



# Saartjie Baartman

CENTRE FOR  
WOMEN & CHILDREN

## **NGO input for the study on violence against women for the UN Division for the Advancement of Women.**

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### **Good practice example**

The Saartjie Baartman Centre for Women and Children is an NPO (reg. No. 014-121 NPO), situated in Manenberg, a Cape Town township on the Cape Flats, which is an area with extremely high rates of crime, gangsterism, child abuse, unemployment, substance abuse and domestic violence. The Centre provides services to a wide range of constituencies: local, such as neighbouring townships, farming communities in the Phillippi, Constantia, and Stellenbosch areas, and 'informal' settlements; as well as national and international, such as refugee women from Africa and trafficked women, mostly from the Orient.

The Centre was opened in 1999 as the first multi-disciplinary service (one-stop) centre for abused women and children in the country. The Centre provided an opportunity for role-players to develop an appropriate multi-agency service delivery model for the effective management, treatment and prevention of violence against women and children. It also presented an opportunity for a partnership approach between government departments and the non-governmental sector.

The Centre has since evolved to be the prime learning site nationally for providing holistic, integrated services to survivors of violence. Some of the services provided are managed directly by the Saartjie Baartman Centre. These include a 24-hour crisis response; a residential shelter for abused women and their children; legal assistance; and job-skills training. The other services are provided by ten organisations working in partnership at the Centre and include an after-hours crisis response for children; specialised counselling services in rape/sexual assault, drug and alcohol abuse, trauma and domestic violence; job-skills training and job placement projects; primary health care and HIV/AIDS programmes; community outreach; advocacy and lobbying; training; and research.

### **Reasons for this being a good practice model**

During the 1990s, organisations working in the Violence Against Women sector in South Africa began to move into co-operative organising around questions of the new government's commitment to gender equality, and the implications of that commitment for addressing the prevalence of violence against women. This early networking led to a growing realisation that a woman may experience many problems simultaneously in her life, and that a web of services was needed. Organisations in the

Western Cape developed a formalised network with the aim of sharing information and co-ordinating services.

The Saartjie Baartman Centre, however, took a radical jump from networking to partnership work because we realised that the high incident<sup>1</sup> and the cross-cutting nature of domestic violence demand joint efforts and the implementation of integrated approaches that cannot be provided by single organisations acting alone. Violence against women and children is a complex issue. Approaches to working against that violence also needs to be more complex, especially with regard to the services provided to the survivors. Working in partnership has required a whole new way of strategic thinking around fiscal management, shared values and the co-implementation of mutually-imagined, co-owned and co-operatively realised projects and programmes. Trying something new is always risky, but the partners are committed to the success of this venture.

We recognise and are encouraged by the fact that there are important benefits to working in partnership at the Centre. The first and most important benefit is the ability to create a strengthened, comprehensive web of services for women and children experiencing violence, requiring a range of intervention. The most dangerous time for an abused woman is immediately after she has left her partner and is seeking intervention. It is therefore imperative that the abused woman can access necessary services within the safety of the Centre. The services include secure accommodation, legal advice, counselling, specialised rape and HIV/AIDS counselling, as well as economic empowerment programmes that provide immediate income and job-skills training. In this way, a 'one-stop' centre can help a woman and her children tackle the effects of violence on their lives without their being retraumatised by having to go to several different agencies for help and having to start over with their story each time. It also helps in that women seldom have the financial resources for public transport from one agency to another.

The cost effectiveness of sharing resources promotes sustainability and allows for budgets to be allocated for service delivery. Partner organisations experience enrichment and support within the Centre as expertise and training programmes are easily shared. Working in partnership also provides the opportunity to evaluate the effectiveness of services in a more comprehensive way as it is a range of services and a collective programme that are being evaluated, and not individual programmes.

### **Case study<sup>2</sup>**

Sophie comes to the Centre one morning because a neighbour has told her that she will find someone there to help her. The receptionist calls the counselor on duty from the *Trauma Centre*, one of the Centre's partners that helps do intake assessments. Sophie tells the counselor that her husband has been psychologically and physically abusing her for the last ten years and has now threatened to kill her because she told him she wanted a divorce. She has three children – two daughters aged 15 and 10, and

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<sup>1</sup> One in four women is abused in her home in South Africa (Matthews S, Abrahams N. (2001) *An analysis of the impact of the Domestic Violence Act (No. 116 of 1998) on women*. Gender Advocacy Programme and the Medical Research Council, Cape Town.)

<sup>2</sup> Based, not so much on an actual person, but on a very typical example of a woman coming to the Centre and the services accessed by her and her children.

a son aged seven. She believes her husband will carry out his threat and needs a safe place to stay.

The counselor, who is trained in trauma debriefing, listens empathically, and after confirming that Sophie would like accommodation in the Shelter, calls the Shelter social worker and organises for Sophie to be admitted together with her three children. The counselor also makes an appointment for Sophie to see the Centre's full-time legal advisor to discuss the possibility of getting a protection order and starting divorce proceedings.

In the Shelter, where Sophie and her children can stay for three months, the social worker arranges for the children to be placed in neighbouring schools. Sophie is able to earn a little income by helping to clean the Centre offices and conference/workshop venues, and decides to do a basic catering training course being run by *Jobstart*, another Centre partner that offers food preparation, catering and industrial cleaning training. There is a good chance that Sophie may get a job in one of the hotels with which Jobstart has links.

During the three months Sophie uses her counselling sessions to tackle various issues and problems. She is able to acknowledge a drinking problem – the only way she could deal with the pain and humiliation of the abuse – and so is referred to Centre partner *SANCA (South African National Council on Alcoholism and Drug Dependence)* for specialised counselling. She asks for help for her 15 year old daughter whose boyfriend had date-raped her. An appointment with *Rape Crisis* is made and the daughter is able to go for regular counselling when she comes home from school. Sophie's son gets into trouble with some of the other Shelter residents because of his aggressive behaviour towards their children. He is referred to a member of the *Trauma Centre's Children and Violence Team*, which also has offices at the Centre. Workshops on such issues as domestic violence and women's rights, HIV/AIDS, conflict management, and coping with stress boosts Sophie's self confidence and knowledge.

At the end of the three months, Sophie feels much better about herself and her children seem to be losing much of the anxiety and fear that they brought with them to the Shelter. Because her training has not yet ended and because the Shelter staff feel that she will benefit from a longer stay in a safe environment, Sophie moves into one of the transitional houses on the Centre grounds, where she can stay with her children for a further six to nine months.

## **Conclusion**

The Saartjie Baartman Centre has pioneered the 'one-stop' partnership approach for tackling violence against women and believes that this is proving to be a good practice model in the sector. Centre staff are already involved in consulting to other organisations wanting to start a similar centre, and this replication work is expected to increase with the publication of the Centre's *Guidelines: how to 'grow' a one-stop centre*, based on the documented history of the Centre and evaluation of the partnership model, *The Saartjie Baartman Centre for Women and Children: The story 1999-2004*.