention strategies.

The NCPS aimed to reduce crime through:

- Establishing a comprehensive policy framework which addresses all policy areas impacting on crime.
- Generating a shared understanding among South Africans of what crime prevention involves.
- Integrating the policy objectives from a range of central government departments and providing guidelines for programmes to be taken up by all the spheres of government.
- Providing a basis for the development of a common vision around crime prevention.

In 1998, the VEP was introduced by the South African government. Whilst framed as a whole government responsibility, according to the NCPS, DSD is charged with leading and coordinating the VEP. The VEP was a strategic move away from responding to crime as a security issue to focusing on crime prevention by dealing with the social issues associated with crime. This also encouraged a shift from a criminal justice (punitive) approach to restorative justice (victim centred) approach that seeks a “balanced approach to the needs of the victim, wrongdoer and community through processes that preserve the safety and dignity of all” (Braithwaite, 2002).

The following year, in an effort to broaden the scope of the NCPS, the Justice Crime Prevention Strategy (JCPS) was adopted. The JCPS framework covered criminal issues beyond the criminal justice system and included crime prevention, prosecution and containment of perpetrators, the quality of services delivered to victims of crime and

violence and collaborations with private and public partners. The JCPS used a number of coordinating structures in order to execute its mandate. The VEP Management Forum, established by DSD to plan, manage and coordinate victim services, was one of these structures. The expectation was that a nominated representative with seniority from each relevant department would be represented on the VEP Management Forum. However, largely due to the intricacies of coordinating services across diverse state departments and sectors, the Management Forum has only been able to partially operationalise its mandate for collaboration.

Between 2008 and 2012 the United Nations Office on Drugs and Crime (UNODC), through the European Union-funded project entitled *Support to South Africa's Victim Empowerment Programme (VEP)*, worked in partnership with DSD to address victimisation through victim services, particularly with regard to women and children. Under this project, intersectoral collaboration within the victim empowerment sector seems to have improved, although coordinating effective, comprehensive services to victims remains a challenge for the VEP as highlighted in the draft *VEP Intersectoral Strategy and Model* (DSD, 2013).

THE WESTERN CAPE VICTIM EMPOWERMENT PROGRAMME – HOW THE PROGRAMME WORKS

In the Western Cape, the Victim Empowerment Programme assumes the function of coordinating integrated victim services at the provincial level. The programme describes (WCSD, 2011) its core objectives as:

- To provide strategic direction for the development of management structures to ensure effective coordination of the programme at all government levels (via the Victim Empowerment Forum).
- To identify and clarify sector specific roles and responsibilities at all government levels of the management structures; to guide the implementation structures on the process of monitoring, evaluation and reporting; and serve as a framework for the development of sector specific policies and strategies.
- To identify roles and responsibilities of relevant government departments.
- To create a common understanding of victim empowerment amongst various government departments, victims, perpetrators, individual member organisations and non-profit organisations, which includes faith based and community-based organisations (CBOs).
- To ensure an integrated, holistic approach and coordinated service delivery to victims (survivors) of crime and violence in an enabling environment.

- To support, protect and empower victims of crime and violence with a special focus on vulnerable groups (especially women and children).

The programme is situated within the Directorate of Social Crime Prevention, under the Chief Directorate of Social Welfare. The programme is undoubtedly affected by the fact that DSD at large is somewhat unstable. The Department has an Acting HoD, and over the last few years has had a high turnover of HoDs, MECs and Ministers. This instability trickles down to the programmes, negatively affecting programme management and resulting in loss of institutional memory. This in turn means that there is an over-reliance on individuals in the VEP (and in the Department more broadly) to fill the 'gaps' created by structural shifts, exacerbated by poor documentation and a lack of institutional memory. For example, when the current Social Work Policy Developer joined the VEP, they could find no documentation explaining why until the end of 2012 the VEP had only funded shelters, and was unsure of who to ask to explain this to them. Had the history of the VEP been clearly documented, this information would have been readily available.

The position of Manager of the VEP has been vacant since 2010. Currently the Director of the Directorate of Social Crime Prevention is also the official Acting Programme Manager of the VEP, however the Social Work Policy Developer within the VEP has undertaken most management responsibilities since October 2012. At the time of the evaluation fieldwork, a Programme Manager had been shortlisted for the VEP, and the Department intended to fill the position in the new financial year. Due to the lack of personnel in the provincial VEP, staff reported that the programme had stagnated until the Social Work Policy Developer was appointed in October 2012.

From inception, the VEP focused mainly on the subsidising of shelters for women and adults (DSSPA, 2003). However, in 2003 the Departmental Budget Programme for Crime Prevention and Victim Empowerment implemented a provincial VEP to give effect to the National Crime Prevention Strategy and the International Victim Charter. In 2004, the VEP was incorporated into the Departmental Budget Programme for Children, Women and Families. In 2007, the VEP became a standalone departmental budget programme, but still focused mainly on the subsidisation of shelters and to a lesser extent, the implementation of the national VEP Strategy (DSSPA, 2006).

The Department at that time did not have a programmatic approach to service delivery. It was only later in 2007 that the 'programmatic approach' was introduced and Programme Managers appointed for the Department's eight key programmes. VEP was grouped into a programme with Children and Families. During the 2009/2010 implementation of the *Modernisation Blueprint* the Department established VEP as both a standalone budget and service delivery programme. This was a significant advancement for VEP in the province,

seeing VEP move from a component of another programme to a self-contained programme with its own dedicated Programme Manager and staff.

Under 'Modernisation' – a process closely linked with the national EU-funded UNODC Support to the South African Victim Empowerment Programme – the provincial VEP was moved from the Programme for Children and Families to that of Social Crime Prevention, where it is currently situated. The 'Modernisation' process was intended to create a matrix to allow for better intra-departmental collaboration in order to fully address transversal issues.

However, the 'Modernisation' process did not happen smoothly and it is apparent that there is much misunderstanding between the role and function of the VEP at the provincial office and the VEP in the regions. This is evident in the often conflicting descriptions and explanations offered by staff during fieldwork interviews.

A second significant restructuring process (since 2009), the *Turn Around Strategy* (TAS), was introduced by the current Acting HoD to address existing difficulties within the Department. In order to bypass problems downstream, in April 2013 the TAS increased centralisation of some processes within the provincial office, which necessitated a corresponding reallocation of some staff to the provincial office from the regional offices (WCVEP, 2013b). This reallocation has been done through secondments, which have negatively impacted the regional offices, because secondments are considered temporary shifts, which means they are unable to fill the positions of seconded staff.¹

NPO services under the VEP are now procured by the provincial office (and not at the regional level). Staff have been seconded from a regional office to aid the Programme in this regard. The provincial office is responsible for the monitoring and evaluation of NPO services. However, the provincial Monitoring and Reporting (M&R) team does not monitor the services provided by the DSD regional offices themselves ('own' services). This separation in management and monitoring of 'own' services and NPO services means that whilst in theory, DSD provides an integrated victim empowerment service, where NPOs are contracted to fulfil any responsibilities to victims that DSD's own regional social workers cannot meet, the reality of service provision is much more fragmented. In fact, whilst the provincial VEP is effectively managing procured NPO services, the provincial VEP team does not really know what the Department is doing in terms of victim empowerment.

¹ It should be noted that subsequent to the fieldwork phase of this evaluation, one such seconded member of staff has been permanently moved to the provincial office's M&R unit. This should alleviate concerns about difficulties with filling the post at the regional office that they came from.

This has significant practical implications for the functioning of the VEP, as the provincial team cannot direct the regional offices in any way (including regarding activities and reporting, amongst other things). For example, in order to ameliorate the problem of poor record keeping by social workers with respect to victim empowerment services, the provincial VEP has designed a template to facilitate reporting on the range of issues and services that intersect with the VEP's mandate. However as regional DSD services are now outside of their control, they are waiting on the Executive Management of the regions to approve and implement this template for DSD's social workers. This template would go some way toward resolving the issues of 'double-counting' of statistics, and partial or inconsistent reporting that has previously characterised the VEP.

Another current area of concern for the provincial VEP team is the lack of standards, policies and protocols that still exists despite 15 years of service provision under the programme. , The programme is aware of this, and there are processes in place to develop norms and standards. Specifically, the programme is trying to establish a standard of service provision in the province, standards for training, and uniform referral mechanisms; however, due to a lack of staff capacity progress towards these goals has been slow.

At present, the staff compliment of the provincial VEP is still not optimal. Whilst the current staff have made considerable gains, the programme is still under-staffed, and relies on student interns to assist with substantive work.² In fact, the provincial VEP team mentioned many of the gaps outlined in this report; however, they lack the capacity to efficiently address these known problems. Without greater capacity, the provincial VEP team will continue to struggle to address these issues (WCVEP, 2013a, b, & c).

THE PROVINCIAL VICTIM EMPOWERMENT FORUM

The Victim Empowerment Forum in the Western Cape was established in 2001, largely through the efforts of NPOs in the province (Chames, 2008). Whilst the Forum functioned well for the first few years, it encountered a long period of dormancy due to capacity challenges, but is now running effectively again under the leadership of the Western Cape VEP.

In line with its mandate to coordinate victim empowerment services in the province, the Western Cape VEP fulfils the Secretariat function of the Provincial Victim Empowerment Forum. The Director of the Directorate of Social Crime Prevention is the Chairperson of the Forum and the VEP Social Work Policy Developer fulfils all planning and coordinating

² Subsequent to the fieldwork phase of this evaluation, one staff member who had been working primarily with the VEP, has been redeployed, thus making the Social Work Policy Developer the only dedicated provincial VEP staff member.

functions. Representatives from various provincial departments are encouraged to attend the Forum's quarterly meetings.

According to the Western Cape VEP's *Victim Empowerment Strategic Document* (WCSDS, 2011), the provincial Forum has the following five strategic objectives:

- To oversee the creative management of the VEP Forum.
- To ensure the development of an effective communication strategy.
- To implement an improved data management system.
- To ensure the flow and conceptualisation of the VEP Forum.
- To keep issues of gender and sexuality alive on political and organisational agenda.

It is unclear how the provincial VEP Forum currently aligns with the national VEP Management Forum. Although the provincial team submits quarterly reports to the national team, which meets quarterly, there are no systematic feedback mechanisms in place between the two fora (DSD05; DSD, 2013). Although a provincial VEP representative should attend national meetings, this has been inconsistent, as the provincial administration has not always authorised the person in question to attend, primarily due to budget constraints. Such attendance is at the discretion of the Minister. This results in a lack of information being consistently fed back to the Western Cape VEP.

There are also nine regional and local VEP fora, operating throughout the province, with the aim of providing greater access and information-sharing regarding victim empowerment to the NPO sector [DSD05]. These fora are relatively new (most were started in 2013), and their performance is as yet not documented. The provincial VEP team has recently issued a reporting template enabling integrated feedback from stakeholders for regional and local fora to report back to the province, and this should help to smooth the flow of information to the provincial level and facilitate feedback to the regional forums.

TARGET GROUPS WITHIN THE PROVINCE

According to the *Victim Empowerment Strategic Document* (WCSDS, 2011) the priority target groups for victim empowerment services in the Western Cape include:

- Victims (survivors) of domestic violence
- Victims (survivors) of sexual assault and rape
- Abused/at risk children
- Abused/at risk older people
- Abused/at risk people with disabilities
- Victims (survivors) of human trafficking
- Victims (survivors) of hate victimisation

- Farm workers and dwellers
- Ex-combatants

These are the same priority groups as designated in the *National Policy Guidelines for Victim Empowerment* (DSD, 2011). However, the Western Cape VEP also identifies LGBTI persons, male victims, sex workers and refugees as other significant groups in terms of the province's VEP strategy.

SOCIAL WORKER DISTRIBUTION AND NUMBER OF CLIENTS SERVED

The national norm for the provision of generic community-based and residential services to the general population is one social worker for every 4,500 people (1:4,500). In terms of the *Modernisation Blueprint*, DSD states that it will directly employ half the required number of social workers and subsidise the salaries of the other half at the NPOs from which it procures community-based and residential care services.

At present, DSD has 588 funded and approved social work posts at its regional offices, based on the population of the province in 2007. However, based on Census 2011, the Western Cape requires 1,294 social workers in total, and according to provincial policy this should be made up of 647 DSD social work posts, and 647 subsidised NPO posts. As such, the *Western Cape DSD's Annual Performance Plan 2014/15* notes that the province needs to raise funds to staff its regional offices with another 59 social workers, and to subsidise another 59 social work posts in NPOs (WCDSO, 2014/2015).

In terms of the services that it provides, the *Western Cape VEP Progress Report for 2nd Quarter 2013/4* reports that VEP-funded NPOs had served 4,015 victims in the 1st quarter, exceeding their target of 3,650. Unfortunately, for the reasons outlined above, similar data was not available for clients served by social workers at the regional and local DSD offices.

VEP PROJECTS & INITIATIVES

The budget allocated to the VEP in the Western Cape has increased steadily in recent years, rising from R11,950,000 to R17,667,000, with an allocation in the new financial year (2014/2015) of approximately R24,000,000. This budgetary increase demonstrates both confidence in the provincial management of the programme and the acknowledgement of the province's need for comprehensive VEP services. The budget increase also meaningfully improved the operations of the 12 shelters and 12 service organisations funded by the

provincial VEP.³ This meant that the amount per bed for shelters increased from R800.00 to R1,200.00 per month (WCVEP, 2013b).

Reports and strategy documents issued by DSD outline a number of planned and ongoing activities that fall within the mandate of the VEP. These are listed briefly here, but are discussed more substantively in the Programme Successes and Challenges chapters of the report.

- Awareness-raising activities and materials focused on crime prevention, community education and information-sharing about the services that are available to victims of crime and violence, (including perpetrators) including:
 - a quarterly newsletter to provide an external communication medium for the VEP Forum;
 - engagement with communities around the policy and legislation mandates of the Forum (for example, to popularise the Victims' Charter); and
 - attendance at VEP Forum meetings and conducting regional *imbizos* to facilitate regional collaboration.
- Gender-based violence prevention programmes with youth.
- Counselling services for victims of sexual and domestic violence through the Thuthuzela Care Centres (TCCs).
- Development of Safe Houses for victims of human trafficking, including the provision of shelter, therapeutic intervention, counselling and support for these victims.
- Training workshops on human trafficking for service providers.
- The establishment of shelters for transgender persons.
- Engagement with the process of establishing a Khuseleka One-Stop Centre for victims of gender-based violence.
- Establishment of a national toll-free helpline for victims of gender-based violence.
- Finalisation and publication of a national victim empowerment services directory.

DSD social workers also provide victim empowerment services in regional and local offices, however, while the regional offices do report to the office of the HoD, these reports are not then compiled into a single, comprehensive database, and are not forwarded on to the provincial VEP. This makes it difficult for both the DSD Research Unit and the provincial VEP to easily access this information, analyse the statistics and non-financial data, and tailor their activities accordingly. This is symptomatic of the division in VEP service provider reporting,

³ Subsequent to the fieldwork phase of this evaluation, the VEP concluded Transfer Payment Agreements with additional organisations for the new financial year, increasing the total number of funded shelters and service organisations to 13 and 18 respectively.

whereby NPOs report to the provincial VEP and the DSD regional offices report to the office of the HoD; but it is also symptomatic of a broader problem of poor data collection and management by government departments – for example, although the Older Persons Register has been in place for some time, it currently has only one person on it. However, despite not having analysed this data, how service delivery plays out in practice, as perceived by the social workers that implement the Programme, is set out below.

THE VEP'S CURRENT SERVICE DELIVERY FOCUS IN THE WESTERN CAPE

Regional DSD Offices

Participants from the regional offices said that they mainly provide short-term services to victims, including immediate individual counselling and psychosocial support, assistance in finding shelter, statutory placement for children in need of care and helping with victim impact reports and with preparing witnesses for testimony in court. Two of the offices we interviewed provide group therapy sessions for victims, although these group sessions were characterised as part of the second phase of services following initial individual counselling. Participants also reported that they facilitate meetings with family members if they, too, were victimised and in need of services, or as part of the services to support their client's healing process. Participants highlighted that much of the assistance that they provide under the VEP – for example, assistance to victims of domestic violence, victims of elder abuse, and victims with disabilities – overlaps with the work of other DSD service programmes. They also mentioned a number of ad-hoc or informal activities that they engage in as a response to community concerns: one participant mentioned a gang intervention strategy (although it was unclear whether this programme was still running), while another spoke of an intervention underway to resolve an issue with sex workers in the area.

The regional offices also reported providing a number of perpetrator-related programmes and services. Participants mentioned providing assistance to child offenders (who, as one participant emphasised, were often victims themselves), offering anger management programmes and informal interventions for perpetrators of domestic violence, as well as other restorative justice processes. Although not strictly part of, or funded by the VEP, some regional offices also run anti-bullying programmes.

All of the regional offices make referrals for victims (and sometimes perpetrators) to appropriate NPO service providers for more specialised and/or long-term assistance. Participants noted that these referrals are more difficult to make in rural areas where appropriate NPO services do not always exist.

Three of the six regional office participants said that they do awareness-raising campaigns and prevention work – for example, a gender based violence prevention programme with youth and children. Participants noted, however, that because of budget cuts, activism and awareness programmes have recently been stopped.

NPO Service Providers

NPO service providers from the 13 organisations that we interviewed that were funded by the VEP characterised their services as short- to long-term trauma counselling and psychosocial support services to victims of crime, including victims of sexual abuse, child abuse, elder abuse, domestic violence, substance abuse, and human trafficking. Three of the organisations operated 24-hour helplines to support victims.

NPOs also provide a range of court support services including assistance during police investigations, support services at court and assistance with applying for protection and maintenance orders. Group, family and couples counselling were offered by some of these organisations – for example a twelve-week 'Life Skills' programme to deal with conflict management, stress, and communication strategies such as assertiveness. Other group therapy offered by various NPOs were support groups for those living with HIV, TB, diabetes, cancer and other terminal illnesses. One participant said, however, that while DSD did fund a group therapy programme in their organisation, their individual counselling programme was not funded, with the implication that:

We have to fudge the terminology and call things like counselling 'other', 'client services' or 'office services' because DSD doesn't fund [individual] counselling. They say that they only fund victim empowerment, not counselling. [NPO01]

Participants described a range of activities designed to give victims the skills, financial independence and confidence to stand on their own two feet – particularly for victims who have left abusive relationships. These programmes covered topics such as budgeting, financial planning and CV drafting, and assisted victims with finding employment. Shelters also offered a range of activities aimed at teaching residents income-generating skills such as baking, jewellery making, and arts and craft, and were aimed at ensuring that victims who leave the organisations' care have a skill with which they can earn money and support themselves.

Five of the organisations that were interviewed offered immediate shelter to victims (ranging from 72 hours' emergency accommodation to up to four months' lodging), as well as assistance in finding long-term housing. One shelter offered non-DSD-funded second, third and fourth stage housing that gradually encourages victims to regain their independence and assimilate back into the community. The NPOs offering shelter services also provided

services for residents' children, including childcare and assistance in getting children to school. One organisation mentioned that it provides a children's therapy programme, with a room that accommodates play therapy, music therapy and parent-social worker coordinated therapeutic intervention.

Like the DSD regional offices, NPOs reported that they engage in various awareness campaigns around victim empowerment services, including working with men and youth to spread awareness of sexual and reproductive health and rights. NPOs also described doing outreach programmes to service high-risk rural communities (including referrals for health services to government clinics, hospitals and/or other NPOs). One organisation offered medical care to victims, although this falls outside of the VEP mandate, and hence this service was not being funded by the VEP.

The four NPOs that we interviewed that were not funded by the VEP offered a range of services including psychosocial support, individual counselling, and group therapy. They also provided specialised services, for example assistance for victims of human trafficking, LGBTI victims, and mental healthcare to at-risk adolescents who were not otherwise able to access services because of their age. These organisations also provided counselling and rehabilitation for perpetrators of domestic violence in same sex and gender-diverse relationships, as well as gender-diversity training and capacity-building for a range of state and non-state agencies.

GAPS IN SERVICE PROVISION

Participants identified a number of important gaps in funding (and consequently service provision⁴) under the VEP, including a desperate need for VEP services in rural areas, the systematic lack of victim empowerment services for people with disabilities, the lack of long-term care for people with mental healthcare needs (and often also substance abuse problems), and the lack of funding to repatriate victims of human trafficking. As one participant noted, where these issues are concerned, "what exists is ad hoc" [NPO16].

Many of these gaps relate to the provision of shelter. Participants pointed to the limitations in who they could house, the lack of funding for transitional housing, and the lack of longer-term facilities as critical gaps. As an illustration, one participant problematised the fact that shelters cannot take children who are under 18 years old without a care-giver, which means

⁴ Although DSD does provide a (mostly) full range of services, the data gathered for this evaluation showed that there are still victims that are not able to access services because of (i) a lack of coordination between programmes and offices (as is discussed in the Collaboration and Coordination section of this report); or (ii) because, although there may be services, these may not be accessible to all clients in all areas, which creates a service gap. We address these collectively as service 'gaps'.

that teenaged mothers and teenage victims of domestic violence – who are often victimised at the hands of their caregivers – often cannot be accommodated. Participants also highlighted the fact that there are very few shelters that can accommodate women with older (especially boy) children, and that they were not aware of any shelters that accommodate transgender victims, or that are known to be LGB-friendly. Although such shelters may exist – and the VEP does in fact fund one shelter that accommodates LGBT people – these shelters do not have a prominent public profile, and it is thus unclear how accessible they are to potential residents.

Participants also identified a need for combined shelter and rehabilitation facilities for drug users. One participant showed us how their shelter had excellent facilities designed to accommodate people with disabilities, but told us that they had not yet hosted a resident with disabilities because the shelter does not have enough staff who are qualified to work with residents with disabilities, and also doesn't have the transport facilities necessary to be able to serve the client's needs (for example, going to court and to healthcare facilities).

These examples illustrate participants' views of the services that are needed in the province – an issue to which we return in greater detail below.

THE NEED FOR SERVICES

Over the past decade, the total reported contact crimes per annum in the Western Cape have reduced significantly – by 22.8% between 2003/2004 and 2012/2013 (SAPS, 2013). In the past four years there has been an upswing in these crimes, as reports per annum increased slightly between 2009/2010 and 2012/2013 (SAPS, 2013). In 2012/2013 103,923 contact crimes were recorded in the Western Cape by SAPS (SAPS, 2013), but the actual numbers are likely far higher due to under-reporting, particularly for sensitive and stigmatised crimes such as rape (discussed in greater detail below). Criminologists generally regard murder statistics as the most accurate of all crime statistics “as usually both a body and evidence exists to verify that a murder did indeed take place,” (Newham, 2011) and the murder rate (although an inexact measure) is thus often used as a proxy for the overall crime rate. In 2012/2013, SAPS recorded 2,580 murders in the Western Cape, a 12.2% increase from the previous year, putting the per capita murder rate at 43.7 per 100,000 residents (SAPS, 2013). This is significantly higher than the national average of 31.1 per 100,000 South Africans, and the second highest in the country (after the Eastern Cape) (SAPS, 2013). Other notable crime statistics in the Western Cape in 2012/2013 include the per capita rate of attempted murder (55.6 per 100,000), which is slightly below the national average; the rate of assault with intent to do grievous bodily harm (415.3 per 100,000), which is above the national average, although only the fifth highest in the country; the rate of common assault (603 per 100,000), which was significantly higher than the national average of 400 per 100,000; and the rate of aggravated robbery (283.5 per 100,000), which is the second highest in the country, after Gauteng, and somewhat above the national average (202.6 per 100,000) (SAPS, 2013).

Although SAPS statistics are a useful place to start when measuring the rate of crime and victimisation in the province, they do not provide a full picture, and must be complemented by other types of data on crime and victimisation – for instance victimisation surveys and independent (non-state) research. There is much ‘hidden’ data that is not reflected in official statistics, especially around contact crimes like domestic violence, sexual offences, child abuse and hate crimes, and there is still a great need for better data collection on crime and victimisation in South Africa (indeed, the lack of easily accessible data on DSD regional offices’ VEP activities (discussed above) illustrates that government departments that work with victims have a lot of useful raw data on victimisation in South Africa, but this data needs to be properly compiled and analysed). While it is well known that sexual offences are particularly under-reported (discussed in more detail below), data collected by the national Victims of Crime Survey (Statistics South Africa, 2012) also indicates that under-reporting is significant across most categories of crime, including robberies, burglaries, theft and assault.

To gauge what the need is for victim empowerment services in the Western Cape, we asked all participants what they thought the core social issues pertaining to victimisation are in the communities that they serve, and what they thought the VEP should do to address these issues. We also asked participants (DSD regional offices, NPOs, DSD programmes other than the VEP, and other government departments) which types of victims that are *already* served by the VEP require additional victim empowerment services. Several key social issues and types of victims within the province emerged as priorities for the VEP to address, and these are strongly supported by the literature on crime and violence in the Western Cape. We discuss these findings below.

Several participants noted that dealing with all of the social issues that are attendant to crime cannot be solely DSD's responsibility. Crime and victimisation requires a well-funded, coordinated multi-departmental approach, supported by political buy-in. Indeed, as several participants noted, any DSD strategy will have little effect if other relevant interventions and stakeholders do not support it.

THE GEOGRAPHY OF VICTIMISATION

Rural Areas

Geographically, one of the key priorities that emerged from many interviews was the need for increased victim empowerment services in rural areas. These areas lack a sufficient number of state and non-state service providers (of both victim empowerment services, and other basic services, like courts, Home Affairs offices, clinics, etc.). Even where there are services, they are far from most people's homes and there is little public transport in these areas. One DSD regional office pointed out that although *per capita*, DSD and other government service providers may have allocated a sufficient number of officials and offices to rural areas, in reality residents are spread out across vast geographic areas so those service providers simply cannot reach all the people who require their services. The paucity of services in rural areas in South Africa is well documented in the literature: the SAPS strategic plan for 2010-2014 states that accessing basic policing services remains a challenge in rural areas, and as a result, people have to travel long distances in order to report a crime (SAPS, 2010). Research on rural South Africans' access to health services has shown that far distances and lengthy travel times – often well over an hour – to hospitals and clinics prevent and dissuade people from utilising services (Tanser, Gijssbertsen & Herbst, 2006).

Some of the participants felt that where DSD's services are currently located has grown somewhat organically, based on convenience, rather than on a strategic analysis of the need for services. For example, many social workers and NPOs are understandably reluctant to move or expand to rural areas, given the resources and opportunities that are available in

the metro areas. It was thus suggested that the VEP increase the amount of money that it gives to NPOs so that they can provide their services to a wider geographical area, and to a larger number of victims, both within the metro areas and in rural areas. Further, existing rural NPOs need to be supported and capacitated, so that they can maintain their staff and provide quality services.

While the level of available services in rural areas was a significant concern for the participants, they also acknowledged that the VEP has been actively trying to increase these services. Participants felt that the level of expansion which has already happened is a notable success, and that this expansion should continue. One NPO suggested that DSD may consider using mobile units (similar to those used by the Department of Health and some NPOs) to meet this need.

Crime 'Hot Spots', Poor Access to Services & the Impact on the Need for Services

While rural areas lack the services that are available in metro areas, the metro areas experience other pressures on resources and service delivery that result in poor coverage and access for victims. Within the Western Cape, a number of metro areas are crime and victimisation 'hot spots'. In 2012, the ten SAPS precincts with the highest numbers of recorded homicide in the Western Cape were Nyanga, Khayelitsha, Harare, Gugulethu, Kraaifontein, Delft, Mitchell's Plain, Phillipi East, Bishop Lavis and Mfuleni, with Nyanga having a significantly higher number of homicides than any other precinct in the province (Western Cape Department of Community Safety, 2012b). These ten stations accounted for 41.1% of all reported murder in the province. Similarly, according to SAPS statistics, the highest levels of assault with intent to do grievous bodily harm in 2012/2013 were in Nyanga, Worcester (something of an outlier, as a rural area) and Mitchell's Plain; the highest number of recorded common assaults, by a significant margin, were in Mitchell's Plain; and the highest number of aggravated robberies were in Mitchell's Plain, Khayelitsha and Nyanga (SAPS, 2013).

Considering these extremely high rates of victimisation – which, given underreporting, are arguably far higher than the SAPS statistics would represent – these badly affected metro areas also lack easily accessible services. For example, many informal settlements do not have local police stations, clinics or DSD offices. The absence of easily accessible services and other basic amenities – street lighting, paved roads, security features on people's homes, etc. – makes the communities that live in these areas particularly vulnerable to crime and victimisation. Not only are crime rates high in these areas and communities thus in need of increased VEP services, but three participants also noted that residents of townships and informal settlements suffer trauma as a result of fires, floods and other disasters that affect these densely populated areas and informal dwellings more severely than more formal and

spread-out neighbourhoods and houses. Despite this, no counselling is provided for them through the VEP as they do not fall within the VEP's definition of a victim. Some participants felt therefore that DSD and other government departments are neglecting these communities and people, even though they fall within the so-called 'serviced' metro regions.

It was also noted that the lack of government services in these areas actually creates an enabling environment for crime and violence. One participant illustrated this point by pointing to the fact that police are afraid to patrol or answer calls in informal settlements at night, because the lack of sufficient infrastructure (roads and street lighting) makes it unsafe for them to do so, and as a result, crime goes unchecked in these areas. Indeed, the Department of Community Safety's 2012/2013 report on Western Cape policing needs and priorities notes the very practical problem of police vehicles being unsuitable for gravel roads, resulting in poor service delivery and delayed responses in rural areas and areas without paved roads (Western Cape Department of Community Safety, 2013). These infrastructural problems and the lack of policing and safety similarly impact the ability of all service providers to render services: one NPO reported that their staff had been attacked while travelling to deliver victim empowerment services after hours in an informal settlement. While improving most types of service provision is outside of DSD's mandate and capacity, the VEP could lobby the relevant stakeholders to better address these issues, in order to reduce victimisation and increase safety to facilitate the provision of VEP services. This is also perhaps an area for collaboration between the VEP and SAPS and the Department of Community Safety.

Access to VEP Services

Many participants noted that even when people are relatively geographically close to service providers, they may be unable to access those service providers due to a lack of transport (and conversely, service providers may be unable to access clients in their homes, also for a lack of transport – see the section of this report on the VEP's resources). Indeed, communities not only require the establishment of victim empowerment services in their areas, but may also require assistance in accessing these services, and accessing them safely (i.e. not in dangerously overcrowded taxis or buses). Röhrs' (2011) five-province study (including the Western Cape) found that this was a major barrier to victims of rape accessing healthcare facilities in order to obtain post-rape medical services, including post-exposure prophylaxis for HIV. There is no reason that victims wishing to access VEP services would not face these same barriers.

Two participants suggested that a solution to this may be the use of Community Development Workers, who visit people in their homes and either attend to their needs there (for example by bringing a rape survivor food, so that they can take their post-exposure

prophylaxis medication), or arrange for them to go to the appropriate service provider. It was further suggested that Community Development Workers could report back to DSD on what the specific needs of the clients and communities they serve are, so that the VEP is better able to adapt its services to evolving needs. It was reported that the number of Community Development Workers has been reduced in recent years, and suggested that the relevant department should be encouraged to appoint more of these service providers to help extend access to, and the reach of, VEP services.

Participants also identified a need for increased after-hours victim empowerment services. Operating hours – both of DSD and NPOs – can be a barrier to victims accessing services, because although after-hours DSD social workers are meant to be available, in practice they often are not. For many victims, receiving VEP services during regular office hours (+- 8am – 6pm) is not convenient because they work or have to care for children and other family members. In addition, emergencies often happen outside of office hours. This is especially important for victims of domestic violence, because incidents of domestic violence are more common on weekends, and also because of the close relationship between substance abuse and violence (discussed in more detail below). This is true for murder too, as shown by the 2012 *Shadow Report on Safety Information* (Western Cape Department of Community Safety, 2012b) which found that more than half of recorded murders in the Western Cape were committed on weekends, mostly between midnight and 6am. Meeting this need will require either additional funding (to compensate staff for working after hours) or a significant overhaul of social workers' working hours to include a shift system. However, social workers' and NPO workers' safety must be taken into account – as previously noted, one NPO reported that their staff had been attacked while travelling to deliver services after hours. This is again perhaps an area for collaboration between the VEP and SAPS and the Department of Community Safety.

Participants also identified a need for increasing the availability of long-term VEP services, as they felt that although services may be useful in the short term, their effects are often not sustained over time, resulting in re-victimisation. Indeed, in an international study, 75% of victims of assault, robbery and rape who were interviewed two and a half years after the incident reported still being affected by the crime (Zedner, 2002). Victims of sexual offences in particular experience distress for months, or even years after the incident, and are at increased risk of long term psychological problems, including depression, anxiety, dissociation and Post-Traumatic Stress Disorder (PTSD) (Hyman, Gold & Cott, 2003; Maniglio, 2009). In a longitudinal follow-up study of children's post-rape psychosocial needs at two Western Cape sexual assault centres, it was found that just under half of the children (43.3%) still presented with symptoms of PTSD four to six months after they had first presented at a sexual assault centre (Mathews, 2009).

Participants also noted that services need to be available in the victim's native language. This is especially important for victims who do not speak the languages that are most commonly spoken in the Western Cape, for example immigrants, refugees and victims of human trafficking. Indeed, that many foreign nationals do not speak local languages also means that many of them are not aware that VEP services exist, and so should be targeted not only for services, but also for awareness raising.

CAUSES OF VICTIMISATION

Substance Abuse

An overwhelming number of participants cited drug and alcohol abuse as a cause of victimisation, clearly marking substance abuse as a key social problem in the province. Substance abuse was frequently cited as the biggest causal factor in abuse in the province, with one participant describing it as the "mother of all evil" [DSD10], as it leads to many other problems, such as child neglect, abuse, crime and violence, including gender-based violence. Participants noted that substance abuse and resulting violence is particularly problematic on farms. One participant further noted that many victims use alcohol as a coping mechanism, and so a cycle of victimisation and dependence is created: victims use substances as a coping mechanism to deal with/escape from what has happened to them, but this makes them more vulnerable to future victimisation, and thus to increased/continued substance abuse.

That substance abuse is a very serious problem in the Western Cape is well supported by the literature. Drug-related crimes are increasing in the Western Cape – from 60,409 in 2009/2010, to 70,588 in 2010/2011 (Western Cape Department of Community Safety, 2012a) – with the Western Cape accounting for almost half (47%) of national drug-related crime (Western Cape Department of Community Safety, 2012a). Research shows that 67% of domestic violence cases in the Cape metropolitan area and 76% of cases in the South-Western Cape rural areas are related to alcohol abuse, and NICRO found that more than half of male prisoners had consumed alcohol or drugs prior to, or during, the perpetration of their most recent crime (Western Cape Government, 2014). In a study exploring the predictors of violence amongst Cape Town residents, Seekings and Thaler (2010) found that heavy drinking and the use of drugs is a greater predictor of violence than poor economic circumstances. Further, a child living in a household with heavy drinkers is at increased risk of themselves becoming violent later in life, and the heavy use of alcohol by young adults increases their perpetration of violence (Seekings & Thaler, 2010). A 2008 Human Sciences Research Council 2008 study on the factors contributing to child maltreatment and factors that resulted in the removal of children under a statutory order found that child neglect often resulted from parents' substance abuse (Makoae et al, 2008).

The Western Cape has the highest lifetime prevalence of substance abuse disorders, with a 70.3% lifetime prevalence of alcohol among men in the province, and a 39.2% prevalence among women (Harker et al, 2008). Alcohol remains the most prevalent substance of abuse in the Western Cape, with 'tik' the second most prevalent substance of abuse (Harker et al, 2008). The number of drug facility patients in the Western Cape who reported using 'tik' as their primary or secondary substance of abuse increased significantly from 0.3% in 2002 to 49% in 2007 (Plüddemann et al, 2009). Harker et al (2008) identify women, black South Africans and people from rural and disadvantaged communities as "remaining under-represented in treatment settings" and recommend alcohol-related interventions in rural farming areas in the Western Cape. Further, a 2013 report by the Alcohol and Drug Abuse Research Unit of the Medical Research Council identified "an urgent need for interventions to prevent or delay the initiation of [substance] use among learners" (Morojele et al, 2013).

While DSD does already address substance abuse in the province through the Substance Abuse Programme, participants felt that a more holistic approach is necessary to address the close nexus between substance abuse and victimisation. This is, as is discussed elsewhere, a key area for future collaboration.

Unemployment & Poverty

Participants felt that unemployment and poverty were key drivers of victimisation. This was frequently cited as an underlying problem impacting on all aspects of peoples' lives, including vulnerability to violence, and that reducing unemployment and poverty would go a long way to reducing victimisation. Linked to this, some participants noted low levels of education and illiteracy among victims that they work with. The link between poverty and domestic violence was noted, as many victims are unable to leave abusive relationships due to being financially dependent on perpetrators, and if they do manage to leave, they may soon be forced to return if they do not find a way to support themselves. As one participant said, "Not being able to find a job puts women back at square one" [NPO10]. Similarly, the link between unemployment and human trafficking was noted, as people are particularly vulnerable to being trafficked when they cannot find employment at home.

The participants' views are well established in the literature, for example, Seedat et al (2009) write:

Poverty and inequality are crucial social dynamics that have contributed to South Africa's burden of violent injury. [...] After income inequality, unemployment, in particular male youth unemployment (as in the case of South Africa), was the most consistent correlate of homicides and major assaults. [...] Poverty presents barriers to access to traditional sources of wellbeing, status, and respect that can

in turn results in feelings of shame, humiliation, and loss of self-respect. Where there is great inequality there is likely to be great anger and frustration, and so violence might be used to gain the resources, power, and influence that others have, or are perceived to have.

Further, Gass et al (2011) found that risk factors for South African women becoming victims of domestic violence included low educational attainment, and risk factors for men included low income. To address these vulnerabilities, participants suggested that the VEP (perhaps in collaboration with another DSD programme or government department) increase support for job-creation programmes for victims, especially women in shelters.

Gang Violence

Participants highlighted gang violence as a serious problem in the Western Cape. One participant explained: "When you couple gangsterism with unemployment and poverty, it's a ticking time bomb" [NPO06].

Although SAPS does not record gang-related violence as a separate crime category, academic research indicates that gangs cause up to 70% of all crime on the Cape Flats (Standing, 2005). It is estimated that in Cape Town alone tens of thousands of young people (mostly men and boys) are members of gangs (IRIN, 2007), and that gang violence has reached a crisis point in certain 'hotspot' areas, particularly Manenberg (Western Cape Government, 2013).

The *Western Cape Shadow Report on Safety Information* (Western Cape Department of Community Safety, 2012b) shows that gang activity is a major contributing factor to the high rates of murder in the Western Cape, and SAPS statistics show that 13.1% of murders and 22.2% of attempted murders in the Western Cape during 2011/2012 were gang-related (SAPS, 2012). Further, gangs are heavily involved in the illegal drug trade and in drug-related crimes (Western Cape Department of Community Safety, 2012a), driving up the rate of both substance abuse and drug-related crime. Gangs are responsible for high levels of burglary, car hijacking and mugging in the province, with these crimes regularly resulting in violence towards, and even murder of, victims. In addition, many children in these areas are witness to this violence, and are caught in the crossfire of gang conflicts (Standing, 2005). In 2006, the Department of Community Safety's Directorate Risk Management report on a survey of 133 Western Cape schools found that 61.6% of schools had been affected by gang violence and robbery (Sylvester-Rose, 2008), and in 2013 the upsurge in gang violence resulted in the temporary closure of sixteen schools (Western Cape Government, 2013).

Boys, some as young as 10 years old, become involved in gangs due to the particular social dynamics of their environment: there are very few economic opportunities available to

youths living on the Cape Flats, and many thus turn to gang activities for an income (Lambrechts, 2012), and Kinnes (2011) further argues that gangs meet particular social needs, such as belonging, acceptance, recognition and respect. Not unimportantly, gangs offers unconditional protection, and "young people on the Cape Flats are forced to join gangs for their own safety" (Kinnes, 2011).

Young people find a sense of self-respect in being a gang member; something they cannot find within their families or communities (Kinnes, 2011). Indeed, gangsters are often viewed as role models (Lambrechts, 2012), and "it is the gang leader with his perceived fearlessness, experience, suggestions, solutions and violence that captures the respect (and fear) of the youth" (Kinnes, 2011). Many gang members begin their criminal career by joining a youth gang, which are sometimes used by the larger gangs to carry out particular tasks. Youth gangs constitute a logical pathway from youth violence to adult gang membership and criminal behaviour (Lambrechts, 2012).

Gangs not only cause direct violent victimisation and drug use, but they intimidate victims and their families and discourage them from seeking assistance. It was suggested that because people are afraid to come to DSD for services, DSD social workers should be more proactive in going into communities to provide services (however, social workers' personal safety must be taken into account when doing this). However, it was acknowledged that DSD cannot solve the Western Cape's gang problem on its own (through service provision alone), and that collaboration with other government stakeholders is required. For instance, participants linked the growth of gangs to youths not being in school, and it was suggested that the DBE be encouraged to make a greater effort to reduce truancy, and thus reduce gang involvement. This is also an area for collaboration between the VEP and the Department of Community Safety.

Societal Attitudes towards Victims of Gender-Based Violence

Participants noted the harmful effect of stigmas surrounding and perceptions about rape and domestic violence, and that these both perpetuate sexual victimisation and are a barrier to victims accessing services. For example, common perceptions such as the idea that women lie about having been raped and that people with disabilities are thought to be more sexually active result in their reports of sexual abuse often being dismissed by family members and by those within the healthcare and criminal justice systems. Another harmful perception is that "boys don't cry" [GOV06], which results in the underreporting of sexual offences against male victims. Further, many people consider sexual offences to be a private matter, and try to persuade victims to deal with it within the family, or within traditional community structures, rather than reporting to the authorities and seeking assistance from

social workers or NPOs. One participant noted the role of religious and traditional institutions in dissuading victims from reporting, and suggested that the VEP actively engage with religious leaders about victimisation, especially domestic violence, to educate them about why such issues should not be condoned or kept private.

That societal attitudes towards complainants of sexual offences and domestic violence are a major barrier in victims reporting to the authorities, accessing victim empowerment services, obtaining the necessary medical services and ensuring that perpetrators are brought to justice through the courts is well documented in the literature (Artz, 2008; Smythe, 2009; Röhrs, 2011). The literature further shows that in addition, many sexual offences go unreported because of fear of retaliation or intimidation by the perpetrator, the personal humiliation of being exposed as a victim of rape in a community, the extreme suffering and psychological trauma of being raped, the victim's reluctance to cause pain to loved ones, the fact that the offender is often known to the victim (often a member of the victim's family) and the possibility of negative financial consequences – particularly if the victim is a child and her family relies on the perpetrator's income to survive (Dey et al, n.d.). The lack of access to services for many survivors exacerbates the feelings of isolation, and compounds the consequences for themselves and their families.

The VEP should thus address how it can encourage all victims, including male victims, to come forward to seek help, and ensure that VEP service providers are approachable. Participants suggested that awareness raising and information sessions were important tools to address these societal attitudes, and to de-stigmatise service seeking for these kinds of populations. Increased training and awareness raising among staff and allied government agencies (for example the police and healthcare workers) that are the frontline for responding to these groups of victims are also critically important. Victim-blaming and other prejudicial attitudes should also continue to be addressed through the VEP fora and other appropriate fora.

THE 'NORMALISATION' OF VIOLENCE

Four participants noted that our society is abnormally violent and that the lived reality of many people in the Western Cape is one of near-constant fear and instability. This endemic violence has largely been normalised and internalised: "Kids wake up and go to bed hearing gunshots" [GOV07]. Another participant said, "[Violence is] the result of a vicious circle in those children's lives, it's a way of living. Violence is normal" [DSD10].

In their national rapid evidence assessment, Davies and MacPherson (2011) found that the reasons for high rates of violence and violent crime in South Africa are a combination of political-historical (colonial and apartheid legacy), environmental (fractured families, harsh

and inconsistent punishment, exposure to violence, substance abuse, gangs, and negative gendered attitudes) and individual factors (social, psychological and psychiatric profiles). The former two categories contribute to what is widely understood as the normalisation of violence, i.e. these political-historical and social factors make violence appear commonplace over time, such that individuals perceive violence both as normal, as a way of coping, and as way of achieving their goals.

A study by Shields, Nadasen and Pierce (2008) found that children in Cape Town ($n= 185$) are exposed to significant violence at school or in their neighbourhood, as well as gang violence and police violence. As well as witnessing violence, hearing about violence from others was very common. More than half of the children in the study had heard about someone getting killed, and almost half reported having witnessed a murder. Surprisingly, observing a murder was not correlated with psychological distress, perhaps indicating a numbing effect, contributing to normalisation.

Pelser shows that crime, violence and victimisation is so common that it is a key influencing factor in the way that South African youth socialise and develop their identities, as –

what is felt and seen and understood of the way other people in the immediate environment do things, shapes one's own view of what is "normal", "routine" and "everyday". This then provides the framework for the development of self-identity and understanding of what is required to "connect" or "fit" or "achieve" in the "normal" environment. It is in this way that a "culture" develops and is replicated."
(Pelser, 2008)

This high exposure to violence and numbing in particular, may contribute to a cycle of violence. Seekings and Thaler's (2010) research on predictors of violence amongst South Africans living in Cape Town found that few young people were raised in an environment that predisposed them *against* the use of violence (Seekings et al., 2010).

In an environment of casual and commonplace misogyny, this normalisation of violence takes on a gendered character. Strelbel et al (2006) conducted interviews in two Western Cape townships in which participants indicated that gender-based violence was not only pervasive, but part of daily life. In fact, some even see violence by men against women as an acceptable, or even desirable dynamic of heterosexual romantic relationships (Kim & Motsei, 2002). Thaler (2012) also found that the acceptance of intimate partner violence by South Africans was higher at the time of their study than when the Domestic Violence Act was promulgated in 1998.

This acceptance of violence as normal not only perpetuates violence, but impacts on the effectiveness of victim empowerment services. For example, one DSD regional office noted

that there is little use in providing someone with counselling, if they then go back home to the situation in which they were victimised. To address the fact that victimisation is not caused by a single social ill or phenomenon, but by the intersection of many factors and to take a more holistic approach to victim empowerment that attempts to address the range of victims' needs, it was suggested that the VEP work not only with NPOs providing services and with other DSD programmes, but also with grassroots organisations, such as schools and religious institutions, both to raise awareness among communities that services are available, but also as a form of prevention. Improved referral systems will also ensure that victims receive all the services they require. In a study of the impact of violence on Cape Town youths, Isaacs (2010) found that some youths use the construction of hope as a means to withstanding the constant presence of violence in their lives. Participants in this study reported that violence almost worked as a motivational tool, pushing the residents of the violence-stricken community to work for a better future elsewhere (Isaacs, 2010). Although a more quantitative study would be necessary to understand whether these ideas expressed by the participants in this study are held by other adolescents, this could be a starting point from which the VEP could work.

TYPES OF VICTIMS REQUIRING VEP SERVICES

The *Victim Empowerment Strategic Document* of the Western Cape DSD (WCDS, 2011) lists the following as priority target groups for victim empowerment services:

- Victims of domestic violence
- Victims of sexual assault and rape
- Abused/at risk children
- Abused/at risk older persons
- Abused/at risk people with disabilities
- Victims of human trafficking
- Victims of hate crimes
- Farm workers and dwellers
- Ex-combatants
- Lesbian, gay, bisexual, transgender and intersex persons
- Male victims of violent crimes
- Sex workers
- Refugees

Although there was some confusion among participants about which categories of victims fall within the mandate of the VEP (indeed, the above list includes children, older persons and people with disabilities, which the VEP has elsewhere expressly stated are served by

other DSD programmes, so it is understandable that confusion persists), there was broad consensus among participants on the need for VEP services for these vulnerable groups.

Victims of Sexual Offences

Participants felt that victims of sexual assault required increased attention and services – a finding that is unsurprising given the epidemic of sexual offences in the country. South Africa has one of the highest rates of reported rape in the world: the number of reported rapes increased from 27,056 in 1993 to a peak of 55,114 between April 2004 and March 2005, and has stabilised at around 54,000-55,000 per year, putting the reported prevalence rate at 118.3 per 100,000 of the population (Smythe, 2009). In the Western Cape, SAPS reported that 5,913 rapes and 2,645 other sexual offences had been reported in 2012/2013 (SAPS, 2013). This is a slight decrease (1.02%) in reported cases from 2011/2012, when 5,974 were reported.

However, that sexual offences are highly underreported is well established, and the SAPS statistics are thus an unreliable indicator of the true prevalence of sexual offences. A Medical Research Council survey found that only one in every nine rapes are reported to the police, putting the real rate of sexual offences much higher than is reflected in the official statistics (In Jewkes & Abrahams, 2002). Indeed, the NPO Mosaic reported that over the 2011/2012 reporting period, Mosaic-Simelela's sexual violence counsellors assisted a total of 1,116 survivors of sexual violence (Mosaic, 2012). Given that this number of survivors was seen at just one centre in the province, and that this number of individuals represents one eighth of the total reported sexual offences for the entire province, it is clear that the reported SAPS statistics are not reliable. Further, a recent national study on violence in schools found that almost 40% of learners who had been victims of sexual violence had not reported the incident(s) (Burton & Leoschut, 2013). Rape Crisis has cautioned that "If the police believe their own statistics, they and other agencies will continue to grossly underestimate the resources that are needed to fight this scourge" (Dey, 2013). Population-based surveys and academic studies such as the Medical Research Council study cited above allow for a better understanding of the actual number of victims of gender-based violence, although recent estimates for the Western Cape are not available at present. The overwhelming majority of survivors of sexual offences are women and girls, but male rape is also a significant problem in South Africa, especially in prisons (Gear, 2007). The true extent of the problem of male rape – as with rape of women and girls – is unknown, due to low reporting. Male victims' reporting of rape may in fact be even lower than that of women, due to the stigma attached to male rape (notions that a man cannot be raped, that a man who is raped is somehow less masculine, that a man who is raped is gay, etc.) (Bird & Spurr, 2004).

This pressing issue has been acknowledged by the VEP and DSD across a range of strategic documents, including the 'VEP Programme focus' section of the *Template for the*

Development of Operational Plans: Crime Prevention 2013/2014 (WCDS, 2013), which notes that the number of young perpetrators of gender-based violence is increasing (or, appears to be increasing). To address this, beyond the services already provided for victims of gender-based violence, the VEP plans to actively target youth, including children and youth with disabilities, through gender-based violence prevention programmes run in community-based structures (WCDS, 2013).

Victims of Domestic Violence

Victims of domestic violence – both the direct victims, and other people who are affected by the impact of domestic violence on families and communities – were identified by participants as being particularly vulnerable and in need of increased VEP services.

Because SAPS does not record incidents of domestic violence as such, and only records the individual incidents of violence (assault, attempted murder, rape, etc.), there are no official statistics on the prevalence of domestic violence in South Africa. As with sexual offences, population-based research sheds more light on this: the first large scale, community based study looking at domestic violence across three provinces found that 19.1% to 28.4% of participants – an average of one in four – had a history of domestic violence, (Jewkes et al, 1999), and a study of women presenting to a community health centre in Mitchell's Plain found that nearly 50% had a history of domestic violence (Jacobs & Suleman, 1999). Domestic violence has multiple and severe physical and psychological consequences for victims: 86% of victims in Artz's (2008) sample reported symptoms of psychological stress, trauma or anxiety, alongside other feelings of depression and loss of confidence, and according to the South African Stress and Health study (in Vetten, 2008), domestic violence is associated with the greatest number of PTSD cases amongst women. At worst, domestic violence is fatal: approximately half of all female victims of homicide in South Africa are killed by their male intimate partners (Seedat et al, 2009).

Many participants (two from the DSD provincial office; four from the regional DSD offices; one government department representative; 5 funded NPOs; and three NPOs not funded by the VEP) highlighted the need for more shelters and emergency containment shelters for victims of domestic violence as a pressing issue, especially in rural areas. There are not nearly enough shelters in the Western Cape, meaning that women often have to travel far from home (and their support networks, jobs and children's schools) in order to stay at a shelter, assuming that there is even a space in a shelter for them – shelters receive far more requests for services than they have beds. The VEP has been procuring the services of more shelters, including in rural areas, but these existing shelters cannot nearly meet the existing need. There is also a lack of shelters that can accommodate the needs of specific groups of victims: women who have teenage male children with them; women who are addicted to

drugs (although it was thought that DSD was working on procuring the services of such shelters); people with disabilities; and LGBT persons. However, while the insufficient number of shelters is certainly a major part of the problem, more shelters alone cannot fix the situation. Addressing the home and community situations that women must return to on leaving a shelter is crucial, as many women do not feel ready to leave shelters after their allocated time is over, and because shelters do not want to kick women out, this creates a backlog. Participants expressed some frustration at the fact that it is always women and children who must leave their homes, rather than abusers. While there is little DSD can do in the short term to address this, it is something to consider when moving forward with services for victims of domestic violence.

There is also a need to address women's housing needs on leaving shelters, because in many cases it is not tenable for a woman to return to her family home and she will need somewhere to live. Because few shelters have secondary residence facilities, such places are difficult to find. It was suggested by two of the four shelters interviewed that the VEP engage with the Department of Human Settlements to collaborate on finding permanent housing solutions for women leaving domestic violence situations.

Although not strictly victim empowerment, there is a need for services that complement and enable shelter services, chiefly services for the children of shelter residents. It was noted by one NPO that it is difficult for women living in shelters to find employment and become independent if they still have to care for their children all day, and that crèche services are thus crucial. While one shelter we interviewed did have a crèche, not all do. This is an area for possible collaboration between the VEP and DSD's Early Childhood Development (ECD) programme.

Child Abuse & Violence in Schools

Child physical and sexual abuse is rife in South Africa, with 39% of girls reporting having experienced some form of sexual violence before they turned 18 (Seedat et al, 2009). Although there is no similar evidence from the Western Cape, a study of rape dockets from Gauteng in 2003 showed that 40% of victims reporting rape to the police were children younger than 18, with 15% younger than 10 (Burton & Leoschut, 2013), and this gives some indication of national trends. In the vast majority of South African cases (84%), the child knows the perpetrator (a relative, neighbour or acquaintance) (Burton & Leoschut. 2013). A Human Sciences Research Council study on factors contributing to child maltreatment in the Western Cape found that neglect was the most common form of abuse, and that a child under the care of a single mother – suffering the combined stress of parenting, poverty and unemployment – would be more likely to experience maltreatment than those raised by both parents or extended families, as such single mothers usually lack positive role models to

aid them in the child raising process (Makoae et al, 2008). Maltreatment by single mothers also often coincides with parental substance abuse (Makoae et al, 2008). Similarly, Seekings and Thaler's (2010) Western Cape study found that the absence of a father figure in a child's life seems to have an impact on their likelihood of perpetrating violence.

It is therefore unsurprising that some of the participants listed child abuse and parental neglect of children as an area in need of attention under the VEP. Several participants also said that parents need to be targeted to empower them to better protect their children and be more caring/less abusive parents (for example, through parenting programmes).

Although addressing the need for services for abused children is perhaps outside of the mandate of the VEP, it is an area that the VEP could collaborate on with the Directorate of Children and Families within DSD. Indeed, ten participants said that parents and families need to be targeted, because at the end of the day, after receiving VEP services, victims go home to their families, and the problems that exist there need to be addressed if that is going to be a healthy environment for them to return to. As one participant said, "Offenders reoffend because there is no follow through, it's not sustainable, so our victims are revictimised" [DSD12]. As child neglect is often the result of substance abuse (Makoae et al, 2008), the Substance Abuse Programme should also be involved in such interventions.

A number of participants said that they would like to see child offenders, bullying and children violently victimising other children – including sexually – addressed by the VEP, or by the VEP in collaboration with the relevant DSD programme. These participants pointed out that such cases need to be handled sensitively, because in most cases, the perpetrator is themselves a victim. It was recommended by one participant that teachers be better trained and capacitated to identify the signs of abuse or other problems at home among learners, so that they can then call DSD to intervene.

Research has shown that violence in schools is one of the most prevalent and difficult issues facing South African children and youth. A Centre for Justice and Crime Prevention study found that one in five South African learners had been the victim of violence at school between 2011 and 2012; 13% of learners reported being the victim of bullying; and in the Western Cape 18.5% of learners had been threatened with violence, 9.2% had been assaulted, 9.2% had been sexually assaulted, 8.8% had been robbed and 42.2% had been victims of theft (Burton & Leoschut, 2013). This victimisation has a profound impact on learners' willingness to attend school, academic performance and drop-out rates, can lead to the development of psychological and emotional problems and can increase both vulnerability to violence and the likelihood of perpetrating violence later in life (Burton & Leoschut, 2013). The impact of school violence cannot be looked at in isolation, and needs to be considered in the broader context of all the factors impacting on crime and

victimisation discussed here – i.e. substance abuse, gang activity, gender-based violence and domestic violence at home.

Given the significant impact of school violence that service providers see in the course of their practice, it is unsurprising that participants in this evaluation suggested that the VEP partner with the Department of Education on prevention programmes in schools targeting children and youths – even learners in primary schools. As one participant said, “We have to empower children before they become broken adults” [DSD06].

Child victims are particularly vulnerable because they are so often reliant on parents or caregivers, and if a guardian is abusing them it is very difficult for them to report the abuse. Prevention, awareness and empowerment programmes in schools – where legal guardians are not present – could allow children to report their victimisation without fear of retaliation. This would be a fruitful area of collaboration between the VEP and the DBE, where VEP staff could facilitate such programmes. The need for this kind of early intervention is supported by the literature, which shows that abuse and neglect and exposure to rape and intimate partner violence in childhood are risk factors for serious health issues later in life, including HIV and other STIs, substance abuse and mental disorders such as PTSD (Dunkle et al, 2004; Jewkes et al, 2006).

People with Disabilities

People with disabilities (including physical, psychosocial and mental health issues) were identified by some of the participants as being victims with special needs in terms of empowerment. Although there is a paucity of data on the prevalence of victims of violence with disabilities in South Africa, forthcoming research on the experiences of sexual violence of people with disabilities in three provinces (including the Western Cape) indicates that they are often devalued, isolated, stigmatised, and subject to emotional, physical and sexual violence, both in communities and in their homes (Combrinck & Meer, forthcoming). Systematic review and meta-analysis of international studies similarly reveals that globally, people with disabilities are significantly more likely to suffer violence (Hughes et al, 2012), including sexual violence (Save the Children, 2011), than persons without disabilities.

People with intellectual disabilities in particular require assistance throughout the criminal justice system, both to receive victim empowerment services and to get a successful conviction of the offender. The NPO Cape Mental Health provides court preparation and counselling services through its SAVE programme, but it has a large caseload and cannot meet the demand for its services. It was recommended that DSD look into filling this gap and expanding services for victims with disabilities, perhaps through collaboration between the VEP and the Programme for Persons with Disabilities.

Although only two participants mentioned it, people with hearing impairments require specialised victim empowerment services to be facilitated or provided by an official who speaks sign language, or who has been trained in how to communicate with hearing impaired people who cannot speak sign language. This not only ensures that the victim can understand the service provider, but even in cases where the victim is able to understand them without a special form of communication (for example by lip reading), it will help to put the victim at ease and facilitate better communication, information gathering (for example, when taking police statements) and service provision.

Foreign Nationals

Participants noted that foreign nationals and refugees require victim empowerment services, not only because they are at greater risk of becoming victims of xenophobic violence (hate crimes), but because it may be more difficult for them to access services (including victim empowerment services) than it is for locals, due to language and cultural barriers, and legal barriers if they are in the country illegally.

Dodson's research with African immigrants living in Cape Town and review of the relevant literature in the wake of the 2008 xenophobic attacks on Western Cape residents found that anti-immigrant attitudes and behaviours are entrenched and systemic (Dodson, 2010). The Centre for the Study of Violence and Reconciliation (CSV), which works with victims of torture, has also found that foreign nationals are particularly vulnerable to ill treatment by the police (Dix-Peek, 2011).

One DSD regional office is hoping to start a programme to address this in communities in collaboration with the Commission for Gender Equality, and they felt that it would be useful to run awareness programmes about xenophobia in schools, to teach inclusivity and tolerance when children are young.

Victims of Human Trafficking

A small number of participants highlighted human trafficking as a serious problem in the province, especially in areas that utilise farm labour. People are lured away from their homes by the promise of work elsewhere and then are unable to return home. One participant underlined the vulnerability of trafficked farm workers – young men and women who are brought from elsewhere in the country (or even within the province) to Western Cape farms to conduct seasonal labour. While the jobs that they are offered are often legitimate, once the season is over and work opportunities have dried up, they are not transported back home and are abandoned here. Being unemployed and far from their support networks, they are particularly vulnerable to abuse and violence.

Due to the fact that there is little existing research on this issue, it is extremely difficult to calculate the true numbers of victims of trafficking requiring support both nationally and in the Western Cape. South Africa is a country of origin, transit and destination for victims of trafficking – often women and children (Msungwa, 2013). The National Prosecuting Authority reported that between 2010 and 2011, 235 adults and 13 children were victims of trafficking (UNODC, 2012), and the International Organisation for Migration reported that 306 victims of trafficking had been assisted in Southern Africa between 2004 and 2010 – an average of 51 cases per year (Rademeyer, 2013). However, these figures are likely an underestimation of the real number of victims. Media reports suggest that there has been an increase in trafficking and spike in victims requiring services (see for example, Vienings, 2012), although these estimates cannot be verified.

Farming Communities

People living in farming communities were identified as being particularly vulnerable to violence, because they are not only rural and thus removed from service providers, but also because substance abuse is rife on farms, and because many farm workers are victims of human trafficking.

The Women on Farms Project (n.d.), an NPO working with this population specifically, reports that most crime in rural areas in the Western Cape is committed on farms, and in 2008 80% of these crimes were alcohol-related. Local research has revealed very high levels of alcohol consumption among Western Cape farm workers, dating back to the use of the dop system, whereby workers were paid in alcohol (London, 2000; Levine, 2013). Although the dop system is officially no longer in use, its legacy remains. The combination of violence and low service presence makes this area in urgent need of VEP attention.

LGBTI Persons

A few participants said that there was not enough support for LGBTI victims. Hate crimes against sexual and gender minorities are not only increasingly violent, but they also seem to be on the rise. According to an NGO in Cape Town focused on helping victims of rape, more than 10 lesbians per week are raped or gang-raped in Cape Town alone, due to their perceived sexual orientation or gender identity (Roberts, 2014). A study conducted in the Western Cape found that verbal abuse or hate speech is the most common form of victimisation (37%), followed by physical abuse/assault (8%) and attacks on property (8%) (n=947) (Triangle Project & UCAP, 2006). This study further found that 50% of LGBTI persons live in fear of being victimised, with black females experiencing the highest levels of fear (65-75%) (Triangle Project & UCAP, 2006). Hate crimes against LGBTI people are often highly violent; recently, a 21-year-old gay man from Ceres was tortured and killed while others watched

(News24, 2014). Due to a lack of support systems and cultural, economic and social discrimination, black lesbians from the townships are at particularly high risk of violent hate crimes (Martin et al, 2009).

Because South Africa does not have comprehensive legislation on hate crimes, there has been insufficient recording and analysis of the number of hate crimes in the country and the types of victims. Limited and anecdotal evidence provided by NPOs serving LGBTI persons indicates that hate crimes against LGBTI persons are a problem, but due to the small number of such NPOs and to the fact that LGBTI persons face various obstacles in reporting victimisation to state authorities – stigma, disbelief, secondary victimisation – such crimes are vastly under-reported (Holland-Muter, 2012; Wells & Polders, 2011). The Triangle Project and UNISA Centre for Applied Psychology (2006) study found that LGBTI victims of hate crimes mostly do not report to the police, because they feel that the police either cannot not do anything to help them (67%), do not take the report seriously (66%) or will not understand their needs (58%). It is thus impossible to know the true extent of this discrimination.

Older Persons

Two participants highlighted the fact that older persons are particularly vulnerable to exploitation and abuse. This perception is supported in the literature. A local study found that the elderly in townships on the periphery of Cape Town are frequently the victims of physical, psychological and sexual violence (Keikelame & Ferreira, 2000). Moreover, Norman et al (2007) found that in South Africa, men older than 60 years are at disproportionately high risk of being the victim of homicide (some 6.4 times higher than the global rate in 2000).

Although DSD's Older Persons Programme ostensibly deals with the needs of older victims, there is room for greater collaboration between this programme and the VEP, to address older people's specific victim empowerment needs.

Homeless People

One participant noted that many homeless people find themselves on the street as a result of victimisation that they have suffered, and that they require specialised services to address this. Existing research shows that homeless people are particularly vulnerable to violent victimisation. For example, a national study of major South African cities found that homeless boys experience beatings, robberies, gang fights, drugs- and alcohol-related violence, as well as abuse by members of the public (Seager & Tamasane, 2010).

The participant that raised the issue of services to homeless people felt that generic social workers are not equipped to deal with the complexities of homelessness, where victimisation,

mental health, poverty and substance abuse intersect, and the VEP, in collaboration with the DSD Service to Families Programme could focus on filling this gap.

Secondary Victims of Crime

While only two participants referred to the trauma experienced by bystanders who witness violence – especially child bystanders who may witness domestic violence at home, or violence at school – VEP staff noted that VEP services should expand to include such secondary victims.

The impact of crime and violence on families and communities is serious, as it can lead to community instability: the 2011/2012 Community Safety Barometer study found that the vast majority of respondents fear crime in their homes, communities and while travelling (Western Cape Department of Community Safety, 2012c). This fear of crime can impact on people's wellbeing (Powdthavee, 2004) and engagement in community life. For example, the CSVR found that 22% of Western Cape residents feel like they cannot use public transport, and 33% feel prohibited from using open spaces or parks due to crime (Bruce et al, 2007).

Secondary victimisation due to crime doesn't only occur in the community. Gass et al (2011) found that witnessing parental violence is the single common risk factor for male and female victims of intimate partner violence. Research shows that 35-45% of South African children have witnessed their mother being beaten (Seedat et al, 2009), and children frequently become caught up in domestic violence incidents, from abusers threatening the victim with harming their children, to children being caught in the 'cross-fire' or even being used as a 'human shields' (Van As, 2008), and children suffer notable physical and psychological symptoms as a consequence of violence in their families (Artz, 2008). Although there has been little research into the impact of the victimisation of children on parents and other family members, both internationally and locally, Seetdat et al's (2004) study of Cape Town and Nairobi schools found that sexual offences against children can also be extremely traumatic for parents, particularly if the parent themselves has been a victim of sexual violence. Appelt (2006) looked into the effects of trauma and abuse among Lavender Hill community members, and in one case study found that a mother experienced high levels of anxiety over her child having been victimised. Figley and Kiser (2013) found that most families who have been traumatised become prone to systematic dysfunction, feel a sense of loneliness and are hesitant to seek help outside of the family unit.

In 2010/2011 and 2011/2012 local Western Cape communities identified assault with the intent to do grievous bodily harm, sexual offences, common assault, common robbery and domestic violence as priority crimes that should be prioritised by SAPS (Western Cape Department of Community Safety, 2012a). Addressing both the prevalence and impact of

these crimes – and advertising to the public that DSD is focusing on these crimes – may thus go some way to alleviating community fears. The VEP has in fact recently amended its Transfer Payment Agreements with contracted NPOs to ensure that the victim empowerment services they offer include services for family members and perpetrators (where appropriate), as well as to primary victims.

Perpetrators

Several participants said that there was a need to work with perpetrators of violence, both as a preventative mechanism, but also because many perpetrators are themselves victims of some type of violence and also require victim empowerment services. Research confirms this link between victimisation and perpetration: a recent national Centre for Justice and Crime Prevention study (Burton & Leoschut, 2013) found that children's victimisation and exposure to violence made victims more tolerant of violence, thereby increasing their likelihood of becoming perpetrators in the future.

Victim Empowerment Service Providers

Participants noted that in addition to the need for victim empowerment services in communities, there is a need for such services among service providers. Social workers, counsellors, police officers and volunteers all require debriefing, and possibly counselling, to cope; not only with the work they do, but also in cases where they themselves have been victimised by crime.

Research has shown that service providers for victims of violence often experience symptoms similar to PTSD, variously termed Secondary Traumatic Stress, vicarious traumatisation and compassion fatigue (Choi, 2011). In a study of the vicarious trauma experienced by caregivers of abused children in the Western Cape, Booysen (2005) found that the caregivers often felt anger and frustration, largely directed at management, because of being short-staffed and due to poor communication. Most participants in this study also felt frustrated at their inability to effect long term change in the children's lives, and felt tired, emotionally drained and demotivated. To improve the situation, the study suggested better methods of communication between management and staff, greater recognition of good work, training for all staff members and improvements to protecting confidentiality (Booyesen, 2005). Similarly, two recent studies in the Helderberg (Capri et al, 2013; Kingwill, 2013) found that social workers and counsellors, respectively, working with sexually abused children both displayed symptoms of vicarious traumatisation. Both studies identified the need for debriefing and counselling, as well as communication and recognition from management as methods of improving workers abilities to cope (Capri et al, 2013; Kingwill, 2013). By contrast, in a study of volunteer service providers, Moultrie (2005) found that volunteers felt a sense of

empowerment, recognition and support from their community, offering the possibility that the experience of volunteer counsellors differs from those in paid employment. This may also reflect the relatively shorter periods that volunteers may spend doing this kind of work. This is supported by Martin (2006) who found that for nurses working with traumatised patients in the Cape Metropole, there was no correlation between workload or personal history of trauma and vicarious traumatisation, but age and the longevity of the career did affect vicarious traumatisation. Due to the pervasive nature of violence in South Africa, even those professionals who do not directly address trauma in their work, still witness and experience traumatisation in their workplaces and communities. For example, Marsay and Higson-Smith (2005) found that educators across South Africa experience high levels of trauma and compassion fatigue due to the prevalence of violence, abuse and death in their communities. However, it was found that even a short training session on managing the experienced trauma brought about a positive change in the educators (Marsay et al., 2005).

While some mechanisms are in place to provide these victim empowerment and debriefing services to front-line staff (particularly among NPOs interviewed) the availability of these services should be extended, and the effectiveness and quality of these services should be evaluated. In addition, DSD should consider awareness-raising activities that de-stigmatised the use of these services and encourage service providers to access this support.

SHIFTING THE FOCUS

Despite the fact that many participants identified victims of sexual offences and domestic violence as being types of victims particularly in need of VEP services, several participants (mostly at the provincial DSD and government department representative level) noted that it seemed to them that DSD *only* really considers vulnerable groups to include women (particularly victims of sexual offences and domestic violence) and children. They felt that this was exclusionary towards other groups, such as people with disabilities. Indeed, the VEP's strategic objective is that "all victims of violence with a special emphasis on women and children have access to continuum of services" and its objective statement is to "contribute to the empowerment of 22,000 victims of domestic violence and reduce risk of sexual and physical violence by ensuring access to a continuum of services by March 2015" (*Template for the Development of Operational Plans*, p 21). While this objective is not intended to exclude other types of victims, it is worth noting that this is the *impression* that some participants, both within and outside of DSD, hold.

Participants also remarked that the VEP seems to be law-enforcement oriented, and as such a victim will receive more support if a charge has been laid with the police and the case has gone to court. They explained that this stems from the fact that it is only at the later stages of the process that he/she will come into contact with many VEP service providers (government

and NPOs). The impression is therefore created that VEP appears to be focused on victims who have reported to the state. While this is understandable, several participants suggested that the VEP should broaden its focus to include prevention in communities, and also target victims who haven't reported to the criminal justice system. One participant said, "We used to talk about social crime prevention; now we talk about victim empowerment" [DSD01], indicating that the VEP is more concerned with addressing victimisation after it has already happened, rather than addressing its causes and drawing people to the range of available DSD services before they become victims. One participant, noting the nexus between victimisation and social problems such as substance abuse, suggested that DSD be more proactive in addressing these problems before they lead to victimisation, and said:

I think we should rather be working on a model of outreach versus intake ... we are being responsive rather than preventative, but I don't think that's a good thing. [DSD11]

Although none of the DSD regional offices and none of the NPOs interviewed – other than the shelters – reported having waiting lists for services, this should not be interpreted to mean that the VEP is meeting the existing need for victim empowerment services in the province. As discussed in various places in this report, many victims do not know that VEP services are available to them or what exactly these services entail, and even where they do know about VEP services, victims face many challenges in accessing them. Linked to this, two of the regional offices and four NPOs felt that communities lack confidence in DSD services, or have misperceptions about what DSD can offer them. In some instances this was based on clients having had prior negative experiences of seeking help for victim empowerment services, both from NPOs and other civil society organisations [NPO12] and from state services [DSD08; DSD12; NPO11]. One participant felt that the criminal justice service is unstructured, and that clients may think, "I haven't gotten what I needed [before] so why should I go forward again?" [DSD08]. While people may not necessarily have had a negative experience with DSD itself or with a particular NPO, having had a negative experience with another state or civil society stakeholder may deter them from seeking help from the VEP, as they associate it with what happened to them before and they fear that something similar will happen again. Further, shelters reported that many women do not want to stay in shelters because – due to insufficient information about shelter services – they imagine shelters to be scary, institutionalised spaces. It is therefore likely the case that many victims across the needs spectrum are not presenting for services, even though they do require them. More active promotion of services, and awareness raising of the benefit of utilising the VEP's services would go a long way to improving this.

PROGRAMME SUCCESSES

WHAT IS WORKING WELL?

Despite being a new programme that has only recently been elevated from one that operated essentially as a funding mechanism for shelters, the VEP has made great progress. As set out above in the empirical findings, certain elements of the VEP were considered to be very successful, and are an indication of how best practices could be enhanced and formalised. Participants felt overwhelmingly that the leadership of the VEP, although not formalised, is good. Several participants noted that the Social Work Policy Developer in particular was a strong and committed leader, and that the Programme and the VEP Forum had improved under her management. Further, the funding allocated to the VEP by DSD has increased annually, from around 8 million to 24 million in the current financial year, which indicates greater prioritisation of the VEP within the Department, and allows for the expansion of the Programme. The increase in the annual budget also demonstrates confidence by provincial Governmental in VEP-related services provided by the programme.

Strong Relationships with the Victim Empowerment Sector

Although relationships among stakeholders seem to be mostly personality-driven, several strong and fruitful relationships exist – especially between members of the provincial VEP Forum who engage one another actively. For example, the NPA has, in the past, arranged for residential shelter for victims of human trafficking through contacts made at Forum meetings; the VEP has provided social workers to facilitate victim-offender dialogues with the Department of Correctional Services; and one shelter reported that the SAPS VEP Coordinator had been very helpful in smoothing out problems with individual SAPS members faced by shelter clients.

VEP Forum

The provincial VEP Forum was considered by most participants to be a real success, as it provides an important space to develop and maintain inter-organisational relationships and facilitate collaboration on on-going activities. All six government department representatives interviewed are currently members of the provincial VEP Forum, and they noted that prior to the Social Work Policy Developer joining the VEP, the Forum had essentially collapsed. The Social Work Policy Developer, praised as a “strong personality” [GOV06], resurrected the Forum, which now meets regularly, and keeps members updated on VEP initiatives. Further, the provincial VEP Forum has been refocused under the direction of the VEP Social Work Policy Developer, as membership had become unwieldy. In order to include only

strategically relevant role-players, some people who were previously on the Forum but who were in fact regional not provincial stakeholders were redirected to the correct forum.

All government department representatives interviewed said that they found the provincial VEP Forum useful, as a platform for intersectoral collaboration, networking and building partnerships, collegial support, finding out about what activities are taking place in the regions and at the national level, ensuring that departments do not work in isolated silos and that there is no duplication of work, identifying areas where departments can help each other, sharing best practices and organising shared events. For example, at one point DCS needed volunteers for victim-offender dialogues, and SAPS was alerted to this through the Forum and provided them. Other areas of useful collaboration through the Forum that were highlighted included ensuring that courts have a sufficient number of available social workers, and planning around the 16 Days of Activism.

The Forum also facilitates collaboration beyond the quarterly meetings. People on the Forum become personally familiar with the VEP, DSD, and other provincial government personnel (rather than just having a list of names and numbers) and this means that participants know exactly who at DSD – and who within other departments – they can or should contact to deal with an issue, obtain information or make a referral.

Attendance at quarterly Forum meetings by most members was now reported to be good, with members eager to get involved in victim empowerment in the province. This was noted as an improvement on past participation, which was poor.

Collaboration between DSD Regional Offices & Other Government Departments

Overall, relationships between regional DSD offices and other government departments and service providers were reported to be successful and productive (albeit with room for improvement). For example, participants said that they work closely with SAPS and with the NPA/TCCs. Although these relationships also have their successes and weaknesses, they felt that attendance at meetings related to the TCCs facilitates a close working relationship in most areas. Two DSD regional offices also said that they work closely with the DBE, including on joint interventions and other initiatives in conjunction with Life Orientation teachers in schools.

Relationships with NPOs

Participants at the provincial level of DSD, and representatives from other government departments seem to evaluate their relationship with NPOs positively. They emphasise NPOs' dedication, their pro-active attitude, as well as their active engagement in special days and

events like Women's Day and the 16 Days of Activism. More frequent meetings with individual NPOs have improved communication between DSD and the NPOs. There are seldom complaints and the mutual communication increases accountability and mutual trust. In addition, there has been a progressive change, whereby provincial VEP staff used to have to approach NPOs in order to solve problems, but now the NPOs actively approach DSD directly for assistance. Participants felt that this reflects an increased level of competence, understanding, and accountability amongst NPO staff.

Participants also noted that DSD has recently attempted to improve their Service Level Agreements (SLAs) with NPOs. They reported seeing improvements in contract follow-up and reported that there have been adjustments and improvements to existing contracts to make them more specific, or to better suit the NPOs' service delivery capacity. Further, due to improved monitoring and evaluation, there has been an increased focus on accountability and quality of NPOs' services as well as maintenance of the standards of service provision.

Improved Procurement of VEP Services in Rural Areas

Although there is still a paucity of victim empowerment (and other) services in rural areas, participants noted that there has been an increase in the procurement of NPO services located in rural areas. The number of shelters in particular, has consciously been increased in rural areas, responding to the substantial need for services there.

Improved Criminal Justice-Related Services

Participants expressed satisfaction with the improved criminal justice-related services that are provided for victims under the VEP – particularly for abused women and children. Court support services, including the process of obtaining interdicts and protection orders, have been improved and are largely successful. Victim impact reports and intermediary reports are increasingly detailed and are now used to guide sentencing, thereby involving victims in the process of obtaining justice for perpetrators. And although not part of the VEP, participants noted that the delivery of probation services is timely. Numerous participants, both within and outside of DSD expressed their satisfaction with the TCCs' services, which they felt were very successful (also see below).

Provision of Quality NPO Services

We asked NPOs to reflect on what they felt was working well or was successful in respect of their service provision. NPO participants felt that they had strong staff members, who exhibit positive, supportive attitudes and respect for their clients. They felt that their ability to give individual attention to each of their clients was also a strength. Among their programmes and interventions, they identified on-going support (at an individual level and in groups) for

clients, skills development programmes and counselling services as their most successful or best practice victim empowerment activities.

Shelter staff also highlighted a number of successes: job creation for residents and ex-residents, the flexibility of their services (e.g., being able to provide skills development workshops in the evenings so that residents can look for employment opportunities during the day), the fact that they have been able to make their shelters feel like a second home rather than an institution, maintaining residents' contact with friends and family outside of the shelter, and following up with ex-residents after they have exited the service.

NPOs felt that the high number of referrals made to them is an indicator both of community awareness of, and confidence in, their services.

In addition to the successes identified above by the participants during the evaluation, the following successes are noted in DSD's own documents and reports:

Thuthuzela Care Centres

The Thuthuzela Care Centres (TCCs) are an NPA-led victim empowerment initiative that aims to reduce secondary victimisation of victims of rape, improve the chances of conviction of perpetrators and reduce the time for finalising cases. TCCs are situated in public health settings in communities across the province. Following a holistic approach, the TCC model is a one-stop centre that caters for all the needs of rape victims. Services include crisis counselling, a medical and forensic examination, an opportunity to bathe, and ultimately to give a statement to an investigating officer. In some instances, DSD social workers are stationed at TCCs to provide psychosocial support and referrals, while in other cases these services are provided by contracted NPOs. Participants highlighted DSD's participation in TCCs as a major success of the VEP (as is further described in the evaluation findings).

Safe Houses for Victims of Human Trafficking

Another significant development in terms of provincial VEP services is the development of safe houses for victims of human trafficking. Currently only three VEP-funded shelters deliver services for victims of human trafficking, and one VEP-funded NPO provides therapeutic intervention, counselling and support for these victims. These service providers also conduct workshops on the prevention of human trafficking with service providers and in a number of schools located in high risk communities (WCVEP, 2013a, b, & c).

Shelter Services for Transgender Persons

The provincial VEP has recognised the need for shelter services for transgender persons, as evidenced by a consultation that was held with GenderDynamix in June 2013 (WCVEP,

2013b), and the VEP now funds one shelter that accommodates LGBT people. However, there is still a great need for increased shelter services for LGBT people, and scope for the VEP to expand such services.

Khuseleka One-Stop Centres

The province has undertaken to pilot its first Khuseleka One-Stop Centre. These Centres are a national DSD initiative to provide comprehensive 24-hour gender-based violence services in one locale in areas not currently served by TCCs. Services to women and children victims of violence include trauma counselling, healthcare, psychosocial support, shelter services and SAPS and legal services. To this end, the VEP has identified the Saartjie Baartman Centre as a likely location for the pilot and endeavours to capacitate the centre to become a fully functional Khuseleka One-Stop Centre.

The National Toll-Free Helpline for Gender-Based Violence

The provincial VEP has also been collaborating with the Social Work Veterans Forum, which subsequently has joined the provincial VEP Forum, to establish the National Toll Free Helpline for Gender Based Violence (WCVEP, 2013c). This helpline is now up and running.

Victim Empowerment Services Directory

The long-awaited service provider directory for the province has been updated to include up-to-date information for all victim empowerment-related government agencies and NPOs. The directory is due to be published and distributed shortly.

CHALLENGES

CHALLENGES ALREADY IDENTIFIED BY THE VEP

An analysis of the *Victim Empowerment Strategic Document* (WCSDSD, 2011) reveals that the programme has itself identified a number of core challenges that stem from the victim empowerment sector more broadly. These include the following:

- High levels of exposure to crime and violence over time have meant that violence has been normalised by individuals and in many communities in the province.
- Community participation in the programme is quite limited, perhaps as a result of normalisation of violence.
- Rural populations still suffer from limited access to services, and even where these services exist the range is relatively limited.
- Data on victimisation and victim services provided by government is not readily available or not managed effectively.
- Individual departments and agencies tend to work in silos and there is consequently no integrated, coordinated service stream in respect of victims of crime.
- There is a limited understanding throughout the sector of the need for a sensitive and nuanced understanding of the link between gender and victimisation.
- Planning across the sector is not gender sensitive: programmes and services do not consider the specific needs of women, gender and sexual minorities and children.
- People may be revictimised because of problems within the system or the attitudes or lack of skills of individuals who work in the system.
- The limited VEP budget constrains the role and scope of VEP activities.
- There are a limited number of trained personnel in the victim empowerment sector.
- Existing legislation does not address the needs of all victims.
- There is a lack of a developmental approach in planning and strategy development.
- Other departments do not have dedicated VEP Coordinators within their structures.

Many of these challenges were, indeed, raised in the course of the evaluation. The challenges, as identified by the participants, are addressed thematically below.

AWARENESS OF THE VEP

Communities' Awareness of DSD's VEP Services

Participants from across the different stakeholder groups agreed that communities in the Western Cape lack a general understanding of what DSD is, and what services it provides.

Participants felt that DSD is best known in relation to the South African Social Security Agency (SASSA), in other words, as the place where people can apply for social grants. The full range of services that the Department provides under its VEP are, however, are largely unknown.

Participants gave a number of reasons for the low level of familiarity with the VEP and its services among community members. First, participants argued that people are generally unfamiliar with the term 'victim empowerment' and the kinds of services such a programme may provide. While community members may be aware of a TCC or an NPO in their area, or may know that there are social workers or SAPS volunteers that they can consult if they have a problem, this does not necessarily mean that people are aware that these services fall under 'victim empowerment,' or are provided by DSD and the VEP. There is little information available on the full range of services provided by DSD and the VEP – both where the service is provided by DSD directly, and where the service is provided by an NPO on behalf of the Department. In some cases, the NPOs in question become viewed by community members as the 'place to go' to get services, which masks the fact that these services are being funded by, and therefore in essence provided as part of, the mandate of DSD. One participant explained:

People see [NPO name] as the people who specialise in victim services; [NPO name] really has that status of being the place where you go when your husband is beating you up. [DSD10]

Secondly, participants said that communities may not know where to find DSD's VEP services. Especially in the rural areas, there is a lack of services in general, which contributes to a limited awareness amongst communities. Services may be located far away from these communities, which means that people do not know that they exist. In addition, when services move their physical location, this may exacerbate the problem:

The community knows about 'gaan Welfare toe' [going to Welfare] or about going to SASSA. But we moved the office to a different place and we don't have any signage anymore. We're probably more difficult to find for clients. [DSD09]

Thirdly, participants felt that the hospital/clinic and/or SAPS are often the first services people encounter after they have been victimised. This perception is supported findings from the National Victims of Crime Survey, which showed that a vast majority of South Africans (91% of households) knew where to take a person who was the victim of domestic violence for medical treatment, but fewer (53,3% of households) knew where to take a victim for counselling services, and only 15,4% knew where to take victims of violent crime for shelter or where to find a place of safety (Statistics South Africa, 2012). Participants from all stakeholder groups said that the public generally only learns about DSD's VEP services after they have

been victimised, and even then, they are most often referred on to 'more specialised organisations' (NPOs), without knowing that the NPO in question is part of DSD's VEP, or why these referrals have been made.

Fourthly, many participants said that people are, in general, unaware of their rights as victims. Community members do not seem to realise that they can walk into a DSD office and request particular services. Indeed, as one participant pointed out, chances are these communities "have never even heard of the Victim's Charter" [GOV04]. Some participants maintained that the existence of victim-centred legislation improves general knowledge of the availability of services, for example, in the case of (sexual) abuse of children and elder abuse where community members know about the protection that the law provides, and therefore access services. Increasing legislation for victims should therefore, in the participants' opinion, lead to an increase in awareness of VEP services. One participant explained that the services offered under the VEP are not always well-publicised, which means that victims who should access VEP services may not do so:

[The] VEP is a silent entity in society. Only when you get hurt do you start running for cover – then you find out what the VEP is. It's only when you are severely victimised that you learn about VEP, if you're lucky. But does the society know their rights in terms of this service? They know ECD and they know their rights concerning education: the child has to go to crèche; the child has to go to school. But they don't know their rights regarding violence and crime. Dis nie op die tong van die nasie nie. [It's not on the tip of the nation's tongue]. [DSD06]

Finally, key participants at the provincial level of DSD feel that there is a lack of awareness of DSD's VEP services because they perceive there to be a mind-set within the provincial government that appears to undervalue victim empowerment services. One participant explained:

But VEP is viewed as a small programme by the provincial government, and that is how people feel about it. This mindset needs to change internally before the public will get to know about the VEP. For example, everyone knows about Early Childhood Development services, because they're prioritised by the Department. Victim empowerment is not flashed [around] or billboarded. No-one knows the name 'VEP'. At the Provincial government level VEP is not taken seriously, by peers, colleagues and superiors. People belittle it. [DSD06]

Clearly there is a disjuncture between the prevailing *perception* amongst DSD staff of the VEP's low priority (as illustrated above), and the fact that the provincial government has shown commitment to the VEP, as evidenced by steady budget increases for the VEP. While

it is tempting to discount these perceptions as simply mistaken, the fact that these views endure speaks to a need for provincial management to better communicate its intentions and priorities to operational staff; and further for management to better address staff members' concerns that the VEP is undervalued. Better and more frequent communication would help to alleviate these tensions.

To sum up, then, a general unfamiliarity with the term 'victim empowerment'; the lack of, and poor geographical distribution of, existing (especially rural) services; the fact that hospitals and SAPS stations are often victims' first point of contact with the system; people's lack of awareness of their rights as victims as well as the VEP's perceived image within the provincial Government limits communities' access to necessary services. High-profile cases, like that of Anene Booyens in February 2013, do publicise VEP services as communities access services to deal with their collective trauma. Other channels through which people may learn about DSD's VEP services include word of mouth, or via referrals (often informal referrals such as through family, community structures or special events). However, there is clearly a need for more awareness-raising activities to raise the profile of DSD's range of services.

Stakeholders' Knowledge of DSD's VEP and/or other Victim Empowerment Services

In general, participants reported that it is primarily other government departments and the NPO networks that are aware of the existence of DSD's VEP services. Despite this awareness, participants' perceptions were that many NPOs – even those funded by DSD – do not know exactly what DSD's full mandate is and what services they provide.

In addition, there was a very variable level of knowledge among NPOs of the 'network' of victim empowerment services in their areas. Whereas some NPO participants were able to name a large number of other victim empowerment services in their area, others were unable to mention any. This variability stems from a number of factors: there are marked differences in service coverage across areas/regions; there are differences in capacity for communication and networking between and among NPOs; and NPOs may provide victim empowerment services as part of other activities/programmes (and the link to victim empowerment is therefore not as overt). Even where NPOs are aware of other organisations providing psychosocial support or legal services, they are often not able to tell whether these are funded by DSD's VEP, and are less confident about the quality of the services that these organisations provide. For example, discussing limited victim support services in their area, one NPO participant said:

Different groups and NPOs deal with different issues, but not victim empowerment specifically. Victim empowerment is provided at the police

stations, in Hout Bay and Ocean View. Both have 24-hour victim support services manned by trained volunteers. But they can only provide emotional support, they can't counsel. There are lots of untrained and unqualified people meddling in this area – providing pseudo-science services, praying. They can do a lot of damage.
[NPO12]

Across the board, participants expressed concern that other relevant stakeholders may be similarly unaware of the VEP services that DSD provides. SAPS or healthcare workers for example, may refer victims to (non-affiliated) NPOs because they either do not know that DSD provides VEP services, or they do not know where to find a local DSD office/service. One participant mentioned that in some cases stakeholders seem more inclined to train their own social workers than to make use of the social workers and services provided by DSD. This appears to be an unnecessary duplication of services.

Groups That Should be Targeted for Awareness-Raising

There was general consensus about the fact that all vulnerable populations would benefit from increased awareness-raising efforts: people with disabilities, the elderly, children and youth, and women were specifically mentioned in this regard.

In addition, participants felt that there were certain groups that should receive specific attention as part of DSD's awareness-raising efforts because they do not have the same access to information and services as other groups do, and therefore require targeted awareness activities and strategies. Men were highlighted as a group that needs outreach to dispel the stigma that exists in terms of seeking services. LGBTI persons were felt to be a group that also needs outreach in order to inform them that services that are tailored to their needs (albeit limited) do exist, as well as to encourage them to seek services from VEP service providers more generally. Participants also felt that refugees, as well as documented and undocumented immigrants, were key populations for outreach and awareness-raising given the difficulties that they face in navigating systems and accessing care and assistance.

Notably, participants also felt that service providers themselves were an important group to engage, since these frontline workers may themselves be prone to vicarious trauma and burn-out, but may not consider using the VEP services.

Participants also argued that there are particular *contexts* that need increased awareness-raising efforts. These include rural areas and informal settlements, farm communities, and poor areas, as participants felt that these areas are more affected by factors that impact on victimisation, including crime, rape, HIV, domestic violence and drug abuse.

Raising Awareness of the VEP: Existing Strategies & New Opportunities

The national *Minimum Standards for Service Delivery of Victim Empowerment* (DSD, 2008) stipulate that service delivery should include messages of crime prevention so as to educate communities about crime, its consequences and the services that are available to victims of crime and violence, including perpetrators. However, the Western Cape VEP does not currently have a strong focus on awareness and education.

For example, the VEP brand strategy, *Everyday Heroes*, is a project focused on educating communities about crime and the rights of victims of crime and violence. Launched in 2011, this strategy entails a series of six cartoon booklets dealing with domestic violence, sexual assault, human trafficking, child sexual abuse, the abuse of the elderly and people with disabilities. However, a recent 'read-along' version of *Everyday Heroes* targeted at younger children, the sight impaired and those who may not be able to read written materials (slated for distribution in the province) has, rather than being distributed, been shelved [DSD04]. This seems to be the result of a Western Cape DSD decision to move away from prevention and awareness work due to budget constraints and the perception that prevention efforts do not contribute to measurable outcomes. As one participant noted, "the powers that be don't want to roll it out" [DSD04]. This example illustrates a problematic mismatch in national goals and provincial implementation strategies that results in a waste of valuable resources that may have impact.

In contrast however, the *Victim Empowerment Strategic Document* (WCDS, 2011) for the province includes the following awareness raising activities as within their service provision goals:

- Develop a quarterly newsletter to provide an external communication medium for the VEP Forum.
- Engage with communities so that policy and legislation mandates of the Forum form part of community engagement, for example, engage with communities around popularising the Victim's Charter.
- Mandate of regional coordinators to attend the VEP Forum and conduct regional *imbizos* to facilitate regional visits.

Further, the VEP noted in its *Second Quarter Report 2013/4* (WCVEP, 2013c) that 183 youth had completed gender-based violence prevention programmes in the first quarter of 2013/4 (although this number was below their target for that quarter). Together, this suggests that even though the departmental emphasis has shifted away from prevention and awareness, the VEP still recognises the importance of such work.

There was also widespread consensus among participants from all the stakeholder groups that doing awareness raising is critically important for publicising the work of the VEP. However, participants noted again and again how awareness raising has become deprioritised, how budgets for doing this kind of work have been cut, and how this has impacted their ability to effectively 'reach' into communities with knowledge of the VEP.

A number of participants from the regional offices reported that they take part in a variety of awareness-raising activities as part of their duties, but they also noted that the provincial office has mandated that these activities be kept to a minimum. These activities are therefore only a small component of what they do, despite the opportunities that these kinds of awareness-raising activities present for addressing the clear lack of awareness of DSD's VEP services that exists within communities. Participants explained:

We are not encouraged to do awareness [activities], because they say these are days that we should spend in the office and that there is no money for awareness. [DSD07]

We also do specific awareness raising within 16 Days of Activism. Here we are guided by Head Office, and although the calendar is sent in at the beginning of the year, we don't always get our budget approved. There has been a shift in the Department's thinking about big events and programmes because of the difficulty of showing impact. [DSD09]

Participants felt that DSD's awareness-raising activities should be a key priority for the Department, given the valuable opportunities they offer for engaging communities, reaching victims who may not already have been identified, profiling DSD's services and providing information to the public, stakeholders and NPO service providers.

Participants provided a number of practical suggestions about how the programme may increase communities' awareness of DSD's VEP services. There was general agreement among the regional offices and the NPOs that basic marketing strategies are an essential component to improving public knowledge of the programme and what it offers. Participants highlighted the value of engaging in special days and events such as the 16 Days of Activism, Child Protection Week, Youth Day and International Aids Day, and said that DSD missed an important opportunity last year to take the lead in coordinating the 16 Days of Activism activities, which would have been an appropriate campaign for it to lead. More importantly, though, many participants stressed that awareness-raising activities need to be on-going activities that are done outside of special days and events. One participant explained how DSD's lack of engagement is a missed opportunity:

Try to be visible. There are so many opportunities, like Women's Month, health calendar days, etc. Overall, DSD is not visible at awareness events. In the past they were visible – like with Disability Day – but currently nothing. They do use Child Protection Week. They missed an opportunity with the Break the Silence campaign – sitting around the table with ± 30 government departments, including SAPS and DoJ, and different organisations. This takes place every month at [NPO name.] They didn't want to attend; everyone was there except DSD. [NPO11]

Participants felt strongly that networking is, and should be, an important part of awareness-raising. They argued that networking should entail more than simply engaging in strategic partnerships, but should take place between all levels of DSD, the NPOs and other relevant stakeholders in order to share information, determine best practices and coordinate responses. Participants felt frustration at the current networking activities that are undertaken by the VEP, as one participant illustrates:

They must stop holding stakeholder luncheons for handpicked groups of people. They only invite about 80 people to these things, and they're not even strategically chosen, and it's often the same people going again and again, so they're preaching to the converted. We sometimes get asked to find people in the communities to come. It creates resentment amongst people who don't get invited. People go, because they get free food, but the events are so disorganised, and people don't actually care, they just want the free food, so they don't really come away from them knowing any more about DSD services, and so they have no impact. DSD just does it to tick more boxes. [NPO12]

Participants also felt that the Department should use a variety of platforms to improve awareness of the VEP. For example, participants suggested promoting the VEP on TV, radio and social media, as well as on more creative platforms such as placing information about the VEP and its services on rates and taxes accounts that are mailed to the public; adverts and announcements on taxis, in shebeens or other businesses and in public spaces. They also felt that DSD should consider producing promotional materials and brochures that could be used and distributed at events in order to both provide substantive information, and brand DSD's services more strongly. Participants suggested that these materials be tailored to reach their intended audience, for example by using social media to reach youth and providing call-me-back systems for getting information to poor communities.

SUMMARY OF KEY CHALLENGES - AWARENESS

- Communities are not aware of what DSD's mandate is, and what services it provides.
- Communities are not familiar with the term 'victim empowerment' or 'VEP'.
- Communities do not know where DSD VEP services are located (alternatively, services are far away, as evidenced by the lack of services in rural areas).
- Communities are not aware of their rights as victims.
- Victims' first contact with the system after victimisation is often at a SAPS station and/or a hospital/clinic, rather than with VEP services.
- There is a perception that the VEP is not prioritised within the Department or by the provincial government. This erodes the VEP's standing and level of awareness in the sector.
- Regional offices are discouraged from organising awareness raising activities, which amounts to a key missed opportunity.
- There is a critical need for promotional information such as brochures and other branding materials that can both provide information to community members, as well as establish the VEP brand more strongly.
- Vulnerable groups are a key population that would benefit from increased outreach/awareness activities, as well as other groups who do not have the same access to services and information (for example, LGBTI persons, and male victims of crime).

USE OF EXISTING LAWS & POLICIES

Understanding 'Victims' & 'Victim Empowerment'

There was general consensus among participants that doing 'victim empowerment' entails aiding a person's transition from being a 'victim' to being a 'survivor'⁵ by providing them with the necessary services. Participants' understandings of who a 'victim' or 'client' is were inclusive and comprehensive: they included diverse vulnerable populations and cross-cutting issues such as disability. Participants recognised that both men and women could be victims, and also recognised that 'victims' in and of themselves were a heterogeneous group, each with unique experiences and needs. Participants recognised that many victims (for example, people with disabilities) experienced multiple kinds of marginalisation, stigmatisation and exclusion and that these intersecting issues need to be addressed by the

⁵ Whilst all women who have lived through sexual assault should be considered survivors, in this case participants refer to individuals having reached a point where they are sufficiently recovered that their lives are not dominated by the assault, and where they are able to continue with their lives.

VEP. Participants described diverse and multi-level sources of victimisation – beginning with individuals and extending into the family, support systems and communities. And while some participants described victims as people who need help but cannot help themselves, and others stressed victims' own agency in moving from being a victim to a survivor, all participants emphasised the importance of providing comprehensive, quality services that can assist a victim on their journey to healing.

Policies & Legislative Frameworks

Participants identified a number of laws that they said guided their service provision, although these were not all used or implemented by all participants. Most of the service providers we asked said that they work with the Children's Act (No. 38 of 2005, as amended by Act 41 of 2007) (mentioned by 11 participants), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007) (mentioned by 10 participants) and the Domestic Violence Act (No. 116 of 1998) (mentioned by 9 participants).⁶

In terms of policies and frameworks, participants mostly mentioned that their service provision is guided by the Service Charter for Victims of Crime in South Africa (Department of Justice and Constitutional Development, 2004), the Minimum Standard for Service Delivery in Victim Empowerment (DSD, 2008) (mentioned by four and three participants respectively), and the Constitution of South Africa (Act No. 108 of 1996).

For many of the NPO participants, policies and legal frameworks were less important in guiding their service provision than their own professional experience, and the immediate needs of their clients, within the constraints of the resources at their disposal. Although they were aware of the plethora of relevant laws, policies and frameworks that are intended to guide service provision at the front lines, they argued that these instruments often fail to address the realities of the implementation context and clients' needs, and NPOs therefore rely on their (personal or organisational) experience to decide what is best for their client(s). One participant explained:

⁶ These questions were asked in a conversational qualitative format, and participants were not 'tested' on their knowledge, or forced to answer the question. These responses are therefore only a guideline of what participants self-identified without prompting (prompting would have involved, for example, the use of a 'tick all that apply' list). Other laws that were mentioned include: The Child Justice Act (No. 75 of 2008); The Older Persons Act (No. 13 of 2006); The Maintenance Act (No. 99 of 1998); The Social Service Professions Act (No. 110 of 1978); The National Health Act (No. 61 of 2003); The Mental Health Care Act (No. 17 of 2002); The Choice of Termination of Pregnancy Amendment Act (No. 1 of 2008); The Prevention and Treatment for Substance Abuse Act (No. 70 of 2008) and the Prevention and Combating of Trafficking in Persons Act, No. 7 of 2013.

I wouldn't say that we're guided by a policy framework; we're more guided by experience. So many policies are removed from the reality of what we deal with on the ground." [NPO01]

A critical issue for participants was the complete lack of laws and policies that govern victim empowerment specifically. There is nothing that mandates what social workers are meant to do from intake of a new client through counselling, referral and follow-up. As one participant stated:

The fact is that we don't have legislation that guides us. We rely on other acts that we use as a baseline, such as the Children's Act and Child Justice Act. [DSD08]

Indeed, participants said that they rely on their own organisations' operating procedures, intake, intervention and assessment forms, training and generic social work standards to guide their service provision. Participants said that while certain categories of victim are well provided for within existing legal frameworks (for example, children, victims of domestic violence and sexual offences), many policies regarding other specific vulnerable groups (for example, LGBTI persons, and people with disabilities) do not deal directly with victim empowerment or victims' rights and thus need to be adapted.

This problem is especially acute where both relevant legislation, policies and guidelines as well as available services do not exist, for example in respect of LGBTI victims and victims with disabilities. Participants across the board stressed the difficulty of trying to help these victims, who are not able to access existing services (such as shelters), and who therefore often simply get 'lost' because a suitable referral cannot be made. As one participant explained:

Before the new [Sexual Offences Act] and the Child Justice Act, we used the Criminal Procedure Act and the Older Person's Act ... you can prosecute if someone has abused an older person. People with disabilities don't have any such legislation. [DSD07]

Despite pointing out that the lack of relevant legal frameworks is a significant problem, participants cautioned that new laws are not always the answer. New laws and guidelines on service provision to victims of (especially specific) crimes – however comprehensive – may be at odds with the realities of the implementation environment. Participants noted the sharp discrepancy between what (new) legislative frameworks demand from the system, and the capacity of frontline workers and what existing resources can provide. These participants were concerned that NPOs are simply not able to meet the demands of these new legislative mandates:

I'm so worried because there is a new Human Trafficking Act and it says that we must do a lot for victims, including provide safe houses. But we are not ready, there are no facilities. No [area] is ready to comply with the Act. Of course we want to do something. [DSD10]

[The Department of] Human Settlements has had a draft Special Needs Housing Policy since 2006 that says that all new developments must have 5% for special needs/vulnerable groups: elderly, disabled, abused. This would allow victims get access to housing. But it's been stalled since 2006 due to politics, change in government. [NPO08]

In summary, then, the lack of a legal and policy framework to guide victim empowerment is a critical shortcoming that creates confusion and uneven service provision, and that means that certain classes of victims are not able to access assistance. Although participants from across the programme were aware of numerous relevant (inter)national Acts and policies that guide aspects of service provision for victims of crime, NPO participants report that they still rely heavily on their experience and self-developed practical guidelines to render services. They furthermore identified a clear lack of legislation around LGBTI persons, people with disabilities, and shelters as key priority intervention areas. It is also important to note, though, that legal frameworks alone are not enough to enable service providers to meet the needs of victims; these must be backed up with sufficient resources and capacity to allow for full implementation.

KEY CHALLENGES – USE OF LEGISLATIVE FRAMEWORKS & POLICY

- Lack of legislation and policy that guides service provision in terms of victim empowerment.
- Lack of legislation around LGBTI, disability, and shelters.
- New laws and policies must be supported by sufficient resources and capacity to ensure that full implementation is possible.

COLLABORATION & COORDINATION

Provincial Level Collaboration & Coordination

At the provincial level, the VEP is situated within the Social Crime Prevention Directorate, itself housed in the Social Welfare Chief Directorate. Other programmes within this Chief Directorate are Early Childhood Development, Child Protection, and Service to Families (all housed with the Children and Families Directorate) and the Disability, Older Persons and

Substance Abuse programmes (all located in the Special Programmes Directorate). As the adult clients of the Service to Families programme, as well as clients of all of the programmes within the Special Programmes Directorate, often require VEP services, there seems ample room for collaboration between these programmes at provincial level. Other programmes that have real or potential synergies with the VEP are those within the Community and Partnership Development Chief Directorate, notably the Youth Development Programme.

Despite this, all participants from the DSD provincial office said that they had little or no relationship with the VEP. Participants said that they were largely unable to comment on issues related to VEP services, as there had been an on-going communication breakdown between the provincial office and regional offices. One participant was unsure as to the exact state of affairs within the VEP, and explained that:

We're removed from what's happening in the regions. We used to have meetings, but now we don't ... This is a lost opportunity for sharing ideas, synergy.
[DSDHO1]

Programmes have access to each other's strategic plans and documents, but no effort has been made to link implementation across programmes. Participants within the Social Welfare Chief Directorate said that although the relationship was not formal, they did work with the VEP on the basis of individual relationships. For example, the manager of the Disability Programme felt that there was a gap in services for victims with disabilities who required victim empowerment services, and brought it to the attention of the VEP manager. Another programme manager said that they felt that they could ask VEP staff to attend events that they thought were relevant to them. This comports with the experience another participant from the provincial DSD office, who felt that programmes within DSD largely interacted with one another by attending departmental or programmatic events, such as workshops and summits [DSD02]. In such cases, the programme hosting the event would invite representatives from other DSD programmes, or ask them to nominate attendees from partner NPO service providers. However, strategic collaboration around the coordination and provision of services seemed to be absent.

Representatives of other programmes at the provincial office did not attend the provincial VEP Forum regularly or at all. Those within the Chief Directorate for Community and Partnership Development reported not having received invitations to Forum meetings because, in their opinion, their service provision focus was quite different from that of the VEP. Individuals from the Social Welfare Chief Directorate felt that they did not have enough time to regularly attend the VEP Forum. These participants said that it would be useful to receive the agenda for Forum meetings in advance, so that they could determine if there were any issues pertinent to their own programme that would necessitate their attendance.

Another participant said that they felt that each programme should attend the quarterly VEP Forum meetings [DSD02]. However, programmes also noted that they did not (or were not certain that they did) invite the VEP staff to their fora and meetings. Whilst other DSD programmes, including those in the Directorate of Children and Families and the Directorate of Special Programmes, are invited to the VEP Forum meetings, efforts should be made to ensure that invitations are received, and to motivate staff to attend meetings.

Programmes and Silos: Implications for Victims and Collaboration

A number of participants noted that there was a pervasive problem within DSD in that it tended to “work in silos within the Department” [DSD02]. Another staff member agreed with this position saying that that strong leadership and oversight is needed to motivate and manage collaboration and integration between programmes, but that that was absent from the Department at present (DSD03). Others felt that the lack of collaboration was due to differences in the way that programmes conceived of their respective service provision. For some participants, there were paradigmatic differences that prevented closer collaboration: for example, participants from the Children and Families Directorate said that there were significant differences in their programme's attitude to working with men and boys when compared with that of the VEP, which was perceived to largely focus on (female) victims of gender-based violence and see men and boys as primarily as perpetrators.

Programme managers and directors agreed that more institutionalised cooperation would be beneficial. They highlighted violence against women with disabilities and violence against the elderly as a potential area of crosscutting collaboration. One participant from within the Social Welfare Chief Directorate noted that because the VEP is targeted at victims of crime, victims are often identified through the criminal justice system, such as those accessing SAPS, TCC, court support and victim-offender mediation (DCS) services [DSD02]. This participant pointed out that those victims who may not be able to access the criminal justice system due to mobility, cognitive functioning or resource constraints, such as the elderly or those with disabilities, often therefore never access the VEP. Further, due to the traumatic nature of victimisation (especially sexual victimisation) and known low conviction rates, many victims are reluctant to enter the criminal justice system. Increased collaboration across DSD programmes may allow these victims to be identified and provided with services, without them having to go through the criminal justice system.

A participant from the Community and Partnership Development Chief Directorate felt that even though they have different mandates, collaboration across Chief Directorates is important, as community development is essential in preparing the ground for individual victim empowerment and vice versa [DSD03]. They argued that a strong and cohesive community improves victim support, and that in order for victim empowerment to be

effective, there must be an effort to heal communities (rather than just focus on individual and group therapy). However, they noted that the dual service provision dictated by the separate Chief Directorates meant that there was little consultation and no strong drive to integrate strategies or services [DSD03].

One regional VEP coordinator we interviewed explained that within their region, social workers worked “inter-programmatically” because clients’ issues straddled various DSD programmes [DSD07]. All the programmes with the Social Welfare Chief Directorate include some element of psychosocial support (including peer support, counselling or group work) that is carried out by the six regional offices. Where service providers within other DSD programmes encountered the need for victim empowerment services, they tended to resolve the issue themselves through mechanisms within their own programmes or refer to relevant local NPOs rather than refer victims to the VEP. The elderly, people with disabilities and those with substance abuse issues are often victimised (although in ways that are not necessarily directly crime-related), and the psychosocial support that they receive under these respective programmes could be seen as overlapping with the victim empowerment mandate [DSD02]. One participant from the DSD provincial office said that they thought it would be beneficial for their staff to know more about the VEP so that they would be able to refer victims more effectively [DSD03].

One representative from a DSD (non-VEP) programme said that the VEP should not attempt to tackle all social issues on its own, but rather focus on coordinating with other DSD programmes that specialise in the relevant area. So, for example, if the VEP notices that it is dealing with many cases of victimisation related to substance abuse in a particular area, it should talk to the Substance Abuse Programme and arrange for them to intervene. The uniform referral pathway (electronic case tracking system) that is being developed will be very useful for facilitating such collaboration, as it will be able to highlight the overlapping needs of victims, and identify which DSD programmes should be involved. Similar collaboration with other government departments through the VEP Forum should be pursued.

However, others participants felt that because services are rendered by generic social workers (who work across programmes) in the DSD regional offices, referrals from one programmatic area to another – such as from a disability-related service to the VEP – would be entirely based on the knowledge and capacity of local social workers [DSD03, DSD02]. Similarly, clients may be referred by NPOs to other organisations for those services that they do not offer. In some cases, these services may well fall within the VEP mandate, but not be within the service provision focus of the NPO in question. As one participant explained:

The reality is that people experience services totally differently from how the Department is structured. If an organisation can provide all services that a client requires, they do. If they can't, they refer. One client can be in multiple agencies, if it is in their interests. [DSD01]

Unfortunately, the silos created by DSD's programme-based structure fails to view (or address) clients' victimisation holistically, and results in uneven service provision for clients. More importantly for the VEP, it means that the programme's status and contribution remains undervalued, and that the collaboration that is happening between programmes is mostly either ad hoc or personality-driven.

Regional Level Collaboration & Coordination

The Relationship between the Provincial VEP and Regional DSD Offices

Although most regional offices have someone who is responsible for coordinating VEP services in their region, the roles of these individuals varies greatly from region to region. These differences are illustrated by three coordinators who described their role as verifying and monitoring the work of NPOs according to their Transfer Payment Agreements with the Department [DSD11], as supervising DSD's own VEP services in the region [DSD12] and as coordinating and monitoring both own and NPO services [DSD10] respectively. By contrast, at the time of the evaluation, one region had no VEP coordinator, due to provincial level secondments, and relied heavily on other social workers to fill the gap [DSD08]. Another region, although it had a VEP coordinator, did not have a Special Programmes Coordinator, and the other staff including the VEP coordinator had to absorb much of the workload, detracting from time available for VEP activities [DSD09].

Most VEP Coordinators or other regional staff responsible for the VEP interviewed attended the provincial VEP Forum meetings. These participants felt that the Forum is an important mechanism for communication and collaboration, as it is the only opportunity for regional VEP Coordinators to meet [DSD12, DSD07]. However, the fact that not all the regional VEP Coordinators attend the provincial Forum meetings was identified as a problem, as it results in members of the provincial Forum not being aware of activities and problems at the local and regional levels. Participants felt that this lack of participation was not necessarily the fault of individual staff, but rather resulted from insufficient capacity and resources in some of the regions.

Regional offices said that they have limited interaction with the VEP staff at the DSD provincial office, as these offices report directly to the office of the HoD. However, some regional VEP staff noted that they had good interpersonal relationships with the two VEP staff

at the DSD provincial office. As there is no formalised interaction between these two levels of the VEP, these interactions are informal and “personality-based” [DSD12].

Regional offices were not asked about their relationship with provincial DSD, as the provincial office informed us that they did not formally work together. However, staff from two regional offices spoke about their relationship with the provincial office in some depth. One participant explained that their relationship with the provincial office used to be much stronger, and that quarterly meetings with the provincial staff allowed them to raise issues and receive support where they needed it. However this has been discontinued and at the time of the evaluation fieldwork it was unclear to them if these meetings would resume [DSD11].⁷ Another participant felt that more guidance and interaction with the provincial programme would be beneficial [DSD12]. Current mechanisms, such as the VEP Forum, only facilitate relationships with outside stakeholders, and there is currently no forum where regional VEP staff might make input, share issues and problem solve with their provincial counterparts [DSD12].

Indicators, Reporting and the Prioritisation of the VEP

When asked how many clients were provided with VEP services at each regional DSD office, four of six offices stated that their access to internal statistics was limited, and three mentioned that there was difficulty recording VEP cases, as many overlapped other DSD service categories (i.e. cases that also qualified as child abuse, substance abuse, elderly abuse, domestic violence, abuse of persons with disability, etc.).

This raised under-reporting of VEP activities as an issue. Half of the regional offices noted that due to the nature of gender-based violence, many people may not report incidents directly, but the issue may emerge when they interact with social services for other reasons, or in emergencies. Further, gender-based violence often occurs concurrently with other social problems, but because issues have to be recorded discretely, complex interrelated issues have to be simplified, separated, and classified programmatically. Many VEP-related clients are recorded under other programmes [DSD09], and as two participants explain:

In 2013, we had 300 victims, but that only accounts for those we listed as having received VEP services. It doesn't include child victims of sexual offences, or people with disabilities, etc. We don't want to double count. [DSD09]

⁷ Subsequent to the completion of the fieldwork phase of this evaluation, it has become apparent that these quarterly engagements will resume, and a schedule has been drawn up and made available to the regional offices.

It's a struggle to make a distinction between other intake cases and victims. Eighty per cent of all DSD cases reported could actually be VEP cases. But they end up in other programmes. Like ... a mother brings in a child for foster care, but when she talks about her problems and you investigate more, you find that she's a victim of domestic violence. Her case might be categorised by the intake worker as substance abuse, child abuse/neglect. [DSD10]

Four of the six regional offices noted that they found the process of reporting their non-financial data to be a major concern, and indicative of the low priority and unclear mandate of the VEP [DSD07, DSD10, DSD11, DSD12]. Each of these regions expressed concern that they did not include VEP-related activities in the non-financial data that they reported to the office of the HoD. Although national indicators for the VEP (that focus on gender-based violence) have been circulated, the regions do not report on this, but rather focus on other performance indicators that the HoD forwards to the national government [DSD07, DSD11]. One participant suggested that this (selective) reporting system may have developed in response to concerns on the part of the province and its auditors that the comprehensive reporting of VEP activities would create the impression that crime and victimisation had increased, rather than that more services were being rendered to victims of crime [DSD07].

Participants from DSD felt that the non-reporting of VEP data was intensely problematic. As one participant explained: "It's a lot of work, time, someone's salary that is not reported" [DSD12]. To ensure that the VEP work done in their region was counted, this office reported on VEP services as 'Family Preservation' in order to account for work that would otherwise not be recorded.

Regional DSD staff felt strongly that the lack of reporting on the VEP stemmed from the programme's lack of prominence within the Department. Even though DSD is mandated by the national government to lead victim services, regional staff (similarly to provincial staff, discussed above) felt that the VEP has a very low priority within the provincial DSD [DSD07, DSD08, DSD10, DSD11]. These participants felt that the Department's focus was clearly on children, and that the programmes in the Children and Families Directorate are prioritised at the expense of the VEP. One regional staff member noted that the VEP used to fall within the Children and Families Directorate, but that it had been moved to Social Crime Prevention under the 'Modernisation' process. Despite the provincial emphasis on victim empowerment and the steadily increasing VEP budget (addressed for example, in the MEC's budget speech and the foreword to the Annual Performance Plan), in their opinion, this was an indication that the Department saw the VEP as unimportant, and that it had been intentionally side-lined by the Western Cape Minister of Social Development. They explained:

That is why the VEP feels distant to the social workers in the service delivery areas. If your minister says he won't bother with VEP, what message does that send to the social workers and the communities? [DSD10]

Service providers similarly felt that the invisibility of the VEP in provincial statistics contributed to the overall lack of direction within the VEP, and the lack of clarity in respect of the role of the regional offices. Participants mentioned that with no formal relationship with the provincial VEP, no performance indicators to maintain standards, and no other uniform documentation across the regions for the VEP, service delivery areas render VEP services as the local staff see fit. They felt that without a clear strategy, and direction from the provincial level, the VEP does not have a character of its own [DSD08, DSD12]. As one participant explained:

We're just an add-on, down here we are passionate but with this structure we are going nowhere. [DSD10]

Participants argued that as long as VEP activities are not reported provincially and nationally, the VEP would continue to be seen as unimportant. Staff at regional offices and in the provincial VEP mentioned that the profile of the VEP was only raised when sensational crimes like the murder of Anene Booysens happen, but that the rest of the time the VEP received little interest or support [DSD12, DSD04, DSD06]. One participant pointed to the fact that the VEP is the least funded of the DSD programmes as evidence of the low priority that the Department gives to the VEP [DSD07]. One participant felt that the lack of VEP-specific legislation was responsible for the poor funding, as on a national level, money is scarcely allocated to unlegislated mandates [DSD08]. Another participant, however, sees the reporting framework that disregards VEP as a core issue:

The HoD indicators are the main focus of our office currently and also of local offices; they emphasise these activities and also allocate budgets based on these indicators. [DSD11]

Participants felt that the shortcomings of the VEP did not stem from a lack of resources (human or financial), but rather from the perceived lack of political will around rendering victim services. One participant felt this was because the administration had very little confidence in social work, adding that currently all the Chief Directors and the Acting HoD are not social workers and that they have a different perspective from social workers about which services are important [DSD07]. These participants felt that the Department needs a paradigm shift, where more decision makers in significant positions in the administration take victim-related services seriously [DSD07, DSD10]. Until then, one participant explained that trying to get DSD to take VEP seriously will be like "shouting against thunder" [DSD10].

DSD's Collaboration and Coordination with Other Government Stakeholders

Relationships between the Provincial VEP and Other Government Departments

All six government department representatives that were interviewed reported that their department's relationship with the VEP is successful: one participant described the relationship as 'close' [GOV01], with another saying that DSD has always been very open to assisting and listening to their department's needs. In particular, the VEP Social Work Policy Developer was identified by several government department representatives (as well as by many other participants) as being central to these good relationships, as people feel that they are very approachable, and that they can contact them whenever they need advice or assistance.

The main type of collaboration between the VEP and other government departments involves referrals. Government departments that work regularly with victims or that identify victims in the course of their activities (DoH, DBE, NPA, SAPS) frequently refer victims to DSD social workers, NPOs funded by the VEP, and other government service providers that the VEP works with or that are on the provincial VEP Forum (for example, SAPS Community Service Centres and TCCs). DCS also makes referrals to DSD social workers when it identifies victims – either in victim-offender dialogues, or amongst the inmate population. SAPS and DOH receive many referrals directly from the VEP.

The fact that the VEP funds certain elements of government programmes is particularly useful for departments that do not have dedicated victim empowerment budgets. For example, DSD funds psychosocial support services at TCCs located within DoH facilities. DSD also funds training of SAPS victim empowerment volunteers. Whilst the VEP pays for training the volunteers (facilitated in collaboration with a VEP-funded NPO), SAPS pays for the venue, transport and other associated costs. These funding and arrangements increase opportunities for collaboration and input between DSD and the other respective departments.

Participants highlighted some challenges to interdepartmental collaboration between DSD and its government partners. Three participants pointed out that collaboration and service provision tends to be led by individual priorities, rather than by policies that mandate/enforce collaboration. One government department representative noted that various members of their department prioritise victim empowerment differently; some see it as an important component of their duties, while others simply "tick the boxes" in order to be compliant, but do not in fact provide a quality service [GOV05]. Similarly, another

government department representative said, “the issue is that police, doctors, and politicians tend to not take social workers seriously, and I think if that would change it would make things easier” [GOV01]. For example, one DSD provincial office staff member reported that NPOs are not always welcome in schools, which prefer to focus on the academic curriculum, and NPOs (both those funded by DSD and other NPOs) are admitted into schools on a discretionary basis. This is not a DBE policy, but depends on the individuals running the schools.

In addition, one participant noted that SAPS is not able to measure the impact of all of its victim empowerment volunteer training (which is run by the VEP), because this training is not part of SAPS’s mandate, and because while entry-level training for SAPS trauma room volunteers is accredited, the standardised training conducted with all victim empowerment volunteers (compiled by the Victim Support Working Group, based on best practices and facilitated by a consultant, is not accredited. As the SAPS volunteer programme is not a Key Performance Area and has no budget allocated, it is not monitored, which is a challenge for creating accountability and credibility for SAPS victim empowerment services.

Participants identified a number of possible future collaborations between themselves and DSD. The Department of Community Safety said that it would like more synergy in terms of the support they could give the VEP at the provincial DSD office. This department could, for example, assist with training and debriefing SAPS victim empowerment volunteers, although this would require the Department of Community Safety to have its own victim empowerment budget. SAPS mentioned that although they currently debrief their victim empowerment volunteers, they do not have the capacity to do this as thoroughly as is needed (SAPS social workers and psychologists are only mandated to see SAPS members, not volunteers), which means that some volunteers do not receive any debriefing. DSD and SAPS have entered into agreements for DSD to fulfil this function, and these should be revisited to ensure optimal coverage through the use of both DSD social workers and VEP-funded NPOs to provide the debriefing.

It was noted by several of the government department representatives that addressing social problems isn’t just DSD’s responsibility, and that it requires a multi-departmental approach. It also requires political will and buy-in, because that will impact on funding, and on the cooperation of important stakeholders.

Collaboration between DSD Regional Offices and Other Government Departments

Overall, relationships between regional DSD offices and other government departments and service providers were reported to be successful and productive, albeit with room for

improvement. The regional and local VEP fora that are currently operating promote awareness of victims' issues among other stakeholders and facilitate linkages between stakeholders and social workers.

All DSD regional offices said that they work closely with SAPS. One regional office mentioned collaborating with SAPS's *Men for Change* programme, and having a close relationship with the Family Violence, Child Protection & Sexual Offences Unit (FCS) members, who frequently bring victims to DSD for counselling. However, one office reported that despite expressing interest, SAPS does not attend meetings.

All DSD regional offices said that they work closely with the NPA/TCCs. One office in particular has a very fruitful relationship with the NPA and the local TCC: they attend monthly monitoring meetings with relevant government stakeholders about the TCC's operations, chaired by the NPA; they have an official Memorandum of Understanding with the TCC outlining referral procedures; the TCC gives them helpful input on their victim empowerment work, including training; and they are also running a joint pilot programme with the DoH and the NPA on intimate partner violence. Another regional office collaborates with the NPA on cases of human trafficking.

Five (of six) DSD regional offices said that they work closely with the DoH. However, one office reported that while one of the hospitals in their region makes referrals to DSD, they are unwilling to attend meetings or joint training sessions.

Two DSD regional offices said that they work closely with the DBE, including on joint interventions. One office is hoping to plan programmes together in the future, for example by utilising parent meetings to promote DSD services. Another office has conducted workshops in schools on hate crimes, xenophobia and bullying, and works with school principals on issues of gang violence. Some regional DSD offices/social workers also work with Life Orientation teachers in schools.

Two DSD regional offices reported working closely with local municipalities, on inter-governmental relationship planning and on special events, such as during the 16 Days of Activism. In one region, the municipality funds some victim empowerment activities, such as awareness-raising about domestic violence.

DSD regional offices also reported collaborating with the Commission for Gender Equality and with Community Policing Fora. Social workers have also assisted on DCS victim-offender dialogues and have attended DCS Victims' Days.

A few challenges with government departments' collaboration with DSD regional offices emerged, and these largely reflect the challenges faced by other levels of DSD and by NPOs

in working with other government departments. One regional office noted a problem with receiving orders from the local court (DoJ), and another office reported that the DoJ does not attend meetings, or joint training sessions. One office reported that the Department of Human Settlements does not attend meetings or joint training sessions, and they would like them to attend, because they can play an important role in victim empowerment by providing housing for victims leaving violent relationships.

Collaboration between NPOs and Government Departments

On the whole, regional collaboration between NPOs and government stakeholders (other than DSD) was reported to be good, with SAPS, DoH, DBE and the NPA being noted most often as frequent collaborators.

All (13) NPOs funded by the VEP and all (four) NPOs not funded by the VEP that were interviewed said that they work closely with SAPS. For example, SAPS members visit one shelter to share information with clients. However, one NPO noted that they had seen a recent drop in SAPS's willingness to work with them, seemingly because SAPS have been more focused on working with other stakeholders in the area, such as Business Against Crime.

Twelve of the 13 NPOs funded by the VEP and all (four) NPOs not funded by the VEP that were interviewed said that they work closely with the DoH. In contrast, one NPO stressed that their relationship with the DoH was "non-existent" [NPO06], and another NPO reported that their relationship with the DoH had deteriorated since the nurse that they had previously worked with left the local hospital and the superintendent does not have time to engage with them, indicating that their relationship with the DoH was, ultimately, personality-driven.

Similarly, ten NPOs funded by the VEP and three of the four NPOs not funded by the VEP that were interviewed said that they work closely with the DBE, or with individual teachers and principals at their local schools. One shelter said that they have an informal relationship with the DBE, whereby they send their clients' children to the local school, and the teachers are very accommodating, even picking the children up from the shelter.

Nine NPOs funded by the VEP and three of the four NPOs not funded by DSD said that they work closely with the NPA/TCCs.

Other departments and bodies that NPOs work with included SASSA (DSD), the Department of Home Affairs, the Department of Labour (finding jobs for clients), the DoJ and courts (one NPO noted having a very good relationship with the local court), DCS, local municipalities, schools, religious organisations and churches, and local volunteers. Eleven NPOs described their relationships with these other stakeholders as "good". Three of the four NPOs not funded by the VEP that were interviewed said that their relationships with other government

stakeholders were good, and the fourth reported that the strength of relationships depended on the individuals within departments, although did not report any serious problems.

However, some challenges in working with government departments were noted. One NPO said that these relationships could be improved, and another said that they found these relationships to be “frustrating” [NPO05], as government systems are not working efficiently. Some NPOs felt that government employees are not committed to victim empowerment, and do not go the extra mile when necessary. They also found communication with government departments to be a challenge. An unfunded NPO that occasionally works with DSD supported this view and said that, in general, it was difficult to pin down who in the system ought to take responsibility for a client, and each department tended to “pass the buck” [NPO15].

Fora that NPOs sit on were highlighted as particularly beneficial to inter-NPO and other stakeholder interactions, including the VEP Forum, NGO fora (including a network for all NPOs that render services to drug dependent clients), the Western Cape Women’s Shelter Movement, the Western Cape Women’s Network, the Stellenbosch Welfare Organisation Coordination Committee (it was noted that DSD has been invited to attend these meetings, but has never attended), a business sector forum (which was noted as a good place to raise money), the Counter-Trafficking Coalition, the South African Torture Coalition and the SA Coalition for Transitional Justice Network. These fora allow for joint activities (for example, training and awareness-raising activities), joint planning and sharing of experiences and best practices, and also work to promote accountability among partners.

VEP Fora

The Provincial VEP Forum

As noted above, the provincial VEP Forum was considered by most participants to be a real success, as it provides an important space to develop and maintain inter-organisational relationships and facilitate collaboration on on-going activities. All six government department representatives interviewed are currently members of the provincial VEP Forum, and they noted that prior to the Social Work Policy Developer joining the VEP, the Forum had essentially collapsed. The VEP Social Work Policy Developer, praised as a “strong personality” [GOV06], resurrected the Forum, which now meets regularly, and keeps members updated on VEP initiatives. Further, the provincial VEP Forum has been refocused under the VEP Social Work Policy Developer’s direction, as membership had become unwieldy. In order to include only strategically relevant role-players, some people who were previously on the Forum but who were in fact regional not provincial stakeholders were redirected to the correct forum.

All government department representatives interviewed said that they found the provincial VEP Forum useful, as a platform for intersectoral collaboration, networking and building partnerships, collegial support, finding out about what activities are taking place in the regions and at the national level, ensuring that departments do not work in isolated silos and that there is no duplication of work, identifying areas where departments can help each other, sharing best practices and organising shared events. For example, at one point DCS needed volunteers for victim-offender dialogues, and SAPS was alerted to this through the Forum and provided them. Other areas of useful collaboration through the Forum that were highlighted included ensuring that courts have a sufficient number of available social workers, and planning around the 16 Days of Activism.

The Forum also facilitates collaboration beyond the quarterly meetings. People on the Forum become personally familiar with the VEP, DSD, and other provincial government personnel (rather than just having a list of names and numbers) and this means that participants know exactly who at DSD – and who within other departments – they can or should contact to deal with an issue, obtain information or make a referral.

Participants reported that attendance at quarterly Forum meetings by most members was now good, with members eager to get involved in victim empowerment activities in the province. Participants felt that this was an improvement on past participation, which was poor. However, there were some inconsistencies in attendance. Specifically, representatives from the Departments of Justice, Human Settlements, Home Affairs and Education are frequently absent from Forum meetings. At the time of the evaluation the DBE's representative had only recently been assigned to the Department's victim empowerment portfolio and had understandably only attended the Forum once. However, the absenteeism of the other three departments was identified as problematic, as it impedes service provision. For example, participants felt that because DBE has not attended the Forum until very recently, it has been unclear whether collaboration with this department on programmes in schools could be useful. In addition, the DoH has not yet appointed a person to attend regularly, and the person who has been attending has done so on an ad hoc basis. This was noted as a gap that needs to be resolved as soon as possible.

Some other challenges were also noted.

While the VEP Social Work Policy Developer has been successful in strengthening the Forum, they cannot sustain it on their own, and require support from DSD. Indeed, while individual stakeholders report to the national VEP Directorate as separate entities, the provincial VEP Forum does not currently send an inclusive, integrated report on all provincial victim empowerment activities to the national VEP Directorate, limiting the opportunity to align the

Western Cape Forum's activities with national objectives, and to learn and share with other provincial fora (this is discussed further in the section on the Structure of the VEP).

Relatedly, participants felt that national legislation guiding all victim empowerment activities across all departments and a reporting protocol would also significantly strengthen the Forum and the VEP. It was noted that in the absence of legislation, victim empowerment is not part of (other) departments' mandates, and it is thus not mandatory for the relevant government departments to send representatives to attend Forum meetings or to report on their victim empowerment activities. Involvement is currently optional, largely based on good will and driven by individuals' relationships with other stakeholders. Such legislation would also ensure the allocation of greater resources to victim empowerment activities.

In the absence of legislation, the approval of the *Terms of Reference for the Provincial Victim Empowerment Programme (VEP) Forum Management Team* (WCDSO, n/d) would also go some way towards addressing these gaps, as this document clearly defines stakeholders' roles and responsibilities. Approval of this clearer definition of these terms would mean that HoDs would be able to mandate staff to attend meetings and report to the Forum. Government department representatives and DSD staff supported the draft VEP Forum *Terms of Reference*, but participants cautioned that these *Terms of Reference* will have no impact if they are not approved by other government departments' HoDs. One participant said, "if [DSD] don't get buy-in they'll be the only ones in the province doing victim empowerment" [GOV07]. It was suggested that these *Terms of Reference* be workshopped with the relevant HoDs to ensure such approval.

Other individual (practical) concerns about the Forum included the fact that Forum meetings are often unnecessarily long, and that meetings did not always stick to the agenda. Participants also suggested that the Human Rights Commission should attend VEP Forum meetings, given that human rights issues are often picked up at these meetings.

Regional and Local VEP Fora

Local VEP fora were set up in order to make the fora more accessible to local NPOs. The idea in setting these fora up was that they could feed information up from the local to regional and provincial fora respectively. However, not all local and regional fora are currently operational, and not all of the fora report as mandated. As one participant explained:

The purpose of regional and local forums is to feed back to the provincial VEP Forum, because that's where it's all happening, and also for help if local forums cannot solve the problems. If you don't have a local forum, there's no mandate to report to the regional forum, if you don't have a regional forum, there's no mandate to report to the provincial Forum, and then there can't be streamlining

of services. We are represented at the provincial Forum, but because we don't have information from the local areas, there is nothing we can put on the table.

[DSD10]

Participants reported that the success of regional fora depends on the capability and capacity of the DSD VEP Coordinator in the region, and the regional fora thus range from very successful to non-operational. Where they are working well – for example in the Metro North, Winelands and West Coast regions – participants reported that they are a good platform for facilitating case flow management, and for identifying problems and finding solutions to them. Others are not currently operational, which is problematic because information on those areas and regions are not fed back to the provincial Forum, which in turn means that provincial stakeholders have little information about the activities in those regions and local areas, and about what gaps and problems they may be facing that could be dealt with at the provincial level. One government department representative was particularly eager to assist with improving victim empowerment services in the regions by using their staff in their local offices, but is unable to do so until information about how their department can assist is fed back to them [GOV05].

It was also noted by one DSD staff member that they struggled to get social workers to attend fora meetings. A government department representative pointed out that the regions are often geographically very large, which makes it difficult to hold fora meetings. One VEP Coordinator thus has to coordinate many local offices, over a large area, making scheduling meetings and ensuring attendance difficult.

Other Fora

Numerous participants mentioned other fora whose mandates overlap with that of the VEP fora. These include:

- The Human Trafficking Task Team, run by the NPA, which acts a platform for members to collaborate on human trafficking cases. For example, when there's a suspected case of trafficking, the NPA, SAPS, DSD, and the Counter-Trafficking Coalition (a group of NPOs that are part of the Task Team), among others, work together to find accommodation/shelter for the victim. It was noted that the Task Team faces similar challenges to the provincial VEP Forum, because of the absence of directives. The VEP is involved in this forum, and has facilitated referrals in the past. The scope of the VEP's human trafficking work is currently expanding due to the new legislation, and likely so will this collaborative work.
- The Gender Justice Forum, now headed by the DoJ. This forum is considered to be very successful.

- The Child Justice Forum, now run by the Department of Justice.
- A 'Professional Forum' which was established by NPOs so that NPOs can still meet quarterly, despite the fact that the local VEP forum had collapsed due to a lack of staff.
- A now-defunct forum (stopped because of a lack of funding) that met at the Saartjie Baartman Centre, and brought together all volunteers involved in victim empowerment – including SAPS victim empowerment volunteers and SAPS Victim Empowerment Coordinators. This forum discussed service delivery issues, picked up incorrect referrals, and also ran wellness and debriefing sessions for the volunteers. Participants said that they would like to see the activities/collaboration fostered by this forum reinstated, and suggested that the provincial VEP Forum might allow more time for NPOs' and volunteers' input to achieve this end.

Some participants noted that due to the lack of capacity within their offices, and the multiple meetings that individuals have to attend outside of the office, the multiplicity of fora dealing with victim empowerment and gender-based violence issues negatively affects attendance and participation. In order to combat this problem, provincial and regional VEP fora might assess how meetings could be combined where they deal with the same issues, or streamlined, so that these multiple fora are seen as complimentary, and not competing.

DSD's Collaboration & Coordination with NPOs in the Province

Regional DSD Offices' Reliance on NPOs

Participants at both the DSD provincial office and the regional offices mentioned a strong reliance on local NPOs. One participant said that because DSD's own services are so focused on children they do not adequately serve adult victims, and have to rely on referring to NPOs [DSD08]. Typically DSD social workers do the intake, assessment and brief intervention, and then refer clients to the appropriate service [DSD02, DSD08]. Some participants felt that DSD social workers need to be reskilled to deal with victim empowerment issues, so that they do not need to rely on NPOs [DSD10, DSD11]. One participant said that people within DSD need to become experts and be able to train their own staff instead of constantly relying on outside organisations to train DSD staff [DSD10].

As NPOs are procured by and monitored from the provincial VEP, and as regional offices have minimal interaction with the provincial office, local VEP services are much more isolated and fragmented. DSD participants consequently felt that they were out of touch with NPOs in their area [DSD11, DSD12] and felt that their respective offices had had a much better understanding of the VEP when they were still involved with managing contracted

NPOs [DSD09, DSD11]. Regional DSD staff felt that managing the NPOs meant that they knew what services were being rendered in the area, what services DSD itself could provide and what services to refer clients out for. One participant mentioned that their office tries to facilitate services through NPOs in the area to make sure there is some sort of minimum standard of victim empowerment service provision [DSD08].

Regional offices felt that current management arrangements mean that they have no say about the kind and quality of services that are procured, and simply have to rely on NPOs because contracts (TPAs) have been signed by the provincial office [DSD10].

However, regional DSD staff are called on to assist NPOs from time to time. In such cases, staff at some regional offices felt that they needed more guidance and information if they were going to meaningfully assist contracted NPOs. For instance, when regional offices are called on to follow up on complaints about local NPOs, there are a number of obstacles:

With the monitoring they want us to go and see this or that in the NPOs, but we don't have someone assigned to that so the Regions don't want to go. We haven't seen any info on how they function, we don't have a file, so don't know what to do. [...] We need more discussion and collaborations between us and the Provincial office regarding information about the funded NPOs, not only when they need a corrective plan after a complaint. For example, ECD does that, they have 1000s of crèches, but they take a social worker with so when there are problems they know what to do. [DSD12]

Because so many cases are referred out to NPOs, DSD social worker also often cannot track a client, and determine whether all necessary services have been rendered. Ideally, DSD social workers should remain the case manager for cases that they intake, but this seldom happens. In part this is because they lack the capacity to stay in touch with NPOs and systematically follow-up cases, because social workers are bogged down by statutory work which seems to take precedence in the Department. In addition, once a case is referred it cannot be easily relocated because when a DSD social worker refers someone, their records will say 'referred', but will not necessarily say where they were referred to [DSD02]. There is also no feedback mechanism to report the status of the case to the DSD social worker. As a result, victims fall out of the system and often do not receive adequate services [DSD08]. Some participants mentioned that the Department is involved in developing an electronic register that will alleviate this problem and smooth coordination between DSD and NPOs by mapping clients through a uniform referral pathway [DSD02]. Referral mechanisms are discussed in greater detail in the Collaboration and Coordination chapter and in the Referrals and Exit Strategies chapter of this report.

Another consequence of regional reliance on NPOs is that regions in more remote areas do not have the range and quality of NPO services available in more central locations. Participants said that NPOs from Cape Town were reluctant to provide services further afield because of how busy their existing urban services were, the difficulties of traveling longer distances, difficulties in attaining local staff in outlying areas, and accommodation for local and traveling staff [DSD10]. Where NPOs do travel out, the burden of responsibility falls on them to pay for travel costs, and arranging suitable venues [DSD10].

NPOs' Views on Collaboration with DSD

From the perspective of NPOs from whom DSD procured services, eleven of thirteen organisations interviewed said that their overall relationship with DSD worked very well. However there was a considerable difference in the way that contracted NPOs viewed the provincial and regional programmes.

Ten of the thirteen NPOs said that they worked extremely well with the provincial VEP, and described their relationships as "open", "accessible" and "trusting". Five NPOs mentioned that there had been a decided difference in the efficacy and communication of the provincial VEP team in the last two years, and most participants directly attributed this success to the VEP Social Work Policy Developer. Organisations mentioned their considerable subject knowledge, efficiency and follow-through, transparent and communicative way of working, and approachability as significantly improving their relationship and coordination with the provincial administration [NPO01, NPO07, NPO05, NPO10, NPO11].

There were however, occasional complaints about the NPOs' relationships with provincial DSD. One organisation noted that there were often administrative delays, and delays in disbursing funds to NPOs [NPO04]. A second organisation said that their Board found DSD to be too prescriptive, and not consultative enough, but that this seemed to have been resolved after their recent monitoring and evaluation process [NPO017]. A third organisation however, felt that the monitoring and evaluation process created tension, especially because they felt that DSD did not like criticism [NPO16]. One other organisation felt that the province's efforts at monitoring and evaluation were ineffectual, as they do not provide adequate and constructive feedback. As this participant explained:

There is no constructive talk about where things can be better; here is an acknowledgement for the need of documentation of best practices to assist organisations to organise and share. [NPO05]

Contracted NPOs tended to be much more critical about the role of local DSD staff. For instance, one organisation that works across various metro regions noted that they only had a good working relationship with only one regional office [NPO07]. Four of the six NPOs

interviewed felt that relationships with the regional and local DSD offices were largely absent, saying that they had “no connection”, “no contact” or “no communication” [NPO01, NPO11, NPO17]. Of these organisations, one mentioned that they have appreciated the mentoring and training from the provincial VEP team, but that local DSD has showed no interest in the organisation whatsoever [NPO01]. Another, fairly new organisation, said that are eager to develop a relationship with their local DSD office, but that they do not know who is responsible for VEP in their area, and that “no one from the local office has come in to meet [them] or reached out” [NPO11].

Participants from two NPOs also felt that there was a disconnect between the provincial team's work and the apathy at the local level, where the staff were unaware of the training and coordination efforts from the DSD provincial office, and DSD social workers were never present at meetings held by the provincial VEP [NPO05, NPO11].

However, organisations mentioned that the absence of a relationship is not necessarily negative, and that the local offices are not making any demands of them. One participant felt that her regional office's focus was on statutory work, and that they consequently did not “really need to interact because [they] are not doing statutory work” [NPO01]. Others simply felt that due to staff turnover at DSD, it was difficult to maintain a connection [NPO17].

Collaboration between the VEP and NPOs currently not funded by DSD was limited but not absent. One NPO noted that at the provincial level, they did work with DSD on a case-by-case basis and remarked that they found the VEP Social Work Policy Developer to be approachable. However, another NPO said that their relationship with the provincial VEP was quite poor but that this was based on past experiences where “there has not been any consistency and momentum around issues is never sustained” [NPO16], and hoped that with the change in management they could rekindle this relationship.

At a regional level, participants noted that cooperation really varied from social worker to social worker and office to office. One NPO found that where they worked with the same social worker again and again, things slowly improved. However, NPOs felt that there was a tendency among regional DSD staff to evade responsibility, especially around difficult cases or anything deemed as out of the ordinary, such as human trafficking or disability. One participant quoted DSD staff as often saying “it's not my area,” or “I have to wait for my supervisor,” or “I'm not mandated to do that,” resulting in poor services being rendered to victims [NPO15]. Similarly, an organisation that deals with a specific issue pointed out that:

The minute DSD hear [issue] they refer to us – it becomes an untouchable case – they do not even try to provide the services that they can. We've asked DSD to investigate [cases] ... but they are really good at palming off cases – it's the same with shelter placement. [NPO16]

KEY CHALLENGES – COLLABORATION

- There is limited and informal collaboration between programmes that render services to victims within DSD.
- Where victims have multiple intersecting vulnerabilities (for example, a person who has a disability and is also a victim of crime), there is often no appropriate service provision as their needs fall between programmes.
- The provincial VEP is cut-off from regional DSD offices, limiting comprehensive planning and implementation, as well as the feedback of problems to the provincial office.
- The limited communication between provincial structures and regional offices regarding the VEP and the omission of VEP-related data from provincial reporting gives social workers the impression that VEP is a low priority.
- Collaboration with outside stakeholders (including other government departments) has improved due to the efforts of the provincial and regional fora, but is limited by the lack of legislation mandating forum attendance as attendance is still at the discretion of stakeholders themselves.
- Regional fora do not yet operate in all regions, and where they do, they are largely driven by committed individuals.
- There are numerous fora that address victim empowerment related issues. Both DSD and other stakeholders are fatigued by the need to attend these multiple meetings, especially given limited capacity.
- At the regional level collaboration is very dependent on the enthusiasm or commitment of individual social workers, and the kind of assistance that outside stakeholders get varies from who or which office they approach.

CAPACITY & RESOURCES

Staff & Training

Participants' views on whether their offices were adequately staffed or trained depended (inevitably) on the particular office or region within which they worked. Half of the participants at regional level thought that their offices were sufficiently staffed (in terms of number of people), but some of these questioned whether internal structural hierarchies accurately reflected employees' skills and experience. Other offices reported difficulties with staffing: one office reported that it had a post at the coordinator level that had been vacant for longer than six months, and a rural office felt that more social workers were needed

relative to the size of the service delivery area (despite its population being comparatively small). A shortage of rurally-based Xhosa speaking social workers was also noted.

Participants from other government departments had mixed feelings about whether their staff were adequately equipped and trained to recognise and refer victims for appropriate VEP services. While some departments felt well-equipped, other participants felt that staff training left something to be desired. One participant said that although their permanent (paid) staff were properly trained, in reality victims were mostly seen by volunteers, who often had very limited training. Participants explained that untrained staff (both DSD and otherwise) had disastrous consequences for the client:

Victims experience insensitivity when [untrained] members handle them. Members don't always respect confidentiality. They will tell an offender, 'Your ex just called me. She's here [location]'. We need a code to stipulate that this is not OK - to guide how to handle victims. [GOV04]

While most of the VEP-funded NPOs felt that their staff were very well-trained, they reported that their teams were often understaffed. These NPOs reported shortages in medical personnel, field workers, disability workers, home-based care workers, social workers, and counsellors. One participant stated that many staffers were forced to fill dual roles and hence had twice the workload. While another reported that their organisation's more skilled, experienced workers were routinely 'head hunted' and offered higher salaries elsewhere at government agencies. Volunteers were mentioned as an important buffer to staffing shortages, but these people were sometimes less well trained.

Office Space

While office space at DSD regional offices was generally thought to be sufficient, two of six participants were concerned over the level of privacy afforded to clients during individual counselling at their offices. Participants felt that this impacted their service delivery, explaining that counselling is less effective if it cannot be carried out in a private, confidential space.

Three (of 13) the VEP-funded NPOs that were interviewed identified a lack of office space as an issue. One shelter had to downsize because it could not afford the rental of its existing property. (The shelter's new house was awaiting a planned extension, though raising funds was difficult due to most donors funding programmes but not building projects). One NPO felt that the rooms at their organisation were too small and uncomfortable to accommodate victims of trauma, and another reported electrical issues and structural problems. One NPO had undergone a recent upgrade in office space and was satisfied with the result.

Transport

Transport was a major problem for regional DSD offices, with one metro office explaining that it had eight staff members that had to all share one vehicle. Another metro office noted that parking near their offices was very expensive, which meant that many staffers chose not to drive in to work. A knock on effect of this was that, "We don't attend meetings [outside the office] because we don't have a car to get there" [DSD09].

Similarly, half of the participants from VEP-funded NPOs identified limited access to transport as a problem. These participants described that these transport shortages impacted their ability to render services away from the main office or building (for example, conducting 'home visits'), increased petrol claims for staff using their own cars, and created staff safety concerns when staff had to go to townships using taxis or on foot. Some organisations said that their staff has to schedule transport well in advance, making emergency situations and ad hoc excursions to assist clients difficult. For rural NPOs, the large service delivery area and geographic distance that they have to cover is a significant contributing factor to transport problems.

Materials, Equipment & Other Supplies

Regional DSD offices mentioned that they lack specialised equipment to aid in child victim support – for example, anatomically correct dolls and play therapy equipment. Participants also mentioned that there were little or no information brochures or other awareness-raising materials due to budget restrictions. Facilities for external communication were a major concern for one participant at a metro office, who reported waiting six months for landlines to be installed, only to have the phones stop working the next week. Staff at this office had been forced to get new personal numbers because their cell phone numbers had been widely distributed while the offices had no landlines, and clients had started calling them after hours. Access to the internet, memory sticks, and printing facilities were also limited or non-existent at the same office

Materials and equipment at VEP-funded NPOs were generally satisfactory (although this may be due to funding that is raised elsewhere by these organisations). One participant reported difficulty in gathering funds together to translate victim support material into other languages.

Finances

DSD regional offices reported widespread budget restrictions that impacted their service delivery. Similarly, most of the NPOs that were interviewed reported significant funding issues that contributed to a lack of capacity, resources and an impact on service delivery. These

staff mentioned HR costs, administration and programming costs, and other 'core' running costs, inadequate staff salaries, an inability to meet premises rental payments, difficulties in providing 24-hour residential care and a lack of funding to assist victims of human trafficking (including money to repatriate victims to their home countries) as particularly problematic.

For some participants, the funding model that DSD uses is problematic in that it only pays aspects or parts of the actual costs of programmes, which makes it difficult to fund the rest of the activity costs, and makes for piecemeal funding of their organisation. This participant explained:

We asked in February for DSD to come up with another funding model for organisations like us. They fund us for different posts, but, in reality, the way that we work [is] all the cash goes into one pot. [This] makes it hard to account [for VEP costs] in the end. We want them to treat an organisation as holistic – with all needs accommodated in one budget. [NPO05]

KEY CHALLENGES – CAPACITY & RESOURCES

- There is a great deal of variability in levels of staffing, training and capacity across the VEP. While most NPOs felt that their staff was well-trained, other stakeholder groups were less confident.
- There are long-term vacancies and staff shortages in rural DSD offices that impact service delivery.
- Most DSD offices have adequate office space, but some lack the appropriate spaces to provide private, confidential counselling to victims. NPOs reported more problems with office space.
- Transport was a major problem for DSD offices and NPOs alike, creating bottlenecks, impacting their ability to render services away from the main office or building (for example, conducting 'home visits'), increasing petrol claims for staff using their own cars, and creating staff safety concerns.
- Regional DSD offices lack specialised equipment to aid in child victim support – for example, anatomically correct dolls and play therapy equipment.
- There is little or no information brochures or other awareness-raising materials due to budget restrictions.
- Both DSD regional offices and NPOs alike reported widespread budget restrictions that impacted their service delivery.

REFERRALS & EXIT STRATEGIES

All of the participants in our sample described close and good referral relationships among the range of government and non-government stakeholders. Almost all participants reported that they work closely with SAPS and the FCS Units, the NPA/TCCs, the Department of Health (clinics and hospitals) and NPOs in their area. NPOs and DSD regional offices reported close referral relationships. Some of the NPOs that DSD participants mentioned that they work with (in alphabetical order) are: Afrikaans Christelike Vroue Vereeniging (ACVV), Badisa, Cape Mental Health, Child Welfare, Creating Effective Families, FAMSA, Mosaic, Nonceba , Patch, Rape Crisis, Safeline, SHARE, Similela, Stop Crime Against Children (SCAC), Trauma Centre, Ukuthanya, Vroue Netwerk and Worcester House of Hope shelter. Regional offices also identified referral links with NPOs funded by other DSD programs such as ABBA, which is funded by DSD Children and Families, as well as with NPOs that are currently not funded by the VEP (such as GenderDynamix, Siyabonga,⁸ Solutions, Stronger than Ever Before (STEB) and Youth Empowerment Solutions).⁹

In addition to the list above, the following NPOs were identified by other NPOs as part of their referral network: Anex, APD, Article 5 Initiative, Care Haven, Child and Family Welfare, Childline, Catholic Welfare Foundation, Embrace Dignity, Emphilweni, Ikhamva Labantu, International Organization for Migration (IOM), Justice Act, L'Abrie de Dieu, Legal Resources Centre, Molosongololo, the National Shelter Movement, NICRO, Open Door, Orion, Pink House in Masiphumelele, Samila, Saartjie Baartman Centre, S-cape Home Muizenberg, Simamelani, Siyabonga, Social Justice Coalition (SJC), South African Coalition for Transitional Justice Network, South African Torture Coalition, STOP, Straat Werk, The Parents Centre, Treatment Action Campaign (TAC), UCT Law Clinic, Unbound, World Vision and the Women's Legal Center (WLC).

Most government departments and NPO service providers (other than DSD) refer victims to VEP services, and also receive referrals back from service providers within the VEP. Participants reported that meetings and forums (e.g. the VEP Forum, NGO Forum, SWOCC Forum) help towards establishing and maintaining referral relationships between the different NPOs, as well as between them and DSD or other government organisations. These meetings give a sense of unity, provide a base level of understanding of each role-player's work,

⁸ Subsequent to the completion of the evaluation fieldwork, the VEP has entered into a Transfer Payment Agreement with Siyabonga.

⁹ Subsequent to the completion of the evaluation fieldwork, the VEP has entered into a Transfer Payment Agreement with Youth Empowerment Solutions.

ensure that there is not an unnecessary duplication of services, and serves as platform for a functional referral system.

Referral Protocols & Training

Most of the participants in the evaluation agreed that there should be improvements in the referral system, and identified a need for a referral protocol that outlines the roles and responsibilities of all the stakeholders involved with victims, and guides the identification and referral of victims to appropriate VEP services. Currently the referral system is ad-hoc and uneven: some stakeholders use (various) existing frameworks, assessment forms, norms or standards, while others simply rely on professional experience or personal relationships with specific individuals. As one participant explained:

We don't have written [protocols], but we know who is working and living in which areas, and put them in touch with a service that is relevant. [NPO17]

Participants stressed the importance of having standardised referral protocols, an up-to-date directory of services as well as an outline of the roles and responsibilities of VEP stakeholders. They pointed out that in the absence of a more structured system, organisations receive referrals where the clients clearly do not fit their criteria. This can increase the feeling of helplessness and the risk of revictimisation for clients, who have to be “moved around” to find appropriate services [NPO17]. To address this issue, some NPOs have initiated contracts between them to guide referrals [NPO10], although this practice is not widespread.

In addition, participants across the board agreed that specialised training was needed to help them to properly identify victimisation and trauma in order to refer victims for appropriate services within the VEP. Even among the NPO sector – where the majority (12 out of 13) of participants felt adequately equipped and trained to properly identify victimisation and trauma in order to refer victims for appropriate services – almost half agreed that continuous training is necessary to maintain their ability to provide adequate services.

Many participants (both within and outside DSD) expressed concern about the lack of specialised social workers in the VEP, and said that DSD's (generalist) social workers are not trained or equipped to deal with some types of victims (for example trauma victims). Participants also pointed to the fact that there are uneven levels of service from different offices and different areas; in some cases, senior social workers are assigned on do intake, assessments and referrals due to their experience and expertise, while in others the intake officers are junior and change frequently, impacting service provision. One participant explained:

Intake at the SDA [service delivery area] offices is a problem. There are not enough intake officials. There's a process, they refer to a field social worker in the area. Some offices have experienced social workers doing intake (and they are able to properly identify which Programme the person needs), and in others there are no dedicated intake or VEP-specific social workers, and every day they have a different intake officer. [DSD10]

Waiting Lists

Waiting lists appear generally not to be an issue in most of the services provided under the VEP: none of the Regional Offices, and more than half of the NPOs reported that they didn't have any waiting lists for services. These participants said that they either assisted clients immediately, or referred them on to other appropriate services (especially in the case of regional offices). The remaining NPOs, however, said that they sometimes had waiting lists for service: three NPOs reported waiting lists for one of their services in particular, while two other said that they had constant waiting lists because the specialised nature of their service meant that they were not able to refer their clients to other services. One NPO reported that it has a DSD social worker who acts as an intake officer, which means that every client has to be seen first by this person, creating a backlog.

Service providers said that – where possible – they use referrals (between agencies and organisations) to avoid waiting lists. (This is not possible in the case of certain specialised services). For example, one of the regional offices that is not located in a metro area indicated that there is a lack of counselling services for abused children in their area, which forces them to refer to the Department of Health even though they know that DoH services have long waiting lists. Participants from outside of the metro area pointed out that there are few specialised services for survivors of sexual assault (particularly counselling), which makes it difficult to connect clients with appropriate services.

Shelter services were singled out as a problematic area in respect of waiting lists and placements. Participants widely agreed that the lack of shelters and the high demand for services makes accommodating clients more difficult. This is especially problematic in rural areas where shelters are few, and for populations who are not able to be accommodated in most shelters, for example, teenage mothers, mothers with older (boy) children, teenagers without guardians, and trans people. Participants also pointed out that the lack of second-stage or transitional housing to which they can move residents who are almost ready to leave shelter housing keeps residents in-house for long, which impacts on their waiting lists of new clients.

Long-Term Services & Termination

Regional offices reported that they complete an individual development plan (IDP) with their clients in order to evaluate their progress and need of services (including the review or termination of services, as required). Longer-term services are provided for clients by DSD's local offices or through referrals to NPOs.

The provision and termination of services by NPOs varies. More than half of the NPOs participants (9 NPOs) indicated that service providers complete an individual development plan with their clients, including (in most cases) an initial intake assessment. According to some of these participants, services are terminated when the client and service provider feel that the client's goals have been met (although some organisations monitor their clients for some time and many of them offer the possibility of coming back if needed).

Almost all of NPOs (10 NPOs) refer clients to long-term services when required but many of these participants expressed their concern with the scarcity of these types of services. Some participants said that the organisations to which they can refer clients for long-term services are often far away from the client's home, which brings with it added complexities in accessing and adhering to treatment/services. One third of the funded NPOs (4) and more than half of the unfunded NPOs (3) provide long-term services to their clients but these didn't indicate for how long these services were rendered.

KEY CHALLENGES – REFERRALS & EXIT STRATEGIES

- Overall, participants describe close and good referral relationships among the range of government and non-government stakeholders.
- The existing referral system is, however, ad-hoc and uneven, and should be improved.
- Participants agreed that there is a need for a referral protocol that outlines the roles and responsibilities of all the stakeholders involved with victims, and guides the identification and referral of victims to appropriate VEP services.
- Participants identified a need for an up-to-date directory of services.
- There is also a need for specialised training to help service providers to properly identify victimization and trauma in order to refer victims for appropriate services within the VEP.
- There is a concern about the lack of specialised social workers in the VEP. Participants felt that DSD's (generalist) social workers are not trained or equipped to deal with some types of victims (for example trauma victims).
- Waiting lists appear generally not to be an issue in most of the services provided under the VEP, however some services/sectors report difficulties in this regard (for example, shelters and mental health services).

DISCUSSION

Whilst an evaluation such as this one tends to focus on challenges rather than achievements, it provides a unique and valuable opportunity to refocus and reinvigorate the programme as a whole, and also for individuals who participated in the evaluation to pause and reflect on their role within the programme and consider how best they can contribute to it in the future. Several participants told the research team that they were pleased that DSD had undertaken such an evaluation, because it indicates to them that DSD is taking the VEP seriously, and is open to improvement. They also noted that they had found the evaluation interviews to be very useful for thinking through their own role in the VEP, and about their own best practices and the challenges they face. Participants at every level interviewed – DSD provincial office, DSD regional offices, NPOs funded by the VEP, outside NPOs, and representatives from other government departments involved in the victim empowerment sector – all identified similar core issues, and there was much agreement on how the VEP can be strengthened and expanded.

Having described the findings thematically, we now turn to a discussion of the core issues identified throughout this evaluation. Inherent in this discussion are potential markers for change. This analysis of the findings not only highlights and reinforces recommendations identified by the participants in this evaluation, it also draws attention to the structural and programmatic challenges of implementing the VEP. These challenges are drawn out with the recognition of the extraordinarily wide ambit of victim empowerment needs in the province and with the acknowledgement that no single programme can address these diverse demands. Both the findings above and the subsequent discussion also point to areas where the VEP is indeed succeeding.

The empirical data shows that there are a number of prominent and cross-cutting issues related to the management, coordination and provision of services for victims and the role of the provincial VEP. We begin by returning to the impact of the lack of legislation governing the victim empowerment sector, and the problems created by insufficient capacity within the VEP. We then discuss the disjuncture between the VEP's intended and actual service provision focus, and how this can be addressed by broadening the definition of 'victim', improving collaboration within DSD, and by capacitating social workers to provide a more holistic service. We look at how raising the profile of the VEP can improve services and increase the number of victims reached by the VEP. Finally, we reflect on how the development of a unified referral protocol and tracking system will benefit victims, by streamlining VEP services and preventing victims from getting 'lost' between services.

It is perhaps important to mention here that the evidence from this evaluation unambiguously points to the need for a more collaborative and integrated approach to victim empowerment from within the structures of DSD, which requires capacitating the provincial VEP management team to meaningfully oversee and facilitate this process.

THE NEED FOR VICTIM EMPOWERMENT LEGISLATION & POLICIES

The lack of comprehensive legislation guiding and mandating victim empowerment in South Africa impacts on all levels of management, coordination and service provision of victim empowerment services, and without a clear, legislated mandate, the VEP lacks focus and capacity.

Because there is no comprehensive law guiding all aspects of the VEP, there are no policies (national instructions or regulations) outlining the specific victim empowerment duties of social workers and other service providers. Although social workers can of course be held to account for their duties under the Social Service Professions Act, Act 110 of 1978 and other related laws, and NPO staff can be held to the terms of their TPAs with the VEP, these existing frameworks do not sufficiently stipulate all of the services that they should be providing, and detail on how they should be providing them.

As will be discussed below, a victim empowerment law will also clarify who exactly the term 'victim' includes and what their specific needs are, provide for the necessary budget and resources to properly implement victim empowerment activities, mandate the cooperation of the relevant government stakeholders, and raise the profile of victims' rights and services amongst communities. Although 'victim' is clearly defined in various DSD policy documents (for example, the *National Policy Guidelines for Victim Empowerment* (DSD, 2011) and the *Victim Empowerment Strategic Document* (WCDS, 2011)), introducing a national definition of the term through legislation will facilitate both understanding of the term across government departments and civil society, and consistent action with regard to victims' services. Of course, as is the case with many key pieces of legislation, simply passing a law on victim empowerment will not solve existing challenges, and proper implementation of the law and policies stemming from it will need to be monitored and enforced.

CAPACITY OF THE VEP

It is evident, from both the general consensus among participants on what the challenges facing the VEP are and from analysis of DSD strategic documents, that many of the findings of this evaluation are already known to the VEP management team, but addressing these challenges has been problematic, due to a lack of capacity.

The provincial VEP is currently understaffed, and thus unsustainable. While the individuals working in the VEP are doing an exceptional job, especially given their very limited capacity, there is no institutional stability. If either the Social Work Policy Developer or the social worker currently seconded to the VEP Monitoring and Reporting unit were suddenly unable to continue working at DSD, much progress made thus far would be lost. Further, because the Monitoring and Reporting unit is under-capacitated, the provincial office is able to do only minimal monitoring of the quality of NPO services. The focus of the VEP seems at the moment to be to stabilise existing services and expand the range and geographical spread of services, and there has been little time to look at the quality and impact of services. If the VEP is to truly have a positive impact on victims, this must be monitored in order to ensure that victims receive the best possible services.

Lack of capacity at the provincial office – both within the VEP and other programmes and units – has had a knock-on effect on the regional DSD offices, which have had several staff members temporarily seconded to the provincial office. Some regions do not have VEP Coordinators, and few of the existing Coordinators are able to focus solely on the VEP because they have other case work to attend to. This impacts both on the number of victims that can be assisted by social workers, and on regional VEP Coordinators' capacity to organise regional VEP fora and attend provincial VEP Forum meetings, and thus on VEP collaboration with outside stakeholders.

A lack of capacity also affects many NPOs, which lack a sufficient number of staff, or struggle to retain staff. This is generally a result of insufficient funds to pay staff salaries, and in the case of rural NPOs, the drain of talented staff to metro areas. That NPOs are unable to compete with DSD salaries for social workers means that they rely heavily on lay counsellors and volunteers.

The VEP is also faced with a lack of resources. Both DSD offices and NPOs lack a sufficient number of private spaces in which to work confidentially with clients; transport is a major challenge, as social workers and NPO staff do not have enough cars; and there is no budget for promotional materials, or the translation of these materials into other languages. The running costs of shelters in particular are very high.

Despite the annual VEP budget having increased in past years, the programme being so under-capacitated and under-resourced has led to stakeholders in the victim empowerment sector feeling that the VEP is not a priority of DSD. Many participants linked the perception that VEP was under-prioritised and under-funded with the lack of victim empowerment legislation. Indeed, victim empowerment legislation would ensure the allocation of greater resources to victim empowerment activities, which would go a long way to addressing many of the challenges identified in this evaluation. For example, the NPOs from which the VEP

procures services are all experts on the various types of victims they serve, and are well placed to provide training and awareness-raising on these victims' needs to other service providers (for example, SAPS members and volunteers), but due to financial and staffing limitations are not able to provide such training, at least not on a regular basis. Similarly, a pressing need for awareness-raising activities was identified, and it was participants' understanding that part of the reason that these weren't being conducted was insufficient funding. Legislation could mandate that funds for such training and awareness-raising be set aside.

THE FOCUS OF THE VEP

Who is the 'Victim' in the VEP?

The findings presented in this evaluation show that even though it is widely understood that the term 'victim' refers to a broad and complex range of people, who require innovative and cross-cutting interventions and services, the focus and scope of the VEP is still quite limited.

Historically, the VEP has focused on sexual offences and domestic violence, and thus the profile of VEP clients has been somewhat restricted to adult women victims of gender-based violence. In recent years, VEP management has acknowledged that "the need for services is bigger and broader than aforementioned categories [women victims of gender-based violence]" (WCDS, 2013). Accordingly, the *Victim Empowerment Strategic Document's* (DSD, 2011) priority target groups for victim empowerment services in the Western Cape also include child victims, abused and at risk older people, abused and at risk people with disabilities, victims of human trafficking, victims of hate victimisation, farm workers and dwellers, ex-combatants, LGBTI persons, male victims, sex workers and refugees. This is a comprehensive list, reflecting the true need for victim empowerment services in the province. Further, procured VEP services have been expanded to, amongst others, family members of victims of crime and violence, alleged perpetrators of domestic violence, men's programmes and gender-based violence prevention services directed at sex workers and truckers.

However, the way that services are compartmentalised, combined with service providers' limited knowledge about many of these target groups, means that in reality the VEP largely maintains its exclusive focus on 'traditional' victims – women victims of gender-based violence – without accounting for other forms of vulnerability or victimisation women may experience, let alone the experiences of male or gender non-conforming victims. Although not raised by participants, it should be noted that researchers did not come across any (VEP-

funded or otherwise) services for ex-combatants, despite this group being listed as a target population in the *Victim Empowerment Strategic Document's* (WCDS, 2011).

Participants noted that while clear and all-encompassing definitions of the term 'victim' are contained in various national and international instruments, including the Service Charter for Victims of Crime in South Africa, these instruments are not legally binding, and a victim empowerment law would mandate that all victim-centred services take such a definition into account, ensuring that the full range of victims is reached and that their complex needs are addressed. However, even in the absence of such a law, DSD already has the required resources to fill the gaps in services for 'non-traditional' victims, and simply need to deploy them more holistically.

Provincial DSD staff identified a number of overlapping issues and client experiences and needs amongst the constituents of the VEP and other DSD programmes, including the Service to Families Programme, the Child Protection Programme, the Substance Abuse Programme, the Disability Programme and the Older Persons Programme. However, there is currently no collaboration between these programmes, possibly because they are located across three separate directorates, and there is little inter-directorate collaboration. This institutional structure creates barriers between programmes, making collaboration and information sharing difficult. The Directorate of Social Crime Prevention noted this shortcoming, with one participant saying:

We need to institutionalise these interactions with these programmes. ... But programmes are not obliged to meet us. It's easy with Social Crime Prevention and VEP as they are in one directorate, but others are not obliged. As a Chief Directorate [of Social Welfare], we occasionally meet to share, but really we should meet quarterly.

There was also considerable support among evaluation participants for a broadened focus of the VEP combined with increased collaboration between programmes at the regional level, to adequately address the wide range of cross-cutting and underlying vulnerabilities that affect victims. For example, the intersection of substance abuse and gender-based violence was most frequently mentioned by participants, who highlighted the dire need for shelters that could accommodate women who are recovering from, or are currently substance dependent, given that substance abuse is extremely prevalent in the province and often coincides with gender-based violence perpetration and victimisation. Although substance users are not a target group of the VEP, not addressing this nexus is a serious shortcoming if the VEP aims to effectively address gender-based violence. This is a shortcoming that could be effectively addressed through collaboration with the Substance Abuse Programme.

Similarly, participants highlighted the need for gender-based violence services that are accessible or adaptable for people with disabilities. This is extremely important, as studies suggest that, among other vulnerabilities, women with intellectual disabilities are three times more likely to experience sexual violence than their non-disabled peers (Groce, 2004). Whilst the provincial Disability Programme does support an organisation that provides gender-based violence services for people with disabilities, there is much room for collaboration between programmes to increase VEP services to this vulnerable group. In particular, the complete lack of gender-based violence shelters able to make reasonable accommodations for women with disabilities needs to be addressed.

The dearth of shelter services for 'atypical' victims of gender-based violence was a recurring theme that coincided with – in addition to substance abuse and disability – homelessness and/or destitution, human trafficking, sex work, male victimisation and gender non-conformity. For example, because gender-based violence shelter services do not take homeless or destitute women, who are directed to homeless shelters as a matter of course, the options for homeless women experiencing victimisation on the street are extremely limited. Drop-in facilities and homeless shelters do not afford protection from, for example, abusive partners, comparable to the protection offered by gender-based violence shelters. Collaboration with the Service to Families Programme would be pertinent here. Another telling example highlighted in interviews is that given the high levels of victimisation, rejection and abuse of transgender people, as well as the prevalence of transwomen victims of human trafficking, the fact that transgender victims cannot be accommodated in any existing shelter services requires serious consideration.

The Need for More, and Specialised, Training for Social Workers

In many ways, the gaps in services are a result of both the separate programmatic foci at provincial level, and the compartmentalised and disparate knowledge of VEP service providers. Indeed, a key challenge faced by the VEP – and in fact, by all DSD programmes – is that social workers are 'generically' trained on a wide range of social work issues and community needs, and deal with a variety of cases on a daily basis. Their focus is thus 'split', and although social workers may gain specialised knowledge of specific client needs through experience, many – especially new and inexperienced social workers – do not have such specialised knowledge or skills. As such, the average DSD social worker is unlikely to be properly equipped to deal with all of the complexities of victims' needs, and especially not the needs of a victim who is vulnerable beyond the most recent incident of victimisation (as discussed above, people with disabilities, people addicted to substances, etc.). This lack of specialisation – or perhaps lack of confidence in the skills they do have – had led to an over-

reliance on NPOs providing specialised services, as social workers seem to too often refer victims to NPOs after intake, rather than providing the full victim empowerment service themselves. For example, one NPO specialising in disability noted that “the moment they hear ‘disability’, they send them to us” [NPO16].

But beyond this, whilst it is evident that DSD staff do not feel equipped to address the complexities of victimisation amongst specific populations, and see this as a niche for ‘specialised’ NPOs, they also often shy away from dealing with more commonplace cases. A provincial DSD staff member noted that even “if a person reports rape to a DSD intake counsellor, they are immediately referred to NPOs, so some people don’t even see a social worker [at a DSD office]” [DSD04]. They went on to say that the problem may be that DSD social workers do not feel adequately skilled to provide counselling but that they also believe that this is part a “culture” of reliance on NPOs. One regional office tries to minimise this problem by assigning older and more experienced social workers to the intake stage of cases, so that victimisation can be properly identified and dealt with, although this is not a sustainable solution, because there are simply not enough seasoned social workers to meet this need.

Two methods of addressing this lack of specialisation were suggested by participants: i) integrating victim empowerment across all DSD programmes, so that social workers’ mandate includes addressing possible victimisation in all their cases, and all programmatic planning takes victimisation into account or ii) introducing specialised social workers (i.e. victim empowerment social workers, disability social workers, substance abuse social workers, etc.). Given that there is a clear need for greater social worker capacity to address victims’ needs, and also a clear need for integration of programme foci, a combination of the two methods is required: a cohort of social workers could be trained on the complexities of victim empowerment (including the specific needs of vulnerable groups) and assigned to the regional and local offices, so that every time a victim is identified there are at least one or two social workers who can be assigned to their case and who will be able to offer appropriate services to victims, including addressing not only the specific incident of victimisation, but also underlying vulnerabilities; and at the same time, victims’ needs can be incorporated into the general training syllabus for all social workers, so that there is broad understanding of the range of victims’ needs throughout the Department.

To further break down the institutional “culture” of reliance on specialised NPOs, greater collaboration (not merely referrals) between social workers and NPOs should be encouraged in order to facilitate transfer of skills in both directions, resulting in social workers providing more direct services and the filling of any gaps between DSD and NPO services in a region. This also speaks to the need to improve communication between regional DSD offices and

local NPOs. Currently, because regional offices and NPOs are overseen by different levels of the provincial administration, and also because several of the regional VEP fora are not operating, there is little direct interaction between these two sets of VEP service providers.

Holistic Service Provision

Findings also demonstrated that VEP services were not holistic in that they do not address victimisation over a person's life course, and do not address the entirety of the issues faced by a victim, and they deal only with the immediate effects of victimisation, instead of what is needed for recovery in the long term.

Although the VEP lists child victims and abused or at risk older persons among their target populations in key policy documents, including the *Victim Empowerment Strategic Document* (WCDS, 2011), the programme does not take a life-course approach to combating perpetration and victimisation. The VEP in fact explicitly does not fund or monitor services to children (this falls within the mandate of the Children and Families Directorate), and this has been noted as a missed opportunity. With regard to children and youth, a participant from the provincial office noted that "the VEP could help victims in three other programmes within DSD: the Youth Programme, the Family Programme, and ECD. If we take a lifecycle approach then they must address each part of the life cycle through VEP programmes that are life-[stage] specific" [DSD03].

Indeed, there was some confusion amongst regional office staff, some of whom thought that the victim empowerment services that they do provide to children fall under the VEP (likely due to the inclusion of children as a target population in various policy documents). In some offices, this work with child victims constituted the majority of their victim-related work. It is thus clear that there is much work to be done on prevention, early intervention and awareness work with children and youth, because children and youth in South Africa are exposed to and experience high levels of violence and related vicarious trauma, increasing their propensity for future perpetration and victimisation.

In general, the focus on immediate services for victims and the limited focus on prevention and awareness-raising efforts under the VEP does not lend itself to a proactive and holistic service. Despite the provincial administration seemingly being averse to prevention and awareness programmes, the VEP is still doing this work, but it is only able to do this on such a small scale that it cannot meet the need. Participants across the board mentioned the under-emphasis on prevention as a major shortcoming of the programme. This general sentiment, as well as the acknowledgement by the provincial VEP management team that prevention services are important, is at odds with the actual focus of the VEP, and its limited inclusion of prevention programming.

Further, even victim services are quite limited to dealing with a person in crisis or interacting with the criminal justice system, and do not take a long-term approach to victim services. For instance, there is a noticeable lack of longer-term services for victims of gender-based violence beyond short-term counselling and shelter. A few NPOs do provide long-term services such as on-going counselling, and transitional housing for women leaving shelters, but they do this largely of their own volition (i.e. unfunded by the VEP), and space within these programmes is extremely limited. However, if victims are to truly be empowered to become independent and effectively reintegrate into their families and communities, long-term services will be vital to providing a cushion at this vulnerable transition stage, as well as providing a space in which more persistent or severe problems can be addressed.

A holistic approach to victim empowerment should also include perpetrators. This is not only a form of preventive work, but also addresses that fact that many perpetrators are themselves victims of some kind of violence. This is especially true for young perpetrators. Whilst the VEP has undertaken to incorporate perpetrator services into its TPAs with various gender-based violence NPOs – for example, requiring that an organisation dealing with victims of domestic violence also counsel perpetrators – this simply does not address the need adequately. In many cases then, perpetrators only receive services due to their relationship with the victim and if the victim is willing to reconcile (also putting additional responsibility on the victim). However, perpetrator services should be rendered comprehensively and independently of victim services, by organisations or programmes tailor-made for that purpose.

Geographical Focus

VEP services are still concentrated in urban areas. As a result, rural areas lack a sufficient number of state and NPO victim empowerment service providers. As services are allocated according to the number of people living in an area, rural services are also much more widely spread out than urban services, so that even where services exist, they are far from most people's homes and there is little public transport to get to them. Whilst the VEP has been actively trying to increase services in rural areas, which has been a notable success, this expansion into rural areas should continue with vigour. To combat problems related to the distances between services, the VEP could consider not only incentivising the establishment of rural NPOs, but also providing a form of travel subsidy to urban NPOs and regional and local DSD offices, to facilitate and encourage them to travel out to clients. Further, due to the relative scarcity of expertise in rural areas, existing rural NPOs need to be supported and capacitated, so that they can maintain their staff and provide quality services. Where NPO services do not exist, regional and local DSD offices need to have the capacity and be adequately skilled and confident to provide comprehensive VEP services.

That said, even within the Cape Town metro, some areas are not adequately served, both by the VEP and other government departments. Some metro areas are crime and victimisation 'hot spots', and require a greater concentration of VEP services than others. As such, efforts to expand services and reach a greater number of victims should be increased in such areas, for example in the Cape Flats.

The Need for Raising the Profile of the VEP

The absence of awareness-raising activities was identified as an issue in need of immediate attention. DSD as a whole seems to have deprioritised awareness-raising programmes, but participants from all sectors felt that these were sorely missed and the lack of awareness efforts was contributing to the invisibility of the VEP, and constraining the reach of the programme.

If victims do not know about the VEP, they will not access it, unless referred. The 2012 National Victims of Crime Survey (Statistics South Africa, 2012) found that just over half of Western Cape residents knew where to access counselling services, and only a quarter knew of a safe space/shelter for victims of crime. Further, only 11.8% would go to a VEP service for assistance, whereas the majority would go to the police, a healthcare facility or an NPO. Although these service providers would in theory refer victims for VEP services, we know that this is not always the case, indicating both lack of awareness of and lack of confidence in DSD services. Indeed, not only do communities and victims not know about the VEP, but there appears to be little knowledge of the services that DSD social workers and NPOs can provide to victims amongst other service providers. While staff at the management level of government departments may be aware of the VEP – due to being involved in the VEP fora – government officials on the ground do not always know that such services are available, and thus do not refer victims that they identify in the course of their duties. This speaks to a need not only for increased awareness raising – in particular, there was much support for VEP involvement in commemorative days and *imbizos* – and training of government officials, but also to the need for a referral protocol to be used across sectors.

The utility of a victim empowerment law should be considered here, because beyond providing funds for awareness-raising, the legislation itself might raise general awareness of victim empowerment and the VEP. Although the Victims' Charter has been in place for years, there is little community awareness of victims' rights, because the Charter does not place specific obligations on service providers. Much in the same way that by virtue of imposing duties on the state, the Sexual Offences Act raised awareness about sexual offences in South Africa (admittedly, in part because of its problematic sections that were contested in court, and thus discussed in the media), a victim empowerment law would raise the profile of victims' legal rights, and the VEP.

THE NEED FOR FORMALISED COLLABORATION ACROSS THE VICTIM EMPOWERMENT SECTOR

Chiefly as a result of the successful revival of the provincial VEP Forum and the strengthening of those regional VEP fora that are operational, inter-departmental collaboration has been a key success of the VEP. However, there is still room for improvement, and future progress relies heavily on the ability of the VEP to formalise existing commitments and to forge new ones, through legislation, policy and protocols.

In the absence of legislation guiding victim empowerment across sectors, it is not mandatory for the relevant government departments to conduct victim empowerment activities, to report on these activities to the VEP fora, or to send representatives to attend forum meetings. Without such mandated commitment from departments, involvement is only optional, and reliant on individuals in the VEP's relationships with other stakeholders. While this voluntary system is working for some departments – indeed, great improvements have been made in this regard – other departments that have a lot to offer in terms of improving victim empowerment in the province are entirely absent from the sector and need to be mandated to get involved. It was suggested that because passing victim empowerment legislation may take some time, a policy, agreed upon by the relevant heads of departments, would go a long way to ensuring that departments report on their victim empowerment activities and attend forum meetings, thereby strengthening the victim empowerment sector in the province. Indeed, the *Victim Empowerment Strategic Document* (DSD, 2011) has been developed for this purpose and buy-in from all relevant heads of departments is currently being sought. A national *VEP Intersectoral Strategy and Model* (DSD, 2013) is also being developed, and this also speaks to the role of key government departments.

At the local and regional levels, there is a clear need for a protocol to guide referrals of victims between all government and NPO service providers. Participants expressed a strong desire for a clear, comprehensive protocol to guide service providers in how to refer clients for appropriate services, and to smooth existing discrepancies in procedures from one place to another, accompanied by a regularly updated list of local victim empowerment services (this list has in fact been compiled, but has not yet been distributed). In the absence of such a protocol, DSD, NPO and government staff use their own protocols, guidelines or referral mechanisms to identify and refer victims to the VEP, or simply make referrals based on individual service providers' knowledge of local services, which are largely facilitated by personal relationships (often fostered by VEP fora). While this system is functional, it relies heavily on individual and personal networks, rather than formal ones, therefore leaving much room for error.

Relatedly, not all relevant stakeholders in the province are adequately equipped and trained to identify victims and make appropriate referrals, either to DSD social workers or NPOs. For example, victims of sexual offences are often referred back and forth between SAPS and healthcare facilities, and are made to repeat their account of the incident over and over to different service providers. This creates secondary trauma for victims, and reduces their confidence in the state system, including in services that are associated with the services with which they had a poor experience. If victims have, in the past, sought help but not received it, they may be unwilling to seek VEP services, or refer family and friends to VEP services. This is partially a result of some government departments' not having sensitised their staff to victims' needs (for example, teachers have not all been trained on how to identify the signs of abuse in learners), and partially a result of the VEP's low profile (as discussed above) – people simply do not know that the VEP service is there for them to refer people to. The VEP should consider offering victim empowerment training to relevant government officials, much in the way that it already provides training to SAPS victim empowerment volunteers.

Whilst increasing the points at which victimisation (or perpetration) could be identified, and homogenising and easing the process through which clients would be referred through the system with a referral protocol are both vital steps, referrals and service provision cannot work optimally without better information access and management. Poor regional office-NPO relationships in some areas, no formal and unified follow-up mechanisms, and the absence of a tracking system across government departments means that victims sometimes 'drop out' of the system. Given the limited capacity of many offices (NPO and DSD) as well as the blockages between NPOs and regional offices in some areas, many social workers are unable to make the necessary calls, and take the necessary steps to determine whether a client has received the services they were referred for. In order to identify problems and render appropriate follow-up services, social workers need to be able to track cases through the system once a client has left their office. In this regard, a system or procedure for tracking a case/victim through the system ought to be developed to accompany the improvements to the existing referral system already suggested.

RECOMMENDATIONS

INTRODUCING A THEORY OF CHANGE

The development of new models, interventions, or programmes, or the reformation of existing ones, should always involve some reflection on the 'theory of change'. Without entering into an exhaustive treatise into the origins and application of theory of change (ToC), we take this opportunity to draw out particular principles from this approach that may enhance the development of new and, to some extent, existing VEP initiatives.

Sullivan & Stewart (2006) explain that policy evaluations are increasingly adopting the ToC approach, which was developed to meet the need for an evaluative approach that could accommodate the multi-dimensional impact of social and public policy interventions. International and national organisations – both state and non-governmental agencies – around the globe are using ToC to strengthen methodological rigor in planning, implementing and evaluating programmes as well as to ensure a more reflective and honest account of social intervention programmes and their impact on social change or service delivery. Sullivan & Stewart (2006) maintain that "central to the ToC approach is the expectation that affected stakeholders will be involved in developing and evaluating a relevant theory for the proposed intervention". For Connell and Kubisch (1998) a ToC approach to evaluating a programme involves a systematic study of the links between activities, outcomes, and contexts of the initiative. Mason and Barnes (2007) describe this process as a 'road map' that all those involved in the systems change process can follow. The *ideal* ToC should be constructed during the planning phase of a programme or initiative, but when a ToC is not explicit in the early planning phases of a programme, one can build on existing documentation, such as stakeholder views, evaluations and other similar documentation (Mackenzie & Blamey, 2005).

Not all scholars and practitioners employ the same model of ToC and the range of contexts in which it is employed is as vast as it is diverse. Some use ToC in the early development stages of programmes but they are also applied to programme evaluations. The UK Department of International Development (2012), which promotes the ToC in its country programmes and international development projects, also highlights various ways that ToC is used:

Some people view it as a tool and methodology to map out the logical sequence of an initiative from inputs to outcomes. Other people see it as a deeper reflective process and dialogue amongst colleagues and stakeholders, reflecting on the values, worldviews and philosophies of change that make more

explicit people's underlying assumptions of how and why change might happen as an outcome of the initiative. Theory of change is at its best when it combines both approaches. The mapping of the logical sequence is strengthened by critical thinking about the contextual conditions that influence the programme, the motivations and contributions of stakeholders and other actors, and the different interpretations (assumptions) about how and why that sequence of change might come about.

The principles set out below, however, seem to be generally agreed on by both those who promote and employ the ToC model. The theory of change –

1. *Promotes the involvement of stakeholders:* The quality of the intervention is improved if the planning and development of that intervention is informed by relevant stakeholders, who can contribute to how and why proposed actions will generate the desired outcomes of the intervention. Thus expectations, assumptions (including programme theory or logic and social context) as well as features of the change process are jointly defined. The involvement of stakeholders provides a sense of 'ownership', which facilitates and encourages involvement in programme implementation or the support of implementation. Beneficiaries, who are different from stakeholders, *may* be involved at certain stages of the ToC process, but as they are not implementing agencies they would play a different, less design-based role (for instance, in the assessment of needs).
2. *Is inherently theory-driven:* There are two parts to this. (1) The identification of 'what works' based on existing evidence. This evidence can emanate from published research conducted on interventions, surveys of beneficiaries and stakeholders, case studies and targeted analysis of departmental/institutional statistics. (2) On the basis of this evidence, the development of a 'theory' or logic behind the (proposed) intervention, which is *explicit* about what should happen as a result of this intervention. A 'hypothesis' is therefore made about:
 - a) *Why* it should be implemented (the need being addressed).
 - b) *How* it is should be implemented (the chosen method or approach to address the need).
 - c) *Who* should be implementing it (the actors responsible for implementation, from governance structures to implementing agents on the frontline of intervention). Need to attribute specific functions and responsibilities to specific role players.
 - d) *When* it should be implemented (phases, timeframes and impact indicators).

3. *Considers "context" to be critical:* Understanding and recognising the context which an intervention is operating is critical to ToC. Identifying the context is critical in isolating factors and conditions that may affect the proposed outcome of the intervention (and of course factors and conditions that the intervention is not able to control for). The context may also focus on what pre-conditions need to be in place before the programme is initiated or (re)developed to achieve already established objectives.
4. *Considers proper 'process documentation' and the collection of baseline and implementation data integral to documenting change:* Like the VEP evaluation in question, the ToC promotes the processes of (a) collecting baseline data before the intervention or as part of an evaluation; (b) creating clear programme objectives and activities and ensuring that there are clear methods to collect information and records that demonstrate the implementation of these objectives and activities; (c) creating tools to monitor the ongoing implementation of these activities; and (d) collating and analysing this documentation to establish whether the theory behind the intervention is manifesting in practice. This process covers the questions of what, how and why measures are created to monitor the implementation and effectiveness of the programme.

Connell and Kubisch (1998) suggest a series of questions that are also helpful in generating a Theory of Change:

1. What longer-term outcomes does the community initiative seek to accomplish?
2. What interim outcomes and contextual conditions are necessary and sufficient to produce those outcomes, beginning with penultimate outcomes and moving through intermediate to early outcomes?
3. What activities should be initiated and what contextual supports are necessary to achieve the early and intermediate outcomes?
4. What resources are required to implement the activities and maintain the contextual supports necessary for them to be effective, and how does the initiative gain the commitment of those resources?

To some degree, the VEP programme has achieved some of these goals and has applied some of these principles both directly, through annual plans and reports and indirectly, through operational measures. It is also evident that VEP is guided by both a strong legislative and policy framework that defines the ambit of VEP interventions and projects as well as a clearly defined mandate for VEP. Of course, a national VEP law would greatly enhance and consolidate this mandate. What requires some attention is a clearer *statement of the theory* behind the programme and a framework from which one can easily analyse the

achievements, challenges and barriers to the *articulation of the programme theory*. This evaluation process initiated by DSD on the VEP is a laudable start towards concretising this theory of change as it has already embodied ToC principles in the Terms of Reference for this project. For example, it required:

- The identification and description of legislation, strategies and policies relevant to the VEP sector and which frames the work of the VEP.
- The description and evaluation of current procedures and mechanisms for the identification and referral of victims to appropriate services in the province.
- An exploration of the potential need for VEP services in terms of (i) the estimated number of persons potentially requiring services; (ii) the various types of violence victims may have been exposed to; as well as (iii) their geographical location.
- The identification of gaps and limitations in the VEP Programme based on (i) the review of policies and legislation; (ii) the need for services; (iii) the appropriateness and location of current services;(iv) exit strategies for service users; as well as (v) service delivery capacity (both in the Department and the provincial VEP sector).

Critical to this evaluation was the consultation with stakeholders (an important principle of the ToC), including provincial DSD staff, staff from other programmes in the Directorate of Social Crime Prevention, local service providers that are contracted by the provincial VEP to provide victim empowerment, NPOs that are not affiliated with the Western Cape VEP and other relevant government stakeholders. The fact that the participants in this evaluation strongly supported DSD's initiation of this evaluation process and reported that the interview process encouraged them to think more critically about through their own role in the VEP, including their own best practices and the challenges they face, is testament to the importance of stakeholder participation in programme evaluation (and of course in development of the ToC).

This evaluation is an opportune moment to reflect of on the VEP's theory of change. Implicit in the findings, and later in the recommendations of this evaluation, are the key gaps and challenges in the implementation of victim support service. The need is clearly great, so much so that one coordinating department cannot be expected to meet these needs geographically or in terms of the wide and diverse range of services that are required. Developing a theory of change under these circumstances means identifying not only what is being done and what needs to be done, but developing a system which defines why it is being done. This allows one to forecast – and indeed track progress – from the current state of the programme to where it needs to be situated, lending VEP to the goals of stabilisation and demonstrable impact over a period of time.

There are a number of *historical factors and structural realities*, however, which must be considered in framing a theory of change:

- It was only in 2007 that the 'programmatic approach' was introduced (and Programme Managers appointed for the Department's eight key programmes).
- Two years later, the 2009/2010 implementation of the *Modernisation Blueprint* the Department established VEP as both a standalone budget and service delivery programme, which resulted in the VEP being a self-contained programme with its own dedicated Programme Manager and staff.
- With 'modernisation' the provincial VEP moved from the Programme for Children and Families to that of Social Crime Prevention.
- NPO services under the VEP are now procured by the provincial office (and not at the regional level). The provincial office is responsible for the monitoring and evaluation of NPO services but the provincial Monitoring and Evaluation (M&E) team does not monitor the services provided by the DSD regional offices themselves which may result in the apparent fragmentation of services.
- The priority target groups for victim empowerment services in the Western Cape is extraordinarily wide and includes: victims (survivors) of domestic violence; victims (survivors) of sexual assault and rape; abused/at risk children; abused/at risk older people; abused/at risk people with disabilities; victims (survivors) of human trafficking; victims (survivors) of hate victimisation; farm workers and dwellers; and ex-combatants.

This evaluation has also identified a series of factors that reflect *contextual conditions* that a ToC needs to address, be cognisant of or build on, depending on whether these factors are considered within the reasonable control of DSD. These conditions include:

- The lack of data and information, and appropriate analysis of this information, about victimisation in the process (which is not reflected in official statistics) and therefore not at the disposal of DSD and the VEP.
- The alarming high levels of violence and victimisation in the Western Cape and the lack of both state and non-governmental services in rural areas.
- Budget constraints, human capacity deficits and the absence of specialised VEP social workers and community workers.
- The organic development of DSD services in respond to *perceived* need rather than on a strategic analysis – based on evidence – of the *actual* need for services. Again, this data is not at the disposal of DSD and the VEP, nor with any participating department in the VEP forums.

- The constructive relationships that the DSD has forged with the victim empowerment sector (through improved SLAs and the provincial VEP Forum, for instance).
- Improved inter-departmental relationships, particularly in relation to addressing violence against women and children (although both DSD and NPOs expressed a concern over the 'silo effect' in the actual provision of services). The lack of collaboration is partly attributed to differences in the way that programmes were conceived – both internally to DSD and across other government departments – in terms of their respective VEP service provision mandates.
- The “victims of crime” focus of all VEP programmes (where victims are often identified through the criminal justice system, such as those accessing SAPS, TCC, court support and victim-offender mediation (DCS) services) which results in the lack of attention to victims who may not be able to access the criminal justice system due to mobility, cognitive functioning or resource constraints.
- The lack of well-defined VEP legislation to guide service provision across sectors. The lack of a substantive legal framework to guide victim empowerment contributes to uneven service provision.
- The lack of programme theory which sees victimisation occurring over a person's life course.

Paradoxically, rather than inhibiting the development of a ToC for the programme, the identification of *historical factors and structural realities* as well as the *contextual conditions* can in fact help focus the theory of change for VEP. These realities and conditions can both frame “the problem” and allow for a realistic projection of suitable interventions, not to mention allowing VEP to extract variables and conditions that cannot be controlled for when measuring and evaluating change.

It is worth exploring the work of the International Network on Strategic Philanthropy's (INSP, 2005) *Theory of Change Tool Manual* (see reference list for site access) an online toolkit that can guide the DSD through a process of creating an implementation framework which: (a) shifts the VEP from passive information collectors and reporters to active users of information for planning and service delivery; (b) assists management, programme staff, non-governmental service delivery organisations better understand the type of evaluation information they require to make everyday decisions about programme implementation; (c) assists the VEP in developing (research or monitoring) questions that focus on measuring changes that occur in the programme; and (d) facilitate the linkage between and integration of VEP 'theory' or 'logic', goals or proposed outcomes and impact assessment (INSP, 2005).

HOW EVIDENCE-BASED RECOMMENDATIONS CAN INFORM THE VEP'S THEORY OF CHANGE

Below we present recommendations and other markers for change which based on the research findings of this evaluative process. As these recommendations are evidence-based they are well placed to inform a ToC process, if it is indeed concluded that VEP wants to (re)consider certain dimensions of the VEP programme. Recalling that one of the key principles of ToC is the *collection of baseline and implementation data integral to documenting change*, these evidence-based recommendations can be used to trigger a new framework from which to build on the obvious successes of the programme as well as to re-evaluate the areas that seem to be troublesome. This re-evaluation, of course, needs to be viewed in light of the *historical factors and structural realities* and the *contextual conditions*. The recommendations below are similarly cognisant of these conditions and realities and therefore do not call on DSD to go reformulate the VEP in any impracticable way.

As we highlight above, the VEP has made great strides since its inception and as an independent programme. The latter demonstrates the DSDs 'push' towards an identifiable, operational and budget-backed programme in the province. Part of its success has been tangible, namely the expansion and diversification of programming and support services and part of this success has been less demonstrable (or in governance and due diligence terms, 'measurable') as it has taken the form of well established, better articulated relationships with other government departments, DSD programmes and a range of other service providers.

In the following section we present our evidence-based recommendations. They are brief, and to the point, as they serve the purpose of being potential markers for change. In terms of ToC, DSD has already succeeded in initiating the process of internal and external views on the implementation of the programme. They should therefore be read with the view towards the critical process of identifying areas that are within the control and influence of DSD and with the understanding that internal change processes also sometimes involves the cooperation of external role-players and factors.

Although many challenges have been identified in this evaluation, it should be noted that there was overwhelming consensus amongst participants about how best to address and overcome them. Below we list the key actions that should be considered by DSD.

In order to clarify and prioritise the role of the VEP within DSD:

- Address VEP staff shortages in the provincial and regional offices.

- Permanently fill the currently vacant VEP Manager post.
- Ensure that a provincial VEP representative is sent to all relevant national VEP meetings.
- Address the gaps and shortages created by the secondment of staff to the provincial office: either make the seconded staff permanent in their new roles and fill their empty posts in the regional offices, or return the seconded staff to their original posts and employ new staff to permanently fill the posts in the provincial office.
- Ensure that all regional VEP Coordinator posts are filled, and that Coordinators have sufficient time to focus on managing victim empowerment activities (including services and fora).
- Continue to increase VEP funding.
- Improve communication between DSD management and operational staff (at the provincial, regional and local levels), to ensure that incorrect perceptions about management's intentions and priorities are dispelled, and to address DSD staff members' concerns.

To clarify the scope and focus of the VEP:

- Clarify the definition of 'victim', taking into account the nexus between various vulnerabilities and victimisation, and also the needs of people who have suffered victimisation not caused by violence but by disasters and accidents.
- Support the drafting of legislation that includes such a definition.
- Ensure that an all-encompassing definition is used in practice, in order that services are provided to the full range of persons in need of victim empowerment services, and not just those 'traditionally' thought of as victims.
- Clarify which services are to be counted as 'victim empowerment', and address the overlap between clients served by the VEP as well as other DSD programmes. Create a reporting system that takes such overlap into account, so that programmes can report on the true number of clients served without 'double counting'. Clearly communicate the new system to regional and local offices.
- Amend VEP and other DSD policy documents to clarify which programme/s is/are responsible for providing victim empowerment services to child victims. This will clear up the confusion around the fact that abused/at risk children are listed as a priority target group of the VEP, but in practice are served by the Child Protection Programme.

To increase and improve collaboration within DSD to break down programme 'silos':

- Representatives from other relevant DSD programmes (the Service to Families, Substance Abuse, Disability, Older Persons and Youth programmes should attend VEP fora meetings (both the provincial Forum and regional fora).
- Intra-directorate communication and collaboration should be encouraged.
- All programmes in the Chief Directorate Social Welfare, as well as the Youth Programme should meet more frequently to improve communication and collaboration between all DSD service delivery programmes.
- Ensure that all client needs – including those that 'overlap' programme foci – are adequately served.
- Identify gaps in service provision that result from currently insufficient acknowledgement of clients' multiple needs.
- Integrate the principles of victim empowerment throughout all DSD programmes.
- Develop a referral protocol to be used to refer clients between DSD programmes, as well as by social workers to refer clients to other government service providers and NPOs.

To allow the provincial VEP better oversight of all victim empowerment activities in the province:

- Make regional VEP reports and statistics easily available to provincial VEP management.
- Improve communication channels between provincial and regional VEP staff.
- Ensure that all regional VEP fora are running, and ensure that regional VEP Coordinators attend the provincial VEP Forum meetings.
- Create uniform VEP Monitoring and Reporting standards for both NPOs and regional DSD offices.
- Expand the scope and capacity of the Monitoring and Reporting unit's oversight role, to look more closely at the quality and impact of services, and not just at whether services are running. Use client surveys to monitor service quality and impact. Such surveys could also be used to collect data on client needs.

To strengthen the VEP's collaboration with other government stakeholders in order to ensure that the best possible victim empowerment services are delivered across the sector:

- Expedite the implementation of the *Victim Empowerment Strategic Document* (DSD, 2011), to ensure all relevant departments' attendance at VEP fora meetings and reporting on their victim empowerment activities.

- Support the inclusion of the relevant government departments' mandatory participation in the VEP Forum in proposed victim empowerment legislation. Such legislation should also provide for sufficient funds to facilitate this.

To improve the relationships between DSD regional VEP staff and social workers and NPO staff and facilitate cooperation and mutual assistance, and to alleviate some of the provincial VEP's workload:

- Expand regional offices' mandate to include liaising with regional NPOs, and providing assistance where necessary.
- Ensure that all regional VEP Coordinators are in regular contact with NPOs in their region.
- Strengthen – and in some cases, revive – regional and local VEP fora to improve communication and collaboration between DSD, NPOs and other government stakeholders.

To ensure that all clients' needs are adequately met and that no client 'falls out' of the system:

- Expedite the development and distribution of a victim empowerment referral protocol, to be used by all DSD staff, all NPOs funded by DSD, and all relevant government departments.
- Expedite the distribution of the directory of Western Cape VEP services, and ensure that it is kept up to date. The directory should be revised every six months, at minimum.
- Develop a system to track clients through the victim empowerment system. This system should be integrated across DSD programmes, other government service providers and NPOs.
- Ensure that follow-ups are conducted with all clients who have exited VEP services (both DSD and NPO services).
- Amend and expand VEP services – and collaborate with other DSD programmes and specialised NPOs where appropriate – to more fully address the needs of:
 - LGBTI persons
 - People with disabilities
 - People with severe and/or long-term mental health needs
 - People addicted to alcohol and/or drugs
 - Rural communities
 - Metro communities that are crime 'hot spots' and/or particularly underserved.
- Ensure that social workers are available after hours, by providing for after hours on-call allowances, or instituting a shift system for social workers.

- Consider expanding the recently established 24-hour call centre for victims of gender-based violence to include other categories of victims.
- Utilise Community Development Workers both to provide services in clients' homes, and to feed back information on clients' needs to DSD.
- Collect data on all DSD clients identified as victims (regardless of whether they are ultimately served by the VEP or another programme), including age, gender, residential location and category of victimisation in order to build knowledge of the true need for VEP services in the province.

To expand the VEP's focus to include prevention work:

- Conduct violence prevention activities and programmes, including in schools. This not only serves a prevention function, but also is a form of awareness-raising, in that it reaches potential VEP clients, including boys and girls, and victims and perpetrators.
- Increase and formalise work with perpetrators. This must always be done in a manner that is sensitive to victims' needs. Such work must also take into account that many perpetrators may have at some point been the victims of violence themselves.
- Take a 'life course' approach to violence prevention and victim empowerment: consider how violence prevention and victim empowerment can be made part of all DSD programmes' foci, and address these issues from Early Childhood Development, through Youth, to Older Persons.

To improve the capacity of all VEP service providers to provide victim empowerment services:

- Include victim empowerment in the 'generic' syllabus of all DSD social workers. This training should cover:
 - How to identify victims (the signs of victimisation).
 - How to provide victim empowerment services.
 - Awareness of the nexus between victimisation and a range of vulnerabilities faced by minority groups (e.g. people with disabilities, LGBTI persons, people with substance abuse problems, older persons, children, foreign nationals and refugees, etc.)
 - Sensitisation to the diverse need of victims and their families, (e.g. single mothers, LGBT families, racial diversity).
- Consider training a specialised cohort of victim empowerment social workers, to be stationed in all Service Delivery Areas.
- Training for DSD social workers, other government victim empowerment service providers and NPO staff should be standardised, in consultation with these other service providers.

- Ensure that training is on-going, and that social workers, DSD managers and NPO staff have the opportunity to attend refresher courses, which are especially important for keeping service providers up to date with legislative and policy developments.

To improve community awareness of VEP services, and thus increase the number of victims accessing services:

- Dedicate greater resources (both financial and human) to VEP branding and awareness.
- Hold community dialogues to improve communication and awareness beyond individual victims. There is potential here for collaboration with the Department of Community Safety.
- Take the lead on traditionally victim-centred events, such as during the 16 Days of Activism and Women's Day.
- Hold DSD *imbizos* in communities, with all DSD programmes represented.
- Develop and publish marketing materials – posters, pamphlets, stickers – to be distributed in locations where a maximum number of potential clients will be reached – at community events, in SASSA offices, transport hubs, churches, schools, SAPS stations, courts and hospitals and clinics. Also create Public Service Announcements to be broadcast on the radio and via social media.
- Encourage regional and local offices to attend events organised by other stakeholders (government and NPO).
- Ensure that awareness-raising strategies are context- and population-specific, for example, by harnessing creative and innovative technologies, and new literacies.

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Constitution of the Republic of South Africa, Act No. 108 of 1996

Criminal Law (Sexual Offences & Related Matters) Amendment Act, No. 32 of 2007

Criminal Procedure Act, No. 51 of 1977

Domestic Violence Act, No. 116 of 1998

Maintenance Act, No. 99 of 1998

Mental Health Care Act, No. 17 of 2002

Older Persons Act, No. 13 of 2006

Prevention and Combating of Torture of Persons Act, No. 13 of 2013

Prevention and Combating of Trafficking in Persons Act, 7 of 2013

Promotion of Access to Information Act, No. 2 of 2000 (PAIA)

Promotion of Administrative Justice Act, No. 3 of 2000 (PAJA)

Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000 (PEPUDA)

South African Police Service Act, No. 68 of 1995

Witness Protection and Services Act, No. 112 of 1998

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African Charter on Human and Peoples' Rights (1986)

African Charter on the Rights and Welfare of the Child (ACRWC) (1990)

Convention on the Elimination of All Forms of Discrimination against Women (1979)

Declaration on the Elimination of Violence against Women (1993)

International Covenant on Civil and Political Rights (1976)

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United Nations Convention against Transnational Organised Crime (2000)

United Nations Convention on the Rights of Children (1989)

United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985)

APPENDICES

A. VEP EVALUATION – RESEARCH PARTICIPANT INFORMATION

1. The purpose of this interview is to gather information about the Western Cape Department of Social Development's (DSD) Victim Empowerment Programme (VEP), as part of an independent evaluation of the VEP being conducted by the Gender, Health and Justice Research Unit (GHJRU) of the University of Cape Town.
2. The purpose of the evaluation is to assess the following:
 - the VEP's current service delivery focus;
 - what victim empowerment services are currently being provided by or through the VEP, both directly by DSD offices, and also by organisations contracted by the DSD to provide such services;
 - the current procedures and mechanisms for the identification and referral of victims to appropriate services in the Western Cape;
 - the potential need for VEP services in the Western Cape, both in terms of the estimated number of persons potentially requiring services, the various types of violence victims may have been exposed to, and victims' geographical location;
 - current levels of awareness regarding VEP services in the Western Cape;
 - the appropriateness and location of current services;
 - exit strategies for service users; and
 - service delivery capacity, both in the DSD and the provincial victim empowerment sector.
3. Based on the information collected in interviews, and in desktop research, the evaluation report will make recommendations for the expansion and improvement of services provided by the VEP.
4. The evaluation report will be the property of the DSD, and will not be published, so the information that you provide will not be published.
5. You may refuse to participate in the interview, and you may also stop the interview at any time if you wish to do so. You may choose not to answer specific questions, without having to give any reasons. You will remain anonymous in the final report. No identifying information about you as a private individual or as a Department of Social Development employee will be included. Anonymity is guaranteed by the Department of Social Development's ethical guidelines policy.
6. The questions you will be asked refer to your experience in working with DSD and its VEP service, and not about your personal experiences.

7. The interview should take approximately an hour and a half.
8. For the purposes of accuracy, we may record the interview with your permission. No one outside of the research team will have access to the recording. Any recordings will be transcribed (typed out) and recordings will then be erased. The transcribed data will be kept in a locked filing cabinet. After two years the transcribed data will be destroyed (shredded).
9. There is no compensation or reward for your participation in this evaluation. However, foreseeable indirect benefits include improvements to the VEP of the Western Cape Department of Social Development.
10. If you agree to go ahead, we will ask you to sign a consent form.
11. If you have any questions about this research, you can call the Principal Investigator, Prof. Lillian Artz, on 021 406 6023. If you have **concerns about the research, its risks and benefits or about your rights as a research participant in this study**, you may contact the Health Sciences Faculty Research Ethics Committee Manager, Mrs Lamees Emjedi, at 021 406 6338. **Alternatively, you may write to the Health Sciences Faculty Research Ethics Committee, Room E52.23 Old Main Building, Groote Schuur Hospital, Observatory, 7925.**

Consent

1. I understand the purpose of the research.
2. My involvement in this study has been fully explained to me and I freely consent to participate.
3. I understand that my participation is voluntary and that I have the right to withdraw my consent or discontinue the interview at any time without penalty or prejudice. I have the right to refuse to answer any question(s) without giving an explanation or saying why.

Date: _____ Signature Participant: _____

Name of field worker: _____

I declare that I handed out the forms to the participant and answered the participant's questions to the best of my knowledge.

Date: _____ Signature Fieldworker: _____

Consent to be audio recorded

1. I consent to the interview being recorded and transcribed.

Date: _____ Signature Participant: _____

B. VEP EVALUATION – DSD PROVINCIAL OFFICE STAFF FOCUS GROUP INTERVIEW SCHEDULE

1. What are **your positions** at DSD?
 - Tell us more about your Programmes.
2. How would you define 'victim empowerment'?
3. How do your **Programmes work with the VEP**? (Describe the relationship)
 - Collaborate on projects/events?
 - Share best practices?
 - Refer clients?
4. Does someone from your Programme sit on the **VE Forum**?
5. How often do your Programmes **refer clients to the VEP**?
6. Do you know which **protocols** your Programme staff use to guide the identification and referral of victims to VEP services?
7. Do you feel that **your staff are adequately equipped and trained** to properly identify victimization and trauma in order to refer victims for appropriate services?
8. Do your Programmes receive referrals from the VEP?
9. Do you feel that VEP staff are adequately equipped and trained to identify clients in need of your Programmes' services?
10. Do you think that the referral system between your Programmes and the VEP (in both directions) is successful?
11. Do your Programmes provide any **victim empowerment services**?
12. If one of your Programmes has a client in need of VE services (ie – a victim), how do you **determine whether they should stay in your Programme or be referred to a VEP service**?
 - Or can a client receive services from both your Programmes and the VEP at the same time?

13. Do you feel that overall, your Programmes' relationship with the VEP is successful?
14. Of the **population groups that you work with, do any need to be targeted** for provision of VEP services?
15. What are some of the **elements of the VEP that seem to you to be working well** (successful)?
16. Are you aware of any **challenges or problems with the VEP, or VE services in the province** that inhibit the provision of services?
17. Are there any **barriers to your clients accessing VEP services**?
18. Do you think that **your Programmes' clients know about DSD's VEP services**?
19. Are there any VEP services that your clients seem to be **unaware of**?
20. What could DSD do to **improve public knowledge** of the VEP?
21. What are the **core (social) issues that have come up with your Programme's clients** that pertain to VEP?
22. In terms of these issues, **what should DSD be focusing on in terms of VEP?**
23. Is there anything else that the **DSD** could do to **improve victim empowerment** in the province?
24. What could be done to improve the way the VEP works within the DSD?
25. Do you have any other **comments or recommendations**?

C. VEP EVALUATION – DSD REGIONAL OFFICE STAFF INTERVIEW SCHEDULE

1. What is **your position** at DSD?
2. How would you **define “victim empowerment”**?
 - What does it generally involve?
3. What **policy** and **legislative frameworks** govern your service provision?
4. What **victim empowerment services** does your office/programme provide?
5. **How many clients** do you provide these services to?
 - How many for each type of service?
6. Do you have a **waiting list**?
 - Are there waiting lists for certain services?
7. Can you tell us about **how these programmes (identified in 4.) currently work/operate**?
8. What are some of the **elements of the programmes that are working well** (successful)?
9. Are there any **challenges or problems with these programmes** that inhibit the provision of services?
10. Is your office/programme **adequately resourced** (staff, finances, office space, transport, materials, etc.)?
11. What state and non-state **service providers do you work most closely with**?
12. Can you **describe your relationship** with these service providers?
13. What other government or non-government organisations **refer clients to you**?
14. Do you know which **protocols** these service providers use to guide the identification and referral of victims to VEP services?

15. Do you feel that other service providers – government and non-government (e.g. police, social workers, health care workers, NPO staff) – are **adequately equipped and trained** to properly identify victimization and trauma in order to refer victims for appropriate services?

16. Are there any **protocols that you use** or are aware of that guide the identification and referral of victims to other appropriate VE services?

17. Do you provide long-term services?

18. If clients require services on a long-term basis (that you don't provide), do you have a referral system in place to facilitate this? [Exit strategy]

19. How do you determine when clients no longer require your services? [Exit strategy]

20. What is the process for terminating services? [Exit strategy]

21. How do clients **know about your services**?

22. Do you think that **people know about DSD's VEP services**?

- Which people do/don't know about the services?

23. **Which** VEP services are well known?

24. Are there any services that people seem to be **unaware of**?

25. What could DSD do to **improve public knowledge** of the VEP?

26. Are there any **specific population groups that should be targeted** for awareness-raising of the VEP?

27. Are there any **barriers to accessing the VEP services** in your area?

28. What are the **core (social) issues in your area** that pertain to VEP?

29. In terms of these issues, **what should DSD be focusing on in terms of VEP?**

30. Is there anything that the **DSD** could do to **improve victim empowerment** in your

area/town/region?

31. Do you have any other **comments or recommendations**?

D. VEP EVALUATION – NPO [DSD-FUNDED AND UNFUNDED] INTERVIEW SCHEDULE

1. What is the main focus of **your organisation**?
2. What is your **position** within the organisation?
3. How would you define "**victim empowerment**"?
 - What does it generally involve?
4. What **policy** and **legislative framework** governs your service provision?
5. What **victim empowerment services** does your office/organisation provide?
6. **How many clients** do you provide these services to?
 - How many for each type of service?
7. Do you have a **waiting list**?
 - Are there waiting lists for certain services?
8. Can you tell us about **how these programmes (identified in 5.) currently work/operate**?
9. What are some of the **elements of the programmes that are working well** (successful)?
10. Are there any **challenges or problems with these programmes** that inhibit the provision of services?
11. Is your office/programme **adequately resourced** (staff, finances, office space, transport, materials, etc.)?
12. [If applicable] What are you specifically required to do in **terms of your Service Level Agreement with DSD**?
13. [If applicable] What **services does DSD specifically procure** from your organisation (**if any**)?
 - What services are included in your service level agreement?

14. [If applicable] How well **does your working relationship with DSD work** in practice?
15. [If applicable] Is there anything you would like to change or improve about your working relationship with DSD?
16. [If applicable] What other services to you provide/activities do you do that fall outside of your SLA with DSD?
17. What state and non-state **service providers** do you **work most closely** with?
18. Can you **describe your relationship** with these service providers?
19. What other government or non-government organisations **refer clients to you**?
20. Do you know which **protocols** other service providers use to guide the identification and referral of victims to your organisation's victim empowerment services?
21. Are there any **protocols that you use** or are aware of that guide the identification and referral of victims to other appropriate victim empowerment services?
22. Do you feel **adequately equipped and trained** to properly identify victimization and trauma in order to refer victims for appropriate services?
23. Do you provide long-term services?
24. If clients require services on a long-term basis (that you don't provide), do you have a referral system in place to facilitate this? [Exit strategy]
25. How do you determine when clients no longer require your services? [Exit strategy]
26. What is the process for terminating services? [Exit strategy]
27. How do clients **know about your service**?
28. Are you aware of **other victim empowerment services provided by DSD** in your area?
- Can you list them?
29. Do you think that **people know about DSD's VEP services**?

- Which people do/don't know about the services?

30. **Which** VEP services are well known?

31. Are there any services that people seem to be **unaware of**?

32. What could DSD do to **improve public knowledge** of the VEP?

33. Are there any **specific population groups that should be targeted** for awareness-raising of the VEP?

34. What other victim empowerment services, not provided by DSD, but by other service providers, are available in your area?

35. Are there any **barriers to accessing the VEP services** in your area?

36. What are the **core (social) issues** in your area that pertain to VEP?

37. In terms of these community issues, **what should DSD be focusing on in terms of VEP?**

38. Is there anything that the **DSD** could do to **improve victim empowerment** in your area/town/region?

39. Do you have any **other comments or recommendations**?

E. VEP EVALUATION – GOVERNMENT DEPARTMENT STAKEHOLDER INTERVIEW SCHEDULE

1. What is your position in this Department?
 - Can you tell us a bit about what your Department/office does?
2. How would you define 'victim empowerment'?
3. How does your **department work with the VEP**? (Describe the relationship)
 - Collaborate on projects/events?
 - Share best practices?
 - Refer clients?
4. Does someone from your Department sit on the **VE Forum**?
5. How often does your Department/office **refer clients to the VEP**?
6. Do you know which **protocols/policies** your staff use to guide the identification and referral of victims to VEP services?
7. Do you feel that **your staff are adequately equipped and trained** to properly identify victimisation and trauma in order to refer victims for appropriate services?
8. Does your Department/office receive referrals from the VEP? (Eg. DSD social worker bringing client to SAPS office, clinic, court, etc.)
9. Do you think that the referral system between your Department and the VEP (in both directions) is successful?
10. Does your Department/office provide any **victim empowerment services**?
11. How do you **determine when one of your clients/service users requires a VEP service**?
 - Can a client receive services from both your Programme and the VEP at the same time?
 - How do you know when your Department/office is able to deal with a client on its own, and when the client requires outside VEP services?

12. Do you feel that overall, your Department/office's relationship with the VEP is successful?

13. Of the **population groups that you work with, do any need to be targeted** for provision of VEP services?

14. What are some of the **elements of the VEP that seem to you to be working well** (successful)?

15. Are you aware of any **challenges or problems with the VEP, or VE services in the province** that inhibit the provision of services?

16. Are there any **barriers to your clients/service users accessing VEP services**?

17. Do you think that **your clients/service users know about DSD's VEP services**?

18. Are there any VEP services that your clients seem to be **unaware of**?

19. What could DSD do to **improve public knowledge** of the VEP?

20. What are the **core (social) issues that have come up with your clients** that pertain to VEP?

21. In terms of these issues, **what should DSD be focusing on in terms of VEP?**

22. Is there anything else that the **DSD** could do to **improve victim empowerment** in the province?

23. Do you have any other **comments or recommendations**?