



Support for the 16 Days, Taking back the night march in Johannesburg.

Photo by Colleen Lowe Morna

Key facts

- Limpopo province has seven shelters funded by DSD and run by non-profit organisations.
- In 2011/2012 the Limpopo Department of Social Development (LDSD) funded 50 NPOs, most of which are VEP structures.
- During the period under review, LDSD has reduced the amounts disbursed to VEP structures or organisations by 37% and increased funding to shelters by 61%.
- The LDSD has reduced its funding to NPOs by 13% from about R 13.4 million in 2011-12 to R11.7 million in 2012-2013.
- Overall, CBOs reported the highest number of VAW cases seen in the two districts of Vhembe and Mopane, where VAW appears to be rife.
- The number of available structures for VAW support is disproportionate to the number of victims.



My name is Aluwani. I'm 32-years-old and I have two children, Hope (13) and Elisa (11), although I am not legally married. My husband works away from home. One evening, while I was sleeping with the children, I felt like I was dreaming that someone opened the door. I woke up and heard the wind blowing through the window. I got out of the bed to check what was happening and I thought I saw a person. I woke the children up and told them there was a person outside. I called my mother-in-law and told her that there was a person scratching the window. She said I must ask who it is and I told her I had already done that. "Check again," she said. When I checked again the person was gone. I called and told her I couldn't see the person anymore. I switched off the light and went to sleep again with the children.

Hope saw a shadow and she said, "Mum, that person hasn't gone." Then I called my mother-in-law again, she said she was going to come to my house. I switched on the lights again and I sat on the bed. Within five minutes I heard the window breaking. As soon as the person had broken the window he got inside. I then realised there were actually two men and they had hidden their faces with masks. We screamed.

Those men were armed with a knife and a small axe. That knife was put on my neck and they said I was making too much noise. Because I was scared I kept quiet after that. They asked me where my money was so I took out my wallet and gave it to the other guy. There was R110 in the wallet. They took the DVD player and collected our phones. After that they took me outside with the knife still held to my neck. My children were crying but they kept their voices very low. They pleaded with the men: "Please don't kill our mother we are still young." The men said they won't kill me. I told them to take anything and leave me the way I am because my children are young.

When they took me out the other guy stayed in the house. We arrived in an open space outside and he said I must lie down but I refused. He pressed the

knife harder and I got more nervous so I lay down and he raped me. When he was done, he dragged me back to the house by holding onto my T-shirt. He gave me to the other guy who took me outside. The man who had just raped me stayed in the house. The man who was outside with me was holding a small axe. He told me to open the door to the room where we cook, which I did. He told me to lie down in there, which I did. He put a condom on and then raped me. By that time my heart was on my children, wondering what was happening to them in the house. When he was done he put me back in the house and they told me to lock the house, which I did and then they ran away.

We then went to see my mother-in-law who accompanied me to Donald Fraser Hospital. When we got there we were told to go to the trauma centre. I was helped by a counsellor. I told her what had happened. She asked me if my husband knows and I said he doesn't know. She said I must call him and explain what happened while I was there. I called, but he dropped the phone before I could finish the story. I just said the word raped and he hung up the phone.

That woman at the trauma centre continued to comfort me and I could see that she was also feeling my pain. She called the police and they arrived immediately to open a case. They asked me questions and I explained everything from the beginning. Unfortunately I couldn't describe the two men who had raped me because of their masks; even the children didn't see them.

The counsellor asked me, "Were they wearing condoms?" Then I said that the first one didn't wear a condom but the second wore a condom. Then she said they must take my blood to test for things that result from incidents like this, like HIV, unexpected pregnancy and other diseases. I tested negative. We went to a doctor who then cleaned me and gave me treatment to prevent HIV because of the rape. The doctor also gave me instructions about when to take the pills. I was told to come back to the trauma centre with my children the following day. The next day

when I went back to the centre, I found a TVEP counsellor there. She talked to me alone and then she talked to the children. I thank TVEP because I couldn't talk to any person about what had happened, but because of attending their workshops I managed to talk to other women and the pastor and now I feel relieved. I started to feel that life was getting better. The father of my children came back the following day and gave me support that I was not expecting. He spent the whole month and when he left he installed burglar bars on the windows and doors.

Aluwani's story is one of pain and torture followed by a road to recovery. After being raped by two strange men, Aluwani is left in turmoil and feels anger, bitterness, shame and fear. However, she is fortunate and gets help at the trauma centre and also from TVEP, through their counselling and empowering workshops. She also has a supportive family, which helps her overcome the trauma of her attack. This story shows that beyond the occurrence of abuse it is critical for survivors of GBV to get support which facilitates rehabilitation, recovery and empowerment.

This chapter explores the adequacy, accessibility and effectiveness of GBV support services from an institutional and a survivor perspective. The aim is to evaluate support mechanisms in place to assist survivors. This evaluation makes use of data from the prevalence and attitudes survey and administrative data provided by various GBV support organisations.

Since 1994, South Africa has seen a significant shift from the retributive justice system centred on the perpetrator to a more victim-centred restorative system. Support is one of the priority areas identified by the 365 Day National Action Plan of 2007. According to the NAP, support for victims comes in the form of providing safe shelters as well as economic empowerment for the victims and survivors of violence. The plan recommends advocacy and lobbying on the links between GBV and economic

development as well as the need for dialogues with relevant stakeholders in challenging the patriarchal system and its oppression of women.

The National Victim Empowerment Programme (NVEP)

The NVEP is coordinated by a number of departments, including Social Development (DSD), Correctional services, Justice and Constitutional Development, SAPS, the National Prosecution Authority (NPA) and the Department of Health. DSD is the lead department for the programme, coordinating within the criminal justice system. The roles of the DSD include:

- To prevent violence against women and children from occurring through a sustained strategy for transformation of attitudes, practices and behaviours;
- To respond to violence in an integrated and coordinated manner by ensuring a comprehensive package of services to affected women and children;
- To monitor prevalence and incidence of gender-based violence against women and children; and
- To ensure follow-up, support and reintegration of victims of GBV.

Each department plays a different role in the provision of services to victims of crime and violence. Services vary from registering and investigating cases to offering medico-legal services and ultimately prosecuting the case through the courts.³³

Limpopo VEP provincial statistics

Limpopo's Vhembe district reported the highest prevalence of domestic violence in the province. Support workers there recorded 2553 cases in the first quarter of 2012/13 at organisations offering GBV services supported by Limpopo DSD. LDSD is currently funding four not-for-profit organisations which run temporary shelters in the province. This number of temporary shelters is still too low compared to the number of funded shelters in other provinces.

³³ http://www.dsd.gov.za/npo/VEP1/index.php?option=com_content&task=view&id=71&Itemid=121

Table 7.1: Number of NPOs funded by DSD and disbursements 2011-2013: Limpopo Province

Sector	Number funded 2011/2012	Amounts transferred 2011/2012	Number funded 2012/2013	Amounts transferred 2012/2013	Difference in amounts transferred 2011/2012-2012/2013	% increase in funding 2011/2012-2012/2013
VEP	42	R 10 500 000	43	R 6 582 510	R -3 917 490	-37.3%
Social crime prevention	2	R 1 000 000	4	R 2 080 000	R 1 080 000	108.0%
Shelter	6	R 1 895 600	4	R 3 058 200	R 1 162 600	61.3%
Total	50	R 13 395 600	51	R 11 720 710	R -1 674 890	-12.5%

Source: Limpopo Province - NPO status report and highlights of provincial and district NPO dialogues.³⁴

Table 7.1 shows that more NPOs benefit from the LDSD for victim empowerment services. In 2011/2012 the LDSD funded 50 NPOs; VEP structures formed the majority. In 2012/13 the LDSD is funding 51 NPOs. While the LDSD has added funding to one more VEP structure, it has reduced the number of NPOs funded to run temporary shelters. However LDSD has reduced the amounts disbursed to VEP structures or organisations by 37% and increased funding to shelters by 61%. LDSD has more than doubled funding for social crime prevention programs by NPOs. Overall the LDSD has reduced its funding to NPOs by 13% from about R 13.4 million in 2011-12 to R11.7 million in 2012-2013.

The LDSD convened community dialogues to gather input from NPOs about the state of funding from DSD. Recommendations include:

- The NPO Registration Office, which is currently located in Gauteng, should be decentralised to the provinces;
- The Department should develop a uniform funding model;
- The funding of NPOs should include infrastructure needs to improve service delivery and compliance with norms and standards;
- Implement and monitor transformation of NPOs;

- Develop and regulate norms and standards for the establishment of community NPOs;
- The Department of Social Development must have dedicated staff to monitor and support NPOs;
- Review funding criteria to give preference to disadvantaged and emerging NPOs; and
- All NPOs should receive training prior to and post-funding to improve compliance and accountability.³⁵



Bathabile Dlamini, Minister of Social Development, at the official opening of the Khuseleka One Stop Centre in Limpopo.
Photo courtesy Google Images

³⁴ Available at http://www.dsd.gov.za/npo/index2.php?option=com_docman&task=doc_view&gid=112&Itemid=39

³⁵ Limpopo Province -NPO status report & Highlights of Provincial & Districts NPO dialogues.

Case Study: Polokwane SAPS Victim Support Centre

The Polokwane Victim Empowerment Centre falls within the ambit of South Africa's VEP structure. The centre supports victims by providing counselling and justice through the SAPS.

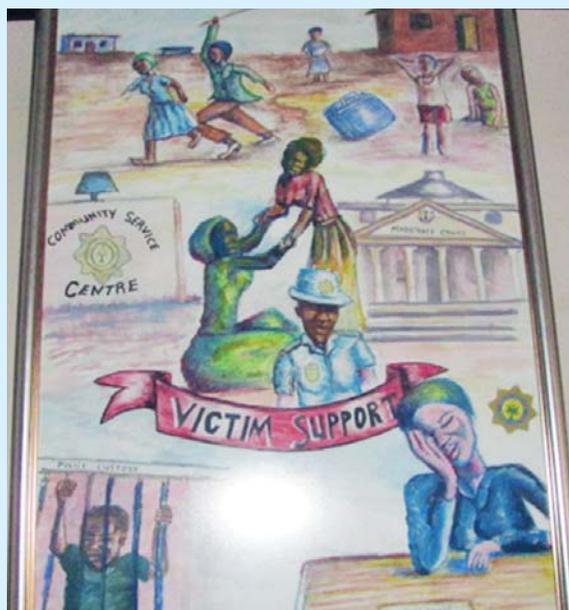
The Polokwane VEC focuses on response and support to victims of domestic violence as well as prevention of VAW. According to the centre coordinator, the number of domestic violence cases has increased compared to previous years: from about 45 to as many as 70 per month, with more cases recorded during festive seasons.

Women tend to report cases to the centre during national campaigns such as the 16 Days of Activism. The centre provides counselling for survivors and empowers victims to make informed decisions about reporting cases to police. In cases where victims do not want to obtain protection orders, the station officers bring in the perpetrator and provide mediation with the aim of resolving the issue.

Challenges

Counsellors face challenges getting victims to discuss the abuse they've suffered. This is often exacerbated by women's economic dependency on their partners. Case withdrawals impede justice and also contribute to the recurrence of VAW. Because of this challenge, withdrawals have been banned at police stations and must occur under oath in the courts.

Other challenges include short staffing and lack of financial resources to cover salaries. The centre currently has four staff members who act as auxiliary social workers.



A Polokwane VEC poster.

Shelters

In some cases, a victim or survivor may be in need of a safe place to go after they have been abused or victimised. She may not be able to return home if, for example, the perpetrator is a member of the family, a neighbour or member of her community. South Africa has implemented legislation and structures to promote the provision of shelters for victims and survivors of violence.

Shelter services fall under the broader domain of the national government's VEP, a crucial component of South Africa's crime prevention strategy. The DVA stipulates that the SAPS should refer the victim of violence to a shelter or safe house if necessary. Although not specified by the DVA, the Department of Social Development is responsible for facilitating and fast tracking the provision of shelters for abused women, as well as ensuring the availability and accessibility of counselling services for women and children, according to the Minimum Standards on Shelters for Abused Women.³⁶

³⁶ <http://www.info.gov.za/view/DownloadFileAction?id=70651>

The National Department of Social Development - Minimum Standards on Shelters for Abused Women

The DSD employs a policy called the Minimum Standards on Shelters for Abused Women which serves as a framework outlining a set of guidelines for every shelter that delivers services to victims and survivors of violence. It ensures quality assurance in service delivery and provides standards and information around provision of restorative justice, accountability and empowerment. It also provides a list of minimum standards of services and facilities that every shelter is expected to offer.³⁷ As previous research has shown, most shelters face serious financial constraints and many operate below these minimum standards because government is not providing sufficient assistance. Non-governmental organisations currently provide an estimated 60% of social welfare services for women and children with minimal help from the government (TLAC 2012).

National Shelter Movement SA (NSM-SA)

Stakeholders established the NSM-SA in 2008 following recommendations from the first Southern African Conference on Sheltering Abused Women and Their Children, held in 2000. Its goal is to strengthen the shelter movement in South Africa by capacitating shelter staff across the country and securing provincial government support. It also aims to be the representative body on sheltering for women and children affected by gender-based violence in South Africa. Through this project the National Shelter Network conducts activities which include building the capacity of provincial shelter managers, establishing provincial forums and hosting quarterly meetings between provincial shelter representatives and the national leadership in order to improve programme delivery, unity and collaboration.³⁸

Shelters for abused women in Limpopo

Shelters for abused women can be categorised into three different stages, namely:

First stage is short-term accommodation which usually ranges from three to six months.

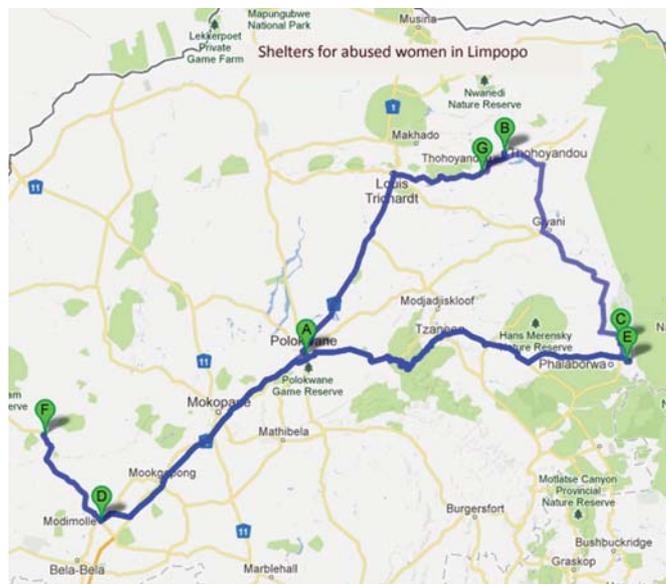
Second stage accommodates abused women for a period ranging from six to 18 months, usually after the first stage shelter.

Third stage is more secure and permanent housing for women leaving the first and second stages.

Limpopo province has seven shelters run by NPOs with funding from DSD. Table 7.2 shows the distribution of these shelters.

Table 7.2: Shelters in Limpopo province

	Criteria	Location
A	Child Welfare Shelter for Women and Children	Polokwane
B	Far North Network on Family Violence	Tohoyandou
C	Leka Gape Organisation	Lulekani
D	SAVF - VEP Modimolle	Modimolle
E	South AfricaVroue Federasie	Phalaborwa
F	Tifuxeni Community Counselling centre	Elim (Waterval)
G	Tohoyandou Victim Empowerment	Tohoyandou



³⁷ Minimum Standards on Shelters for Abused Women <http://www.info.gov.za/view/DownloadFileAction?id=70304>

³⁸ <http://www.dgmt-community.co.za/organisations/national-shelter-movement-sa>

Challenges

- There is a shortage of necessary facilities and human resources in these shelters. Some do not meet the minimum standards stipulated by the DSD as well as the legitimate needs of the women and their children.
- There is a lack of psycho-social services for both the abused women and their children.
- Breakdown of families is common in cases in which the abused woman has male children older than 12. The psychological damage brought about by family separation cannot be overemphasised (TLAC, 2012).
- There is no provision of secondary shelters. As noted earlier, most shelters in South Africa offer first stage accommodation which ranges from three to six months, after which the survivors do not have anywhere else to go, especially if they remain economically dependent on an abusive partner. This forces many women to go back to an abusive partner. There is a dire need to provide long-term safe accommodation for women coming out of

shelters. While stakeholders formed the National Shelter Movement of South Africa to assist and hold government accountable to provide access to sustainable human settlement and security for vulnerable families, it has not made much progress in addressing this issue (TLAC 2012).

Organisations providing support services to victims and survivors of GBV in Mopani and Vhembe districts of Limpopo

Various government departments and CSOs respond to GBV in the Vhembe and Mopani districts of Limpopo. For this study we primarily focus on Mopani and Vhembe districts as they characterise GBV hotspots in Limpopo but also have well documented reports on GBV response compared to the other districts. High rates of rape, femicide, domestic violence and ritual killings plague the two districts. Research has shown that GBV remains entrenched in patriarchal cultural structures and harmful religious practices that promote it.



Creating future leaders, Vhembe District Municipality, Limpopo.

Photo by Nomthi Mankazana

Table 7.3: Organisations responding to GBV in Mopani

Name of organisation	Monthly average VAW related cases	Programmes or activities implemented to address GBV	Challenges
Non-governmental organisations			
ProGroup Foundation Trust	100	Providing court support, preparation, access to justice and counselling. The organisation has an awareness strategy to create an understanding for a zero tolerance approach to GBV.	<ul style="list-style-type: none"> • Lack of cooperation and buy-in from DO&JCD. • Lack of buy-in and cooperation from critical stakeholders. • Lack of effective cooperation from other NGOs. • Lack of human and financial resources.
Families South Africa (FAMSA) Limpopo	15	Counselling, play therapy, trauma debriefing, mediation services, community development programmes, victim empowerment, life skills, training, HIV and AIDS (high transmission areas), mentoring emerging CBOs. Awareness campaigns.	<ul style="list-style-type: none"> • In certain instances, lack of resources or funding for specifically GBV. • Lack of funding leading to high staff turnover.
Community-based organisations			
Maake Community Victim Empowerment	110	Door to door campaigns and crime awareness campaigns. Mobilising women and children and addressing them about GBV.	<ul style="list-style-type: none"> • Lack of transport to provide after care services and outreach programmes. This makes it difficult to follow-up on cases. • The department of Social Development sometimes takes time to pay and as such the organisation struggles to get food for victims.
Cross the Road and Stay Alive (CRS)	N/A	Child and women abuse services, counselling, prevention of crime and sexual abuse.	<ul style="list-style-type: none"> • People are afraid to break the silence because most of the abusers are providing for the families' needs. • Lack of transport that makes it is difficult to reach the victims on time. • Lack of finances.
Phapamani Victim Empowerment Centre	10	Trauma counselling and victim support.	<ul style="list-style-type: none"> • Insufficient funding.
Sekgosese Victim empowerment Centre	20	Awareness campaigns on GBV, rape and crime.	<ul style="list-style-type: none"> • No transport for effective operation. • Limited capacity to accommodate victims. • Lack of electricity and toilets. • Lack of furniture and different equipment.
Government affiliated			
Middle Water Clinic	1	Awareness campaigns on GBV.	<ul style="list-style-type: none"> • No commitment of community members and service providers. • Women do not openly report the cases of VAW but present injuries.
Mopani District Office	440	Provide counselling to the victims. Assist them to report cases to the police and/or psychologists. Road-shows, competitions and campaigns.	<ul style="list-style-type: none"> • Survivors do not report therefore the reports received do not tally to the actual number of incidents. • Lack of funding and support from social and political organisations.

Source: Ecory's report: Assessing organisations and structures that address Gender Based Violence in Vhembe and Mopani Districts, Limpopo; 2012.

Table 7.3 shows that CBOs comprise the majority of GBV organisations in the Mopani district. Yet most cases of VAW (average of 440 per month) have been reported at the Mopani District office. One cross-

cutting challenge faced by all organisations is lack of funding, high staff turnover and capacity-building. Survivors also do not make the most of available services.

Table 7.4: Organisations responding to GBV in Vhembe

Name of organisation	Monthly average VAW related cases	Programmes or activities implemented to address GBV	Challenges
Community-based organisations			
Munna Ndi Nnyii	180	Culture and health, HIV and AIDS, human rights, recognition of OVC.	<ul style="list-style-type: none"> • Lack of support from traditional leaders. • Poor referral system.
Isibindi Project	60	Personal doll, play therapy, life centre programme, young women empowerment.	<ul style="list-style-type: none"> • There is minimal adult participation.
Far North Community Care and Development	40	Conducting workshops, awareness through door-to-door campaigns.	<ul style="list-style-type: none"> • Insufficient funds and transport.
Far North Network on Family Violence	80	Shelter for abused women and children, beading for economic activities, counselling, self-awareness, broadcasting on radio.	<ul style="list-style-type: none"> • Lack of funds. • Poor staff retention.
Happy Child Care Forum	28	Recreation and educational activities. Door-to-door awareness campaigns.	<ul style="list-style-type: none"> • Lack of accommodation and funding.
Thohoyandou Victim Empowerment Programme	170	Safe houses, young perpetrator programme (for juvenile sex offenders), help desks (14 situated at rural clinics, one at TVEP Sibasa offices), Zero Tolerance Village Alliance, community mobilisation, research, advocacy and special projects.	<ul style="list-style-type: none"> • Lack of funding. • High staff turnover. • Limited staff capacity.
Mutale Victims Empowerment	100	Door-to-door campaign, traditional leader committees and churches host debates on GBV.	<ul style="list-style-type: none"> • Lack of funding, transport and need for big space/shelter.
Vuwani Victim Empowerment	115	Awareness campaigns using promotional materials.	<ul style="list-style-type: none"> • Insufficient funds. • Lack of accommodation and resources.
Pfukani Victim Empowerment		Door-to-door and awareness campaigns, home visits.	<ul style="list-style-type: none"> • Insufficient funds. • Lack of knowledge on VAW.
Rotenda Victim Support Organisation	25	Awareness campaigns on VAW, supporting women and children, referrals, counselling and information on criminal justice system.	<ul style="list-style-type: none"> • Lack of funds. • Community not willing to change beliefs.
Dzata Victim Empowerment	110	Awareness campaigns, workshops, door to door campaigns and educational programme.	<ul style="list-style-type: none"> • Lack of funding, accommodation for the clients. • Limited staff capacity.
Government departments			
Tshilidzini Thuthuzela Care Centre (TCC)	120	Campaigns (door-to-door and public awareness), distribution of booklets (for those who could not attend staging workshops).	<ul style="list-style-type: none"> • Conviction rate is still low.
Correctional Service	50	Awareness campaigns and door to door campaigns.	<ul style="list-style-type: none"> • Financial sustainability. • Need for training and renovation of working space.
Department of Social Development	85	Awareness campaigns and training.	<ul style="list-style-type: none"> • Lack of resources e.g. for transport, accommodation.
FBOs			
Mighty Grace Christian Fellowship Church	10	Awareness campaigns, bible studies and visit church members' homes.	<ul style="list-style-type: none"> • Financial constraints for operations.

Source: Ecorys's report: *Assessing organisations and structures that address Gender Based Violence in Vhembe and Mopani Districts, Limpopo; 2012.*

Table 7.4 shows that CBOs in Vhembe District received the highest number of GBV cases. This implies that Vhembe CBOs lead in the provision of GBV services

in the district. However, while organisations have been succeeding in raising awareness and prevention, only a few provide shelter and safe houses for abused

women and a handful provide counselling. Far North Network on Family Violence is one of the few providing economic empowerment to the women through beading while Isibindi caters for the needs of abused children by incorporating play therapy.

Organisations in Vhembe - just as in Mopane and the country at large - struggle because of a lack of funding to cover operational costs. However, it is commendable that both districts have been able to foster partnerships between government departments, FBOs and CSOs. As highlighted in Table 7.3 and 7.4, these organisations complement one another as they work toward a common goal. Yet there remain too few organisations to meet the needs of the many victims in the province.

TVEP is one of the few Vhembe district organisations that seek to provide a holistic support system to victims, addressing their psycho-social, legal, safety and health needs. TVEP has also provided some insight about the magnitude of GBV in Vhembe (Thohoyandou Police Precinct). According to the SAPS records, victims reported 321 sexual crimes in 2010/2011 in Thohoyandou. On the other hand, the Thohoyandou Victim Empowerment Centre saw 540 cases of rape and 1440 cases of domestic violence in the same year. It is difficult to get a corresponding figure on domestic violence from SAPS (Ecory's Report, 2012). The following case study elaborates the different support services provided to GBV survivors by TVEP.

Case study: Thohoyandou Victim Empowerment Programme (TVEP)



Background

The Thohoyandou Victim Empowerment Programme (TVEP) has been operational for more than a decade. Its mission is to instigate an attitude of zero tolerance towards all forms of sexual assault, domestic violence, child abuse and HIV and AIDS stigmatisation in Thulamela. TVEP runs two trauma clinics out of Donald Fraser and Tshilidzini Hospitals, with 15 rural help desks. Through these desks TVEP is extending health and psychosocial support services to a myriad of rural villages within Thulamela municipality.

Objectives

TVEP's programme objectives include creating a supportive environment for the victims of sexual assault, domestic violence, child abuse and the HIV and AIDS pandemic; informing the community about their rights and responsibilities pertaining to sexual assault, domestic violence, child abuse and HIV and AIDS; capacitating and rehabilitating victims of sexual assault, domestic violence, child abuse and HIV and AIDS; and ensuring justice is served.

Processes and activities

TVEP provides the support services to promote access to justice. It aims to ensure the provision of a multi-sectoral, one-stop service to victims of sexual assault, child abuse and/or domestic violence, and to encourage a high quality of service delivery. Projects to promote access to justice include:

The Family Violence and Sexual Abuse (FVSA) trauma centres

These consist of one-stop centres at regional and district hospitals where survivors can make a statement to the SAPS, receive counselling and be examined and treated all within the same complex. Since October 2002,



every rape survivor meeting the necessary criteria has been provided with post-exposure prophylactics (PEP) and a client-dedicated Survivor Support Officer (SSO) conducts home visits to monitor compliance and side effects.

Consolidated support services

The case management team follows up and monitors all rape cases reported through the trauma centres. The aim of the follow up is to minimise the number of withdrawals (currently more than 50%) and to prepare witnesses for court. Chaperones based at the Sexual Offences and Community Affairs courts provide assistance to victims and feed child witnesses waiting to give evidence.



Fiona Nicholson (right) preparing advocacy materials ahead of a Take Back the Night march in Johannesburg. Photo by Gender Links

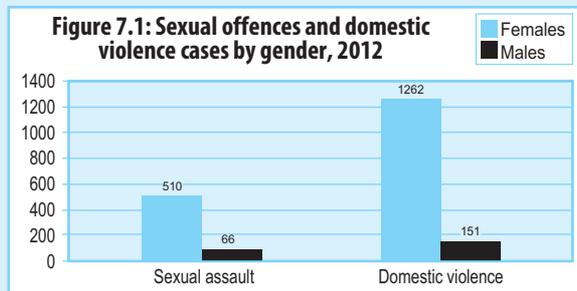
Client transport subsidies

The organisation formed a partnership with local bus companies to enable survivors' access to transport to attend workshops, receive counselling and return to the hospital for follow-up blood tests.

Positive support services

This cluster consolidates all TVEP's HIV-related activities and psycho-social services. The team promotes access to ART and compliance with the regimen, with particular emphasis on children.

Statistics



Source: TVEP

TVEP logged 576 cases of sexual assault in 2012 (510 females). TVEP logged 1413 cases of domestic violence - 1262 female and 151 male victims. Overall, women comprised 89% of DV and sexual assault victims.

Sources of support cited in participant "I" Stories

Family: Out of the 16 "I" Stories participants 14 cited their families as the most common source of support. In regards to IPV the victim usually gets support from her family while the perpetrator also gets support from his family. The type of family support received by victims includes encouragement, advice to take action and financial.

Church: Half (8) of the victims received substantial support from their churches and pastors. Support came in the form of prayer, counselling and encouragement.

TVEP/Tshilidzini TCC: More than half of the women accessed help from TVEP or Tshilidzini TCC where they received counselling, went through survivor workshops and received legal advice. Tshilidzini provided most (62%) of the counselling, followed by TVEP (25%).

The Stop Gender Violence Helpline

The SGVH is toll-free and provides anonymous, confidential and accessible counselling, information and referral services to victims, witnesses and perpetrators of gender violence. It is the only national helpline focusing on GBV.



The helpline provides an empowering counselling environment to GBV survivors through an anonymous, confidential and accessible service. The gender line, however, only operates five days a week and is closed on weekends. Help line staff provide referrals and give callers accurate GBV information to facilitate a continuum of care.

NICRO Perpetrators of Intimate Partner Violence Programme

The Perpetrator of Intimate Partner Violence Programme (PIPV) is a domestic violence intervention that focuses on the offender, the victim and the family. The intervention aims to reduce or eliminate the occurrence of domestic violence through exploring the cycle of violence and the effects of violence on the family. The intervention is based on individual counselling and involvement of both the offender and the victim to inform both about how to deal with protection orders and safety plans. The programme also includes anger and conflict management. PIPV consists of 30 sessions conducted over 16 weeks, with each session lasting one to three hours.

Conclusion

South Africa has implemented structures and legislation that provide support systems to the victims and survivors of violence. The national VEP programme has facilitated the establishment and integration of inter-sectoral programmes and policies for the support, protection and empowerment of victims of crime and violence with a special focus on women and children. Police have established VEP centres in police stations across Limpopo province.

Despite these important initiatives, the system is still lagging in meeting the needs of GBV victims. Problems include:

- Maximum utilisation of the services by victims is impeded by the culture of silence and economic dependency of the victims;
- Lack of capacity and commitment among other relevant role players within the VEP;
- Many VEP centres lack the resources to effectively cater for victims;
- The number of available structures is outnumbered by the victims. As highlighted above, there is a shortage of shelters for abused women. Even fewer second and third stage shelters exist, leaving women who leave first stage shelters stranded with nowhere to go. This is exacerbated by the adverse economic conditions faced by many women. Women have few options when they leave shelters and many return to abusive relationships; and
- An assessment of the various organisations responding to GBV in Mopani and Vhembe shows that across the board challenges include lack of sufficient focus on GBV and lack of resources and skills.