

# **Substance Abuse and Domestic Violence: A Needs Assessment in the Communities of Bonteheuwel and Langa**

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March 2006

## **ACKNOWLEDGMENTS**

*Jen, Dawn, Tiffany, Lisa, Adrian, Kopal, Libby and Elena wish to acknowledge and thank:*

Timothy Stanton

Melanie Alperstein

Sharmla Naidoo

University of Cape Town Primary Health Care Directorate, Department of Public Health and Family Medicine, Faculty of Health Sciences

Martin Hall, Deputy Vice Chancellor, UCT

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# EXECUTIVE SUMMARY

## Introduction

This report addresses the needs of the communities of Bonteheuwel and Langa regarding substance abuse and domestic violence. This assessment was conducted on behalf of the UCT Primary Health Care Directorate, Department of Public Health and Family Medicine, Faculty of Health Sciences, in partnership with Stanford University. This assessment builds upon the work of Sharmla Naidoo and James Irlam presented in their report “Vanguard Community Health Centre in Context: A Situational Analysis of the Health Facility and the Communities of Bonteheuwel and Langa” (February 2005).

Bonteheuwel, a “coloured” community, and Langa, the oldest black African community in Cape Town, are located on opposite sides of Vanguard drive. Both communities are served by the Vanguard Community Health Centre.

## Purpose and Methods

Substance abuse and domestic violence were chosen for assessment because they connect greater socioeconomic problems with physical health ailments. For example, frustration over unemployment can lead a resident to turn to substance abuse as a coping mechanism, which can then increase susceptibility to HIV/AIDS. Four research questions were created to assess the impact of these issues.

- 1) *What is the current situation in Langa and Bonteheuwel regarding substance abuse and domestic violence?*
- 2) *What resources are available in each community to address substance abuse and domestic violence?*
- 3) *Are or how are these resources utilized by community members?*
- 4) *What do community members perceive to be the biggest unmet needs regarding substance abuse and domestic violence, and how would they recommend addressing these needs?*

Research was conducted through informal interviews and focus groups using a set of “talking points” to guide discussion. Data was gathered in the form of qualitative notes. Limited outside research was also conducted to supplement the assessment process.

## Results

### *Substance Abuse: Bonteheuwel*

- Substance abuse usually begins at the ages of 12-13
- Drug abuse is more common among youth than adults
- Substance abuse is linked to domestic violence, gangs, and unemployment
- The most commonly abused drugs are tik and dagga
- The most commonly used formal resources are the police and the Multi-Purpose Center
- However, many residents feel that the police are not doing a good job

- Under-utilization of resources is a problem, especially counseling services
- Accessibility is a major problem, particularly for drug rehabilitation
- Residents recommend a better system of transportation to existing services, more youth programs and more social workers

#### *Substance Abuse: Langa*

- Substance abuse usually begins at the ages of 12-13
- Drug use, especially of tik, is increasing among adolescents
- Drugs and alcohol are easily accessible to all ages
- Substance abuse is linked to transmission of HIV, violent crime and domestic violence
- The most frequently used formal resource is the police
- Many residents do not feel the police are effective enough
- Counseling services are underutilized due to cultural barriers
- Residents suggested the creation of more awareness programs and culturally sensitive counseling

#### *Domestic Violence: Bonteheuwel*

- Domestic violence is most often directed at women and children
- Domestic violence is often exacerbated by substance abuse
- Many residents have a “mindset” that domestic violence is acceptable
- Frustration over unemployment can lead to domestic violence
- Most victims will not leave their abusers, usually due to financial dependence or love
- Victims who do seek help will turn first to their families, and then the police
- However, few victims will actually press charges against their abusers
- Residents stated a need for better social work and counseling services
- The greatest need is to change the mindset of men
- Residents recommended more education programs in churches and schools, more support groups, and better transportation to existing resources

#### *Domestic Violence: Langa*

- Domestic violence is most often directed at women
- Domestic violence is exacerbated by substance abuse and unemployment
- Domestic violence is part of the “culture” and men think it’s acceptable
- Domestic violence can lead to greater vulnerability to AIDS and homelessness
- Victims are usually unwilling to leave their partners, mostly due to financial dependence or love
- Many women are afraid to tell someone that they are being abused
- The most frequent formal resource is the police, but residents say they are not properly trained to handle domestic violence
- Most victims do not press charges against their abusers
- There are cultural barriers to counseling
- Residents recommended greater education about domestic violence, especially targeted towards young men

## Discussion

Analysis of the results presented seven major themes:

- *Link Between Substance Abuse and Domestic Violence*: Domestic violence is more common in situations where drugs and alcohol are present; victims often excuse their abuser because of the influence of alcohol
- *Accessibility*: Existing resources are often difficult to access due to transportation, understaffing and limited hours
- *Cultural Barriers*: Domestic violence and substance abuse are exacerbated by a historically patriarchal society, children being exposed to both issues from a young age and viewing them as acceptable, and the influence of gangs
- *Economic Barriers*: Substance abuse and domestic violence are exacerbated by unemployment, the financial dependency of women, misuse of limited resources and the role of shebeens and gangs in the informal economy
- *Youth Education and Awareness*: Schools are the best place to address these problems for youth; more programs are needed for young men
- *Family Dynamics*: Parents need to take more responsibility for their children; substance abuse and domestic violence are exacerbated by broken homes and negative father figures
- *Coordination of Resources*: Greater awareness of all existing resources is needed; the leaders of similar organizations need to come together to mobilize the community for lasting change

## Limitations

This assessment faced a number of limitations, including: the overall time spent in the community; the time of day allotted for assessment; safety concerns and restricted access to certain parts of the communities; language barriers; informed consent; lack of academic background and informal interview methods.

## Recommendations

This assessment produced several recommendations:

- *Vanguard Community Health Centre*: Greater outreach to both communities; establishing a point person for coordination of resources; more comprehensive referral systems
- *Programs and Services*: Coordinated youth programs; new programs in comfortable settings; programs targeting men
- *Future Assessment*: Greater focus on substance abusers or victims/perpetrators of domestic violence; analysis of efficacy of individual programs; needs of adolescent males; misuse of cash grants

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## **I. INTRODUCTION**

This report assesses the health needs of two communities, Langa and Bonteheuwel, with respect to the issues of substance abuse and domestic violence. These communities are both served by the Vanguard Community Health Centre, which operates in partnership with the UCT Primary Health Care Directorate as part of its community-based education program. This study was conducted on behalf of the UCT Primary Health Care Directorate, Department of Family and Community Medicine, Faculty of Health Sciences, in partnership with Stanford University. This assessment builds upon the work of Sharmla Naidoo and James Irlam presented in their report “Vanguard Community Health Centre in Context: A Situational Analysis of the Health Facility and the Communities of Bonteheuwel and Langa” (February 2005).

This assessment identified substance abuse and domestic violence as underlying social problems that were not addressed in the aforementioned situational analysis, but were connected to many of the health issues it presented. This report seeks to present a more in-depth analysis of these two issues in order to provide a greater understanding of the social context for health needs in Langa and Bonteheuwel. It is hoped that the information in this report will help UCT students in community-based education, both at Vanguard and future learning centers, to enrich their experience by better understanding the communities they serve. This report also seeks to give a diverse range of community members a greater voice in the research process, and hopes that these voices will be an important source of information in future UCT projects.

## II. DESCRIPTION OF THE COMMUNITIES

### A. History and Geography

Figure 1. Map of Bonteheuwel and Langa



Bonteheuwel, originally Bonteheuwel Farm, was formed in 1965 as the Group Areas Act forced coloured people out of areas like District 6 and Diep River. Bonteheuwel is 352 hectares of land located 15 kilometers east of Cape Town. The community is divided into four sub-sections: Netreg, Golden Gate, Bonteheuwel and Kalksfontein.

Both Bonteheuwel and Langa are inconveniently located for access to employment, shopping and recreation. The Epping Industrial Area, which borders both townships to the north, is the only major source of nearby employment for residents of the communities.

Langa is a Xhosa word meaning sun. It was formed in 1927 as a result of the Urban Areas Act. Langa is named after a leader of the Hlubi people, Langalibalele, who was imprisoned in 1875 on Robben Island for resisting the local government in Natal. Langa is Cape Town's oldest black African community and is located about 20 kilometers from the center of Cape Town. It is divided into two sections: Langa proper and the informal settlement, Joe Slovo. Langa is also adjacent to the suburb of Pinelands.



The N2 highway forms the southern border of Langa and Bonteheuwel, and Vanguard Drive runs between the two communities. Vanguard Community Health Centre is located on the Bonteheuwel side of Vanguard Drive. A footbridge connects the centre to Langa.

### *B. Demographics*

According to the most recent census data, both Langa and Bonteheuwel are home to approximately 50,000 residents. However, these numbers are often in flux due to the transitory nature of many residents in the informal settlements. In Bonteheuwel, there are a higher percentage of females than males, which might be indicative of higher rates of gang violence and homicide among males in this community.

**Table 1. Population Breakdown by Gender**

Population by gender							
Bonteheuwel				Langa			
Male	%	Female	%	Male	%	Female	%
23988	47.3	26689	52.7	24448	49.2	25220	50.8

The populations in both communities are also very young, with almost fifty percent of the residents being under the age of twenty-five.

**Table 2. Population Breakdown by Age**

Population by age structure					
Bonteheuwel			Langa		
Age	Number	%	Number	%	
0-24 yrs	24486	48.3	24460	49.2	
25-49 yrs	17693	34.9	19955	39.2	
50+ yrs	8497	16.9	5250	10.6	
*Statistics South Africa Census 2001					

### *C. Known Socioeconomic and Health Indicators*

Although each community is home to roughly the same number of people, Bonteheuwel has greater physical resources than Langa. Bonteheuwel has about 5000 fewer housing units, but this reflects the prevalence of larger, more formal housing versus the high rates of informal shacks in Langa. Almost all Bonteheuwel residents have

electricity and a solid majority has piped water, while in Langa only two-thirds have electricity and one-third water. Only nine percent of residents in Langa have a telephone versus almost half in Bonteheuwel.

**Table 3. Socioeconomic Indicators**

<b>Socio-economic indicators</b>			
<b>Bonteheuwel</b>		<b>Langa</b>	
Housing units	10252	Housing units	15514
Informal housing	10%	Informal housing	47%
Electricity	99%	Electricity	66%
Piped water	84%	Piped water	35%
Telephones	47%	Telephones	9%
Refuse removal weekly	100%	Refuse removal weekly	92%
*Statistics South Africa Census 2001			

Both Langa and Bonteheuwel are troubled by unemployment. However, although similar percentages are employed in both communities, a higher percentage of residents are unemployed versus not economically active in Langa, while the opposite is true in Bonteheuwel. Also, the total number of residents represented in this table is less than the actual number of residents in the communities, suggesting questions about the accuracy of the data.

**Table 4. Employment Statistics**

<b>Employment Statistics</b>						
<b>Bonteheuwel</b>						
<b>Employed</b>	<b>%</b>	<b>Unemployed</b>	<b>%</b>	<b>Not economically active</b>	<b>%</b>	<b>Total</b>
12929	39.8	7301	22.5	12264	37.7	32494
<b>Langa</b>						
<b>Employed</b>	<b>%</b>	<b>Unemployed</b>	<b>%</b>	<b>Not economically active</b>	<b>%</b>	<b>Total</b>
13127	36.2	12752	35.2	10361	28.6	36240
*Statistics South Africa Census 2001						

Data taken for both communities at the Vanguard Community Health Centre shows an increase in immunizations by almost fifteen percent. It also suggests increases in both the teen pregnancy and infant mortality rates. However, data from two separate clinics in Langa and Bonteheuwel suggests that teen pregnancy has gone down in both

communities, while infant mortality has decreased in Langa and increased in Bonteheuwel.

**Table 5. Health Indicators, Vanguard**

<b>Vanguard Community Health Centre</b>		
<b>Health indicators</b>		
	<b>2001/02</b>	<b>2002/03</b>
<b>Infant Mortality rate (per 1000 live births)</b>	24.7	30.95
<b>Teen Pregnancy rate</b>	6.2%	7.3%
<b>Immunization rate</b>	84.4%	98.7%

**Table 6. Health Indicators, Langa**

<b>Langa Clinic</b>		
<b>Health indicators</b>		
	<b>2001</b>	<b>2002</b>
<b>Infant Mortality rate (per 1000 live births)</b>	30.9	20.3
<b>Teen Pregnancy rate</b>	4.1%	3.8%

**Table 7. Health Indicators, Bonteheuwel**

<b>NETREG clinic, Bonteheuwel</b>		
<b>Health indicators</b>		
	<b>2001/02</b>	<b>2002/03</b>
<b>Infant Mortality rate (per 1000 live births)</b>	20	37.04
<b>Teen Pregnancy rate</b>	7.8%	6.0%

### III. PURPOSE OF THE ASSESSMENT

This assessment addresses four research questions:

- 1) *What is the current situation in Langa and Bonteheuwel regarding substance abuse and domestic violence?*
- 2) *What resources are available in each community to address substance abuse and domestic violence?*
- 3) *Are or how are these resources utilized by community members?*
- 4) *What do community members perceive to be the biggest unmet needs regarding substance abuse and domestic violence, and how would they recommend addressing these needs?*

This research process began with the goal of identifying a specific issue area for in-depth assessment to supplement the broad situational analysis already completed in Langa and Bonteheuwel. Through informal interviews focused on general perceptions of health, it was observed that substance abuse and domestic violence were mentioned with significant frequency as two of the biggest health problems in both communities.

Although it was recognized that social issues such as substance abuse and domestic violence might be outside the scope of a normal health needs assessment, the emphasis placed by interview participants on socioeconomic problems required a broad definition of community health. These two issues were particularly intriguing because of their perceived roles as intermediaries on a scale of health issues; for example, an underlying problem of unemployment might lead to substance abuse, which in turn could manifest itself in higher vulnerability to HIV/AIDS.

After selecting these issue areas, subsequent, more focused interviews suggested an emphasis on resource availability and utilization. Several service providers who participated in interviews were working on the same issue without knowing of each other's existence, while ordinary community members were often unaware of the resources available to them. Identifying opportunities to connect existing resources to each other and their potential clients quickly emerged as an important goal of this assessment.

Finally, the philosophy of community-based participatory research behind the project led to the inclusion of the last question. It was determined that in order to make meaningful recommendations about future programs and research, the incorporation of community voices was necessary. This question also resulted in many of the most interesting and uniquely informative anecdotal responses.

## **IV. ASSESSMENT PLAN**

### *A. Personal Interviews*

Interviews were conducted with staff at local clinics and hospitals, members of local organizations, and community residents encountered at clinic waiting rooms and community centers. Early interviewees were identified through the local resident guides who accompanied the research group around their communities. Other contacts were later made through recommendations from previous interviewees or targeted by the research group to represent specific perspectives or resources.

Most interviews were conducted in a guided semi-formal style. The research topics were identified through open-ended informal interviews about general community wellness, health needs and resources. Once the topics had been identified, a talking points guide was created to outline the primary interview questions.

The employment of local guides was chosen in accordance with the principles of community based participatory research. The guides provided practical assistance in identifying resources relevant to the focus of the assessment. They facilitated communication with interviewees who were not fluent in English or did not fully understand the research intentions. The guides also often served as familiar and trustworthy intermediaries between the research group and community members. With such limited time and experience in Langa and Bonteheuwel, there was little opportunity to build up rapport and relationships. As local residents, the guides were able to use their personal position to help the research group gain access to their communities.

Individuals who work in community and health related services – such as health clinics, police stations, NGOs and churches – were interviewed both to gain their perspectives on the research topics and information about the services they provide. Since individuals active in the community are potentially most in tune with its happenings, members of local organizations were also specifically targeted for opinions on community conditions, resources, and needs. To help gather a fuller spectrum of opinions, community members not involved in health or development work were also

included. Researchers attempted to interview people of diverse demographics, since they could be affected differently by the research topics and thus have varied perspectives.

Informal conversations were initially employed in order to gather broad input on health needs, from which a focus relevant to both communities could emerge. Talking points were then formed in order to ensure that all interviews included set topics pertaining to the research questions. The talking points also provided effective language and techniques for interviewers. This method was additionally deemed best because the assessment targets a diverse range of populations, and the flexibility of talking points allowed interviews to be tailored to each participant. The open-ended question style was valuable as the assessment began with little previous data to formulate more specific questions. A standardized method was not used due to its inflexibility and insufficient time for the research group to formulate, test, and widely employ appropriate questions.

### *B. Focus Groups*

Several specific demographics were targeted in focus group interviews. Two groups were conducted in Langa: one with employees at a health-education NGO, and one with members of a support group with income generating programs for HIV positive women. In Bonteheuwel, three groups were held in the Netreg Community center, two with younger men and women involved with youth programs and the other with elderly women. The focus groups were conducted along the lines of the interview talking points with particular encouragement of full group participation.

Focus groups were used to supplement personal interviews with input from demographics deemed particularly relevant to the research topics. It was hoped that the lower researcher to interviewee ratio would decrease intimidation and encourage group dialogue, eliciting richer stories and shared perceptions.

### *C. Outside Data*

Outside research was collected from the previous situational analysis, brochures and statistics from local organizations and government publications.

Outside research provided important sources of quantitative data to supplement the qualitative information gathered in interviews and focus groups. Such statistical figures could reveal trends and magnitudes on levels that could not have been determined from the limited sample of personal interviews in this assessment. Since available resources and their services are an important part of the research questions, it was also necessary to investigate publications from these organizations to learn about them and the populations they serve.

### *D. Nature of Data Collected*

A total of five focus groups and fifty-three personal interviews were completed. Data from the personal interviews and focus groups was collected in the form of qualitative notes. These notes were then compiled and analyzed for trends in responses. A list and summary of key points in all interviews and focus groups can be found in the appendix. Outside sources provided statistical information about the communities and data about community organizations and service providers.



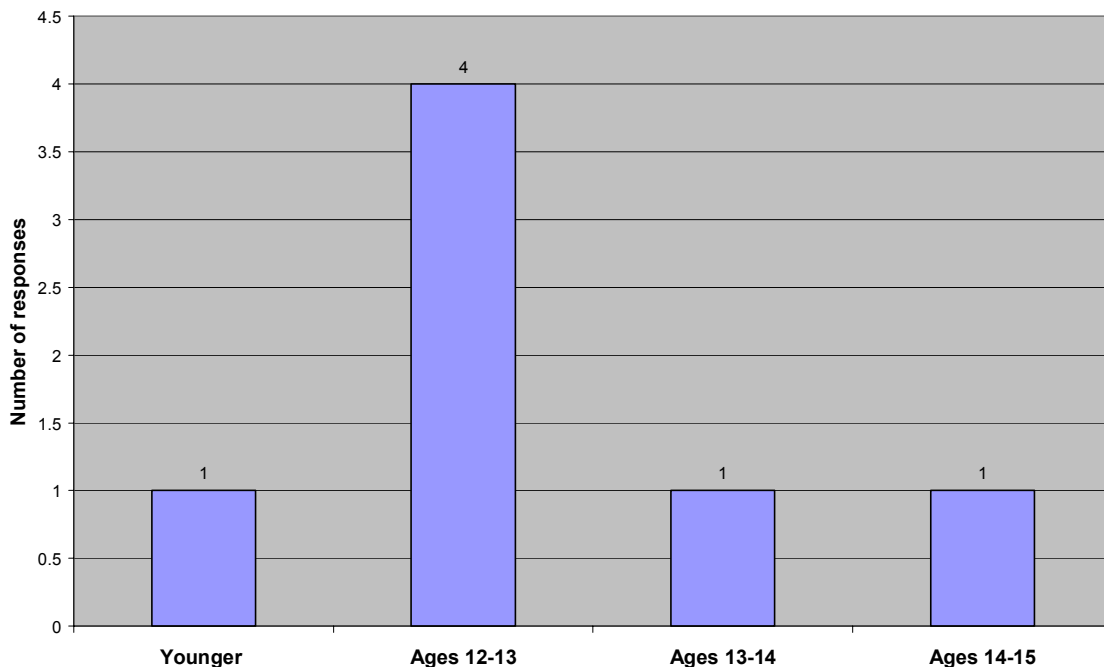
## V. RESULTS

Across both Bonteheuwel and Langa, approximately half of all interviewees said that substance abuse and domestic violence were “big problems.” However, due to the informal nature of the interviews, this does not indicate that half of the interviewees thought that these issues were *not* problems. The question “Is substance abuse/domestic violence a problem?” was often not specifically asked, but discussed in casual conversation before the actual interviewing and note-taking began. In fact, almost all interviewees provided answers to the remaining questions that suggested both of these issues are large problems in both communities.

### A. Substance Abuse: Bonteheuwel

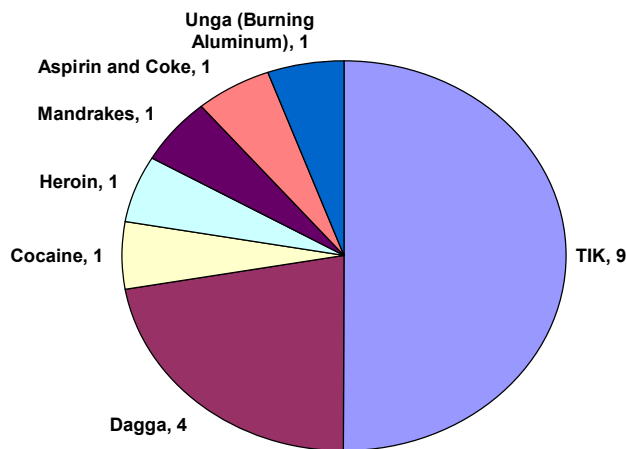
Substance abuse in Bonteheuwel was reported to affect both adults and youth. However, most interviewees suggested that alcohol is a greater problem for adults and drugs are a greater problem for adolescents. Those youth who do engage in substance abuse were reported to begin at a very young age. Of the participants who were asked, a majority responded that alcohol and drug abuse begins around the ages of twelve or thirteen.

**Figure 2. Ages At Which Substance Abuse Starts, Bonteheuwel**



Most respondents answered that the most commonly used substances besides alcohol are tik (crystal methamphetamine) and dagga (cannabis). Access to drugs and alcohol was not perceived to be a problem, even for youth. Most interviewees believed that shebeens (informal bars located in private homes) were the easiest places to purchase illicit substances, followed by peers and family members. At one point, there were at least 143 known shebeens in Bonteheuwel.

**Figure 3. Most Commonly Abused Drugs (Non-Alcohol), Bonteheuwel**



Although substance abuse affects both adults and youth, different reasons for abuse were cited for the two different groups. Respondents believed that adults used alcohol and drugs mainly to “forget” about problems such as poverty and employment, while adolescents turned to these substances because they feel they “have no future,” and are faced with peer pressure. However, a perception of alcohol as “part of the culture” was given as a reason for abuse by both groups. A minority of respondents also stated that denial was a reason for continued substance abuse.

Substance abuse was also perceived by most respondents to be linked to a variety of other social problems. For youth, substance abuse was seen as being linked to having problems in school and dropping out. For the community as a whole, substance abuse was reported to be linked with crime, violence, gangs, and food shortage (due to money being spent on alcohol rather than food). A few respondents also noted the problems that emerge from alcohol abuse during pregnancy.

The strongest link perceived by interviewees was between substance abuse and domestic violence, the other focus of this assessment. Several examples of this link were provided, including substance abuse leading to more arguments and violence in general; men exerting their “dominance” over women while under the influence; men abusing their wives after being refused money to purchase substances; and children under the influence of tik being violent towards their parents.

Interviewees provided several examples of resources available to the community to address substance abuse. These resources are summarized in the following table.

**Table 8. Resources Available to Address Substance Abuse, Bonteheuwel**

<b>Resource</b>	<b>Services Provided</b>
Local Police	<ul style="list-style-type: none"> <li>• Immediate intervention</li> <li>• Crime prevention outreach at schools and community centers</li> </ul>
Vanguard Day Hospital	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Substance abuse awareness target group</li> <li>• One-time outreach in schools</li> <li>• Treatment for substance-abuse related psychological conditions</li> </ul>
Multi-Purpose Center	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Walk-in counseling seven days a week</li> <li>• Social worker (Tuesdays only)</li> <li>• Outreach program for parenting skills</li> </ul>
SANCA (Athlone)	<ul style="list-style-type: none"> <li>• Outpatient treatment center in Athlone</li> <li>• Drug abuse education at schools</li> <li>• Individual and group counseling</li> <li>• Support groups for drug abuse in schools</li> </ul>
Social Workers	<ul style="list-style-type: none"> <li>• Assistance with government programs</li> </ul>
Community Centers (Netreg and Bonteheuwel)	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• On-site information sessions for youth</li> <li>• Informal counseling</li> <li>• Sports programs</li> <li>• Life skills courses for adults</li> <li>• Women's support groups</li> </ul>
Churches	<ul style="list-style-type: none"> <li>• Awareness workshops and seminars</li> <li>• Pastoral support</li> </ul>
Bishop Lavis Police	<ul style="list-style-type: none"> <li>• Substance abuse awareness outreach</li> <li>• Social crime prevention outreach</li> </ul>
Netreg Clinic	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• On-site counselor one day a week</li> </ul>
Schools/Teachers	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Life skills and substance abuse workshops</li> <li>• Traveling psychologist</li> <li>• After-school activities</li> </ul>
SAPS	<ul style="list-style-type: none"> <li>• Investigative action; drug raids</li> <li>• Social crime prevention outreach</li> </ul>
Bonteheuwel Churches in Action	<ul style="list-style-type: none"> <li>• Outreach in schools</li> <li>• Home visits for troubled children</li> </ul>
Boys to Men	<ul style="list-style-type: none"> <li>• Support group for high-school dropouts and young parents</li> </ul>
Community Newspaper	<ul style="list-style-type: none"> <li>• Articles about social problems</li> <li>• Publicizes services and activities</li> </ul>
Alcoholics Anonymous	<ul style="list-style-type: none"> <li>• Support group services for a fee</li> <li>• Employed with medical aid</li> </ul>

Of these, the police, Vanguard, the Multi-Purpose Center and SANCA were mentioned most frequently. Many residents also noted that family members are an informal resource for addressing substance abuse. Although all of these resources are utilized by at least some members of the community, most respondents believed that lack of resources and under-utilization of those existing are major problems. In particular, most interviewees said that there are not enough social workers or counselors. Most interviewees also stressed the difficulty of finding affordable transportation to resources not located directly in the community (including Vanguard Community Health Centre). Finally, a minority of residents believed that existing resources were not publicized well enough. This problem of under-utilization can be seen in the following table that records substance abuse counseling services sought at the Multi-Purpose Center in 2005. In the entire year in a community of over 50,000 people, only 40 individuals sought counseling for alcohol abuse and 85 for drugs.

**Table 9. 2005 Statistics for Alcohol and Drug Abuse, Bonteheuwel Multi-Purpose Center**

	Alcohol Abuse			Drug Abuse		
	Male	Female	Adolescent	Male	Female	Adolescent
<b>January</b>	0	1	0	1	0	4
<b>February</b>	1	0	3	6	2	8
<b>March</b>	1	3	0	2	2	0
<b>April</b>	2	3	0	2	2	5
<b>May</b>	1	2	0	4	1	8
<b>June</b>	1	1	0	1	0	0
<b>July</b>	0	1	0	1	0	5
<b>August</b>	0	2	0	1	2	0
<b>September</b>	0	0	0	1	2	2
<b>October</b>	2	1	8	1	0	0
<b>November</b>	4	1	0	3	2	14
<b>December</b>	0	2	0	2	1	0

Some community members also reported dissatisfaction with the quality of services once they have been accessed. The most frequent complaint was that the police are doing an inadequate job, particularly in their response time to crimes in progress. Several respondents also believed that referral services (mostly to drug and alcohol rehab services outside of Bonteheuwel) provided by many

**“[The police] just ride around in their smart cars instead of walking amongst the people.” – Bonteheuwel resident, on accessibility of law enforcement**

resources are ineffective, because few clients actually comply with the referrals.

When asked about unmet needs regarding substance abuse and recommendations for addressing those needs, the most frequent response mentioned accessibility of services. Many interviewees recommended an improved system of transport to treatment facilities both in and outside of Bonteheuwel, as well as increased efforts to publicize resources. Problems of accessibility were often linked by respondents to staffing shortages – most residents agreed that there was a need for more social workers, counselors and health care workers.

Participants also made recommendations to improve existing services. Many respondents stressed a need for greater collaboration amongst community resources, particularly between social services and the police. Outreach campaigns from a variety of programs, including Vanguard, local clinics, the police and the Multi-Purpose Center, were also encouraged by several interviewees. Respondents also stated a need for more support groups and workshops at a variety of centers to encourage individual change.

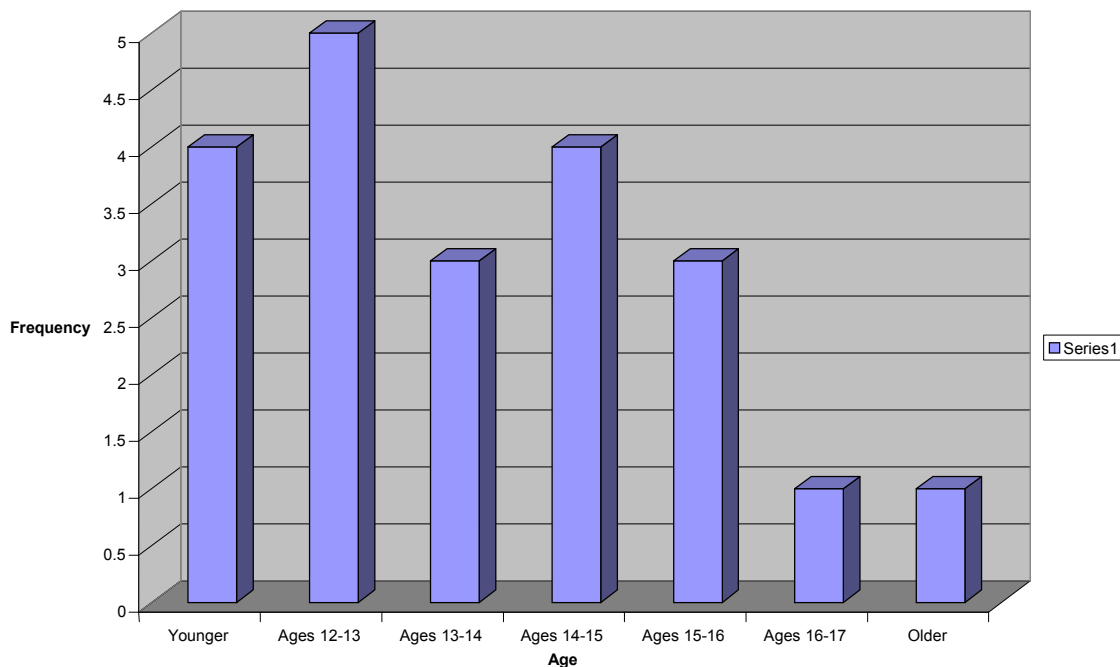
Many recommendations also focused on the specific needs of youth. There was a strong desire for more after-school programs, both to keep kids from spending that time on destructive habits and to teach life skills and self-esteem. A few respondents suggested creating similar programs for dropouts and/or unemployed matrics. Several interviewees also suggested more programs for life skills and substance abuse awareness during the school day. Many of these suggestions also incorporated the role of parents; interviewees suggested involving parents in after school programs and teaching them life skills as well.

Finally, a handful of responses suggested very specific solutions. These included a government-funded, inpatient rehabilitation center closer to the community; a health clinic specifically for men; and a one-stop substance abuse resource center for support groups and counseling.

## B. Substance Abuse: Langa

Substance abuse affects both youth and adults in Langa. Alcohol was reported to be widely used by both groups, while drugs were perceived to be more of a problem among adolescents. Apart from alcohol, the most commonly used substances are tik and dagga. Most respondents agreed that substance abuse usually begins around the ages of twelve or thirteen.

**Figure 4. Ages at Which Substance Abuse Starts, Langa**



Interviewees in Langa stated that both adults and youth use alcohol as a coping

mechanism to deal with the problems of unemployment and unstable home lives, respectively. Youth were also perceived to be under pressure to use alcohol and drugs by both their peers and adult role models. Alcohol was said to be widely available to users of all ages through family, friends and shebeens, while drugs were reported to be purchased on the streets of Langa or in schools.

**“There’s no such thing as ‘18 years old’ in a shebeen.” –  
Young male resident of Langa**

Many participants noted a link between substance abuse and susceptibility to HIV, mostly because the influence of alcohol and drugs can lead to unsafe sexual practices.

Interviewees also emphasized the link between substance abuse and violent crime. About half of the respondents specifically mentioned that substance abuse leads to domestic violence. Examples of the nature of this link included arguments occurring after a man spends money on alcohol rather than food, and the influence of alcohol leading to child neglect or abuse. A few interviewees also said that women who are drunk abuse men.

Resources available to address substance abuse, gathered from both interviews and outside research, are presented in the table below.

**Table 10. Resources Available to Address Substance Abuse, Langa**

<b>Resource</b>	<b>Services Provided</b>
Police	<ul style="list-style-type: none"> <li>• Department of Community Safety-addresses social crimes</li> <li>• Drug abuse education at schools</li> <li>• Sports program at schools (no longer in existence)</li> </ul>
Langa Clinic	<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Drug abuse education at schools</li> <li>• Home visits</li> </ul>
LoveLife	<ul style="list-style-type: none"> <li>• Discussions with youth about substance abuse</li> <li>• Pamphlet distribution with resources for substance abuse problems</li> </ul>
SANCA (Athlone)	<ul style="list-style-type: none"> <li>• Outpatient treatment center</li> <li>• Drug abuse education at schools (beginning in Grade 4)</li> <li>• Individual and group counseling</li> <li>• Support groups for drug abuse in schools</li> </ul>
Social Worker	<ul style="list-style-type: none"> <li>• Social workers provides counseling for parents with children with substance abuse problems</li> </ul>
Cape Town Drug Counseling Center (Observatory)	<ul style="list-style-type: none"> <li>• Outpatient counseling for alcohol and drug abuse</li> <li>• Training to bring their programs into township areas</li> </ul>
Churches	<ul style="list-style-type: none"> <li>• Provide counseling for substance abuse</li> </ul>
Vanguard Clinic	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Substance abuse awareness target group</li> <li>• One-time outreach in schools</li> <li>• Treatment for substance-abuse related psychological conditions</li> </ul>

Of these, the police and SANCA were mentioned most frequently. While these resources were identified by many participants, others stated that there are not enough substance abuse resources in Langa, and some responded that they were unaware of



any. Many respondents also noted that family members are a widely-used informal resource for addressing substance abuse, but that this approach is often ineffective because alcohol use is so widespread.

**“I believe there are some. I’m not sure who or where, but there must be some...”**  
**- Langa police officer, on resources for substance abuse**

Respondents also noted a mixed perception of some community resources. For example, while the police are mentioned most frequently, there was little faith in their effectiveness among some interviewees. Although they have increased weekend patrols to monitor shebeens and make arrests for being drunk in public, residents still believed they were understaffed and were not dispatched to the appropriate areas. Some interviewees seemed to feel that police intervention was futile, noting that drug dealers were often underage and would just be released back to negligent parents. Finally, a few interviewees said that residents were afraid to contact the police about drug dealing because of potential retribution from the person they reported.

Similarly diverse responses were gathered with respect to counseling. Although participants said that family members and employers are likely to refer substance abusers to counseling, others said that “psychologists are for white people” and that many residents would feel uncomfortable talking about personal problems to a counselor. It was noted that counselors in health clinics might be particularly ineffective, because residents do not want to be perceived as being sick by going to the clinic.

When asked about the greatest unmet needs in Langa regarding substance abuse, most respondents focused on preventative rather than curative measures. Greater awareness activities were suggested, such as wider pamphlet distribution or a designated substance abuse information center. Some interviewees also recommended that LoveLife create more programs focused on substance abuse, and many expressed a desire for more job creation programs and organizations for young men.

Some curative measures were suggested, especially regarding a need for more counseling services. Participants also said that shebeens should be forced to close earlier. Finally, a number of specific recommendations were made, including raising the drinking age to 21 (and enforcing it), building a satellite police station in the Joe Slovo informal settlement, and create a door-to-door education program that could be staffed by currently unemployed young adults.

### *C. Domestic Violence: Bonteheuwel*

Domestic violence in Bonteheuwel was reported to be directed mainly at women and children. Several interviewees noted the specific repercussions of domestic violence for children, saying that it causes them to run away, join gangs, or have behavior problems. It was generally agreed that the traumatic effects of domestic violence on children occur both from being abused themselves or witnessing the abuse of their parent.

Several major causes of domestic violence were cited. A plurality of respondents emphasized the link between domestic violence and substance abuse. Most of these referred to a tendency among men to become violent while drunk, but some also noted that the use of tik can make children violent with their parents. Other descriptions of this link referred to the control of resources; domestic violence would occur when a woman would resist giving her partner money to buy alcohol. One respondent also stated that men would get angry when they “get home from work and find their wives drunk.” Two participants, however, specifically stated that substance abuse is *not* a real cause of domestic violence, but just an excuse for the underlying cultural issues that are at the root of the problem.

The idea of domestic violence being “cultural” or part of a “mindset” was also frequently mentioned by participants. Most of these responses referred to children witnessing domestic violence while growing up and viewing it as an acceptable practice. Some respondents stated that domestic violence was the product of a patriarchal society. Several participants mentioned that “broken homes” and “the breakdown of the family structure” also contributed.

Finally, other socioeconomic problems were regarded as contributing to domestic violence. The most often cited was unemployment. This usually referred to men taking out general frustration on their wives, but one respondent specifically noted that women are increasingly the ones able to hold a steady job, and men are angry that they are no longer the main breadwinner. Several participants also stated that overcrowded living conditions can exacerbate domestic violence.

Several resources exist, both in and outside of Bonteheuwel proper, to address domestic violence. These are listed in the following table.

**Table 11. Resources Available to Address Domestic Violence, Bonteheuwel**

<b>Resource</b>	<b>Services Provided</b>
Boys to Men	<ul style="list-style-type: none"> <li>• Support group for high-school dropouts and young parents</li> </ul>
Childline/Lifeline (Bishop Lavis)	<ul style="list-style-type: none"> <li>• Resources for children and adult victims of sexual abuse</li> <li>• Counseling and programs in schools</li> <li>• Costs subsidized by fundraisers</li> </ul>
Churches	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Pastoral support</li> </ul>
Community Newspaper	<ul style="list-style-type: none"> <li>• Articles about social problems</li> <li>• Publicizes services and activities</li> </ul>
Courts (Bishop Lavis)	<ul style="list-style-type: none"> <li>• Pressing charges against abuser</li> <li>• Filing for protection orders, divorce, child support</li> </ul>
Multi-Purpose Center	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Walk-in counseling seven days a week</li> <li>• Social worker (Tuesdays only)</li> <li>• Outreach program for parenting skills</li> </ul>
NetReg Clinic	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• FAMSA counseling a few days a week</li> </ul>
NetReg Community Center	<ul style="list-style-type: none"> <li>• Support groups for women and youth</li> <li>• Informal counseling for youth with problems at home</li> </ul>
Police (Bishop Lavis)	<ul style="list-style-type: none"> <li>• Social crime prevention program</li> <li>• Trauma room for victims</li> </ul>
Police (Bonteheuwel)	<ul style="list-style-type: none"> <li>• Immediate intervention</li> <li>• Crime prevention outreach at schools and community centers</li> </ul>
Rape Crisis Center (Cape Town)	<ul style="list-style-type: none"> <li>• Counseling services</li> </ul>
Saartjie Baartman	<ul style="list-style-type: none"> <li>• Shelter for abused women</li> <li>• Counseling services</li> <li>• Legal Assistance</li> <li>• Skills training</li> </ul>
Schools	<ul style="list-style-type: none"> <li>• Referral services</li> <li>• Social worker</li> <li>• Life skills classes and workshops</li> <li>• Traveling psychologist</li> <li>• After-school activities</li> </ul>
Social Workers	<ul style="list-style-type: none"> <li>• Referrals and counseling services</li> <li>• Home visits if child abuse is suspected.</li> </ul>

Regardless of available resources, most respondents agreed that victims of domestic violence will usually not leave their partner or seek protection from the abuse. The most frequent reason for not leaving was financial dependence; victims were unwilling to give up their source of food on the table or a roof over their heads. Some interviewees also said that women still love their husbands even if they abuse them, while others thought

that victims were afraid of greater violence or even death as retribution for leaving their partner.

It was generally agreed that most victims who do seek help will usually turn first to informal resources, such as their family and friends. These resources will sometimes try to intervene by speaking with the abuser. However, other respondents said that families do not communicate enough about these problems, and that friends and neighbors are becoming increasingly apathetic about each other's problems.

The most frequently used formal route of intervention was to report the abuse to the police. Respondents gave vastly different estimates of what percentage of abused women actually go to the police, but there was a consensus that even among women who go, few will follow through on pressing charges against their partner. Frustration over police services was expressed on both sides; residents said that the police were too slow to respond, while police officers often felt that their efforts to intervene were futile because women would immediately take their abusers back.

Some respondents also said that women will report abuse to social workers, who can then refer them to counseling services, shelters, or the courts. However, a few interviewees said that women are uncomfortable with counseling services because the counselors often live in the same community, and they do not trust agreements of confidentiality. Data on how many victims went to the multi-purpose center for counseling in 2005 is presented below. While 68 women reported emotional or verbal abuse, only 16 reported physical violence.

**Table 12. Domestic Violence Cases at Bonteheuwel Multi-Purpose Center, 2005**

	<b>Domestic Violence</b>		
	<i>Physical</i>	<i>Emotional/Verbal</i>	<i>Economical</i>
<b>January</b>	2	4	0
<b>February</b>	1	8	0
<b>March</b>	3	10	0
<b>April</b>	1	6	0
<b>May</b>	0	6	2
<b>June</b>	4	10	1
<b>July</b>	1	6	1
<b>August</b>	0	6	1
<b>September</b>	2	3	0
<b>October</b>	1	1	0
<b>November</b>	1	8	3
<b>December</b>	0	0	0

When asked about unmet needs and recommendations regarding domestic violence, the most frequent response involved changing the mindset that domestic violence was acceptable, particularly among men. Interviewees recommended establishing more programs to educate men about domestic violence at churches, schools and community centers (however, a problem was sometimes foreseen in getting men to attend such programs). The need for education about domestic violence was also addressed regarding youth. Many respondents suggested more life skills programming in after school programs, both to deter kids from other activities that exacerbate domestic violence (such as substance abuse), and teach both men and women from an early age that the practice is unacceptable. Finally, some respondents emphasized the need to change the mindset of women as well. They suggested that more support groups for victims could encourage them to share their stories and assist one another, but once again brought up problems regarding group attendance for women as well.

Many responses were also heard regarding the accessibility and coordination of existing resources. Community members stressed the need for a better transportation system both to Vanguard and other public treatment centers, as well as a desire for more services spread throughout Bonteheuwel, particularly in the Netreg neighborhood. Respondents also suggested a need for better coordination between health clinics and social services such as the Multi-Purpose Center; cynicism about the current system of referrals was frequently expressed. Most interviewees also expressed a desire for

these services to coordinate with programs in schools, as well as with law enforcement officers.

Finally, several respondents suggested specific solutions, including creating support groups for domestic violence at the Netreg community center; hiring counselors from outside the community to alleviate concerns of confidentiality; designing a better system for friends, family and neighbors to report abuse anonymously; and encouraging ministers to preach more about domestic violence in church.

#### *D. Domestic Violence: Langa*

Domestic violence in Langa was reported as being most often directed at women by their romantic partners. Abuse of children by their father figures was cited as the second most common form. One or two respondents also mentioned abuse of men by women, and abuse of parents by their children.

Respondents gave a variety of answers when asked what causes domestic violence.

**“When a man is drunk, he will remember something you did wrong two years ago [and beat you for it].” – woman in Langa**

The most frequent response regarded the connection between domestic violence and substance abuse. Several women stated that abuse “only happens on the weekends when the men are drunk.” One respondent explained, “when a man is drunk, he will remember something you did wrong two years ago” and beat his partner for that. Several interviewees said that domestic violence would occur after men spent all of their money on alcohol and were confronted by their wives. In general, fights over money were often cited as leading to violence.

Larger economic issues, such as poverty and unemployment, were also said to be root causes of domestic violence. Some respondents said that child neglect as a result of poverty was itself a form of domestic violence. Others stated that frustration among men over unemployment often manifested itself in violence against their partners.

Several interviewees also stated that domestic violence was related to “culture.” This was usually in reference to men growing up exposed to domestic violence and learning that it was an acceptable practice; however, some respondents said that the role of men as head of the household gave them cultural license to discipline their partners through physical abuse.

Participants noted several specific repercussions of domestic violence. Several interviewees reported that domestic violence leads to greater sexual vulnerability among women. Women are afraid that they will be beaten if they refuse sex with their partners or demand they use a condom; this in turn puts women at greater risk for HIV and other STIs. Some respondents also said that domestic violence can lead to homelessness for those women who do leave their partners, who are often their only source of financial security.

Respondents gave several examples of resources available to address domestic violence, which are presented in the following table.



**Table 13. Resources Available to Address Domestic Violence, Langa**

<b>Resource</b>	<b>Services Provided</b>
Police	<ul style="list-style-type: none"> <li>• Respond to calls about domestic violence</li> <li>• Arrest perpetrator</li> <li>• Open a case against perpetrator</li> <li>• Community volunteer counselors offer support for victims</li> <li>• Refer cases to social workers</li> </ul>
Langa Clinic	<ul style="list-style-type: none"> <li>• Refer suspected cases of child abuse to social services</li> <li>• Refer battered women to Ikhayalabantwana</li> <li>• Psychologist (once a week)</li> <li>• HIV counselors talk about DV in their support groups</li> </ul>
Social Workers	<ul style="list-style-type: none"> <li>• Provide counseling services for victims and perpetrators</li> <li>• Work with police</li> <li>• Hold occasional workshops</li> </ul>
Courts (Bishop Lavis)	<ul style="list-style-type: none"> <li>• Provide the protection order for the victims</li> <li>• Order child support</li> </ul>
Ikhaya La Bantu	<ul style="list-style-type: none"> <li>• Homeless shelter (accommodates victims of abuse who have left the home)</li> <li>• Provide women with food and clothes</li> <li>• Help women find work</li> <li>• Offer counseling</li> </ul>
Churches	<ul style="list-style-type: none"> <li>• Occasional domestic violence awareness programs</li> </ul>
SOS	<ul style="list-style-type: none"> <li>• Place vulnerable children (including children who ran away because of abuse) in foster homes and orphanages</li> <li>• Work with social services</li> <li>• Family strengthening programs</li> </ul>
Hotline	<ul style="list-style-type: none"> <li>• Victims call for counseling and information about resources</li> </ul>
Community Leader/Informal Social Worker	<ul style="list-style-type: none"> <li>• Community member who acts as an informal resource for people who are experiencing domestic violence</li> <li>• Takes women to court and works with police</li> <li>• Helps resolve conflicts through counseling</li> </ul>
Love Life	<ul style="list-style-type: none"> <li>• Groundbreakers talk about domestic violence with kids</li> <li>• Give out pamphlets about domestic violence</li> </ul>
Mosaic	<ul style="list-style-type: none"> <li>• Counseling for children and their parents in primary school</li> <li>• Gives presentations in schools</li> <li>• Distributes pamphlets about resources</li> </ul>
Men As Partners	<ul style="list-style-type: none"> <li>• A counseling/support group for men organized by Planned Parenthood</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Messaging on the radio about women's rights and domestic violence resources</li> </ul>

Despite identifying these resources, many respondents said that most women will not leave their abusive partners. The biggest reason for this was financial dependence. Said one woman, “once there is a baby, and he puts a roof over your head, you’ll never leave.” Some respondents also stated that women stay with their partners because they still love them. Another woman at a support group for HIV+ women said, “We can

go, but the problem is we love our guys too much and don't want to lose them. We might get beat every weekend but we stay in the relationship."

**"After he found out that I was HIV positive he left me. I was staying at his house still and he was hitting me because he wanted me to get out so that he could bring another woman in. I came with the police and a court interdict and it said he couldn't chase me out because I'm pregnant and I have nowhere else to go. At that time, while the police were still there, he took everything out of the house except the bed and the electricity – he left me with no food to eat... But as time went on, he found out that he was HIV positive too. He doesn't have any kids except the one he gave me. So when he found out he asked me to take him back. At that time I had no money or clothes and things were very bad so I decided to take him back because he was working and I wasn't."**

**– woman in Langa**

Some interviewees said that a problem with under-utilization of resources is that women are afraid to "break the silence" initially and tell someone that they are being abused. However, once women do decide to seek help, they will most often turn first to informal resources such as family and neighbors. The perception of domestic violence as a "family problem" was widespread among participants. One woman said that a victim can talk to her in-laws, who will speak to her partner and try to convince him to end the abuse. Mixed responses were given about the effectiveness of neighbors; while some said that neighbors will call the police if they hear abuse occurring, others said that neighbors have too many problems of their own and just ignore the abuse. In general, it was difficult to determine how often abuse is actually reported.

Out of the formal resources, participants reported that the most commonly used was the police. Some victims will go to the police themselves, but social service workers and the Langa clinic can also report abuse. However, although most respondents viewed the police as the usual resource, they also had many complaints about their effectiveness. The most frequent complaints were that the police are not properly trained to handle domestic violence, and are too slow in responding to crimes in progress. Others mentioned that the police are often dismissive of domestic violence victims because they do not believe they will ultimately press charges against their abusers.

Community members also reported some dissatisfaction with other resources, including social workers and counselors. The biggest problem with social workers seemed to be access – some respondents said that there were not enough workers and long lines, and that all they could do was refer you somewhere else. Several interviewees said that residents were unaware of counseling service offered at the Langa clinic, but also described cultural barriers to counseling. They stated that people are not comfortable discussing their personal problems with counselors, and see psychologists as a “last resort.” Said one male participant, “Everything is solved within the four corners of my house.”

When asked about unmet needs and recommendations to address substance abuse in Langa, the most frequent response involved greater outreach and education within schools. This was related to a need expressed by many participants to change the mindset the domestic violence is acceptable. Schools were perceived as an effective means of accomplishing this goal by changing the mindset of youth. Several respondents specifically noted that these programs should be targeted at young men. Some also suggested a need to change the mindset of women so that they are more willing to talk about abuse and seek help.

Several specific suggestions were also provided, including full-time social workers and counselors at the police station; more shelters and support groups for battered women; a domestic violence education program at LoveLife; and a full-time employee devoted to domestic violence needs at the Vanguard Community Health Centre.

## VI. DISCUSSION

### A. Analysis of Results

Analysis of the results of the assessment produced seven major themes that stretched across both communities and often both issues. These themes – which include the link between substance abuse and domestic violence, accessibility of resources, cultural and economic barriers to change, youth education and awareness, family dynamics and coordination of resources – provide a more effective lens through which to view diverse responses.

#### Link Between Substance Abuse and Domestic Violence

At the beginning of the research process, the two issues of substance abuse and domestic violence were chosen for assessment in part because of their perceived connection. The results both confirmed this link and provided a better understanding of its nature. Besides the direct connection of persons under the influence of alcohol being more prone to violence, what emerged from the assessment is that these two issues are connected through a third problem: limited financial resources. Arguments over the use of limited cash for alcohol and drugs seemed overall to be the most likely to turn violent. This is a distinct reminder that all health issues in these communities are generally linked to broader socioeconomic problems.

However, it is also important to remember that this link is not only about drunk men hitting their romantic partners. In both communities, the increasing use of tik among adolescents is creating a newer problem of children abusing their parents. And although women are usually the victims of domestic violence, they are often just as likely as men to abuse substances themselves and use them as a coping mechanism. The idea that substance abuse is what causes domestic violence can also lead victims to excuse their abusive partners, believing that the abuse *only* occurs because the perpetrator is drunk. While this link is important, it should not be allowed to disguise deeper roots of domestic violence.

## Accessibility

The ability to access existing resources was also widely perceived as a problem in Bonteheuwel. In Langa, respondents were less likely to mention accessibility as a problem, except with regards to Vanguard Community Health Centre which received frequent complaints. However, many specialized services for substance abuse and domestic violence – including rehabilitation centers and large shelters for abused women – were located a substantial distance from both communities. Many of these resources are also privately operated and require medical aid to pay for them, which adds another barrier to accessibility, but even a free resource can be difficult to access if transportation is prohibitively expensive.

Resources located within the communities were perceived to have problems of accessibility on a smaller level, mostly due to understaffing and limited hours of operation. A need for more social workers was particularly apparent.

Despite consensus among community residents that accessibility is a problem, staff members at community organizations often responded otherwise. This alternate perception was that transportation was available, but residents would often not take the initiative to put it to use. This disagreement illustrates that even if resources are accessible, residents must still choose to access them.

## Cultural Barriers

Most participants in both communities mentioned that cultural issues were major barriers to change regarding both substance abuse and domestic violence. However, it is important to note that for the purpose of this assessment, the term “culture” was used to refer to social norms and habits, and not in reference to ethnic traditions or values.

The one exception to this definition is the effect of a historically patriarchal society on domestic violence. Traditional gender roles of males as dominant and women as submissive can lead both perpetrator and victim to rationalize physical abuse. Men believing that it is their right to physically discipline their partners and women believing

that they must endure it are remnants of patriarchal society that exacerbate domestic violence worldwide.

The most frequent mentions of cultural barriers, however, regarded their effect on youth. Children who grow up in an environment where alcohol, drugs and physical abuse are commonplace learn to regard those behaviors as acceptable. One respondent described this as children literally “growing up in shebeens.” Youth are also especially susceptible to pressure from their peers to use drugs and alcohol from an early age.

Cultural barriers exist not only on a societal level, but also for individuals dealing with substance abuse and domestic violence. Many residents are uncomfortable telling their personal problems to a counselor, both because of concerns about confidentiality and not wanting to be perceived as “sick.” In general, talk therapy is not something normally practiced in either community.

Another cultural barrier that is more prevalent in Bonteheuwel than Langa is the presence of gangs. Gang leaders wield so much power that it is difficult to address substance abuse without addressing gang violence as well. Residents are often hesitant to report drug dealers for fear of gang retribution. Although this issue was outside the scope of this assessment, it came up very frequently in interviews and is clearly related to the focus of this report.

### Economic Barriers

Many economic barriers to change exist as well. General frustration over unemployment seemed to exacerbate both substance abuse and domestic violence. Unemployed residents often turn to drugs and alcohol as a coping mechanism, and some unemployed men turn to violence to exert their dominance in a household where they cannot provide a steady income.

The misuse of limited resources – including cash grants provided by the government – also emerged as a major contributor to both problems. Both women and men often choose to spend these resources on drugs or alcohol rather than basic necessities,

leading to food shortages and child neglect. When one partner – usually the woman – tries to take control of finances to prevent this from happening, it can often provoke physical abuse. This lack of ability to control cash flow indicates the greater problem of the financial dependency of women. This traditional dependency often makes it impossible for victims of abusive relationships to leave their partners because they rely on them to put roofs over their heads.

The roles of shebeens and gangs in the informal economy are also barriers to change. In Bonteheuwel, gangsters often control the drug trade, and perpetuating substance abuse is a means of income and recruitment for them. A lack of formal employment opportunities often attracts more young men to this lifestyle and the material benefits it promises. In both communities, the sheer number of shebeens makes access to substances incredibly easy. Again, a lack of other sources of income provides an incentive for shebeen owners to sell to as many customers as possible, including children.

### Youth Education and Awareness

Some of the most positive attitudes expressed in interviews concerned youth in Langa and Bonteheuwel. Although the results suggest that substance abuse and domestic violence begin at a young age, respondents in this assessment, like parents everywhere, had great hope that their children would create a better future for their communities.

The role of schools in both of these issues seems to be complicated. On one hand, schools are often the environment where children are most pressured by their peers to use drugs and alcohol, and some underage drug dealers actually push their products during the school day. At the same time, many parents view schools as the best organizations to combat these very problems. Many interviewees suggested both increased life skills curriculums during the school day and after-school programs. These programs both provide children with productive activities to occupy their time and promote skills that lead to better decision-making. Being part of a group can also

increase a sense of purpose and collective responsibility among children faced with limited opportunities.

Discussion of these programs often led to an awareness of the lack of programs specifically targeting young men. Although adolescent males are the most at risk to abuse substances or become gang members or perpetrators of domestic violence, few programs seem to be specifically tailored to their needs.

### Family Dynamics

Although much of this assessment focuses on resources provided by the government and NGOs, most interviewees stressed the need for families – and especially parents – to take more responsibility for these problems. High rates of teenage pregnancy have produced many young parents who sometimes lack the necessary skills to raise their children. These parents are often users of drugs or alcohol or perpetrators of domestic violence, setting examples for their children that reinforce the cyclical nature of both problems. Respondents also expressed that many parents just need to take a greater role in the lives of their children, and to take greater interest in their education and access to other opportunities.

Many interviewees saw “broken homes” and the lack of father figures – or the presence of negative father figures – as a significant factor in perpetuating substance abuse and domestic violence among young men. In Bonteheuwel, this was also seen as influencing gang membership among boys; without a strong father to look up to, children often turned to gang leaders for male role models. However, other interviewees emphasized that their role models were their mothers, and that strong female figures are positive forces for change in the community.

While many respondents said that extended families are the first resource victims of domestic violence or substance abusers will turn to, they also suggested that these support networks have eroded somewhat in recent years. In particular, it seemed that family members and neighbors had become less involved in the raising and discipline of



each other's children, and this has made them less likely to intervene in other problems as well.

This emphasis on personal responsibility illustrates a general sense that both communities want to control their own destinies, and are not looking to rely on the government or other outside actors to solve their problems. The role of families seemed to be an area in which residents thought they could exercise more control, and that by improving family dynamics they could compensate for what other resources might lack.

### Coordination of Resources

Finally, the need for greater coordination of existing services presented itself from the beginning of the assessment. The first step to greater coordination is greater awareness among both residents and service providers of the many resources that already exist in both communities. At several interviews during this research process, interviewees had been working in the same issue area without knowing of each other's existence. Residents often knew about a general resource – for example, the Multi-Purpose Center – but were not aware of specific programs and services, or times that they were offered.

Another aspect of coordination is mobilizing larger groups of people, including service providers and their clients, around common issues so that they can work together for change. Several interviewees suggested that many resources and citizens care about the same problems, but are always waiting for someone else to organize them. They stressed that the communities can't wait for someone else to solve their problems, but must band together to take collective action. Others mentioned that collaboration is the key to the sustainability of existing resources, so that service providers can have a greater perspective on what strategies work the best, and avoid duplication of ineffective services.

The personal interactions observed during several interviews and the presentation of this assessment at the Vanguard Community Health Centre show that greater coordination is a highly achievable goal. As soon as a wide range of actors were in the

same room, they began to discuss how they could move forward for change in their communities. More meetings like this, bringing together members of both communities and many resources, could be a big step towards more effective and far-reaching service provision.

### *B. Limitations of the Assessment*

This assessment was constrained by many limitations. The first and most obvious was time, both overall and periodic. Spending only one day a week for eight weeks in each community limited the areas and populations that could be reached, resulting in only a small sample of community members being included in this assessment, with service providers significantly overrepresented. The time of day used for research – from 9 am to 12 pm – was also limiting, because it prevented observation of the communities at night and on the weekends when the foci of the assessment are most prevalent. This was also related to the limitation of safety. Although access to the communities in general was not a problem, it was limited to more established parts of town, and the ability to assess the informal settlements, shebeens and other locations was severely constrained.

Language barriers were another limitation, although not to the extent expected at the beginning of the assessment. While almost all interviews were able to be conducted in English, at times it was difficult to communicate the intent and purpose of the assessment as well as the nature of specific questions. This was tied to difficulties regarding informed consent. Interviewees often did not understand the purpose of the consent form. A major limitation of consent was the inability to interview youth in the community. Doing so would have required parental consent, and instances of meeting adolescents with their parents were rare if not nonexistent.

Finally, there were several limitations in the methods of assessment. The research group had little academic background information on the communities or the areas of focus, which led to more time being spent on broad rather than detailed questions. The informal talking points format of the interviews, while conducive to putting respondents at ease, often resulted in a lack of consistent questions. Data was also aggregated in

the results and not coded by respondent type, which potentially disguised the different trends in answers given by service providers versus average residents.

## **VII. RECOMMENDATIONS**

### *A. Vanguard Community Health Centre*

Vanguard is one of the largest and most comprehensive resources for members of both Langa and Bonteheuwel. However, many residents – particularly in Langa – perceive Vanguard as being detached from the communities and their needs. Expanding services beyond the clinic campus itself and achieving higher visibility in both communities could help to make Vanguard a greater force for change, not just a place for “sick” people.

This could be attempted in a variety of ways, perhaps most feasibly through the expansion of current health promotion services. However, due to its central location and mandate to serve both communities, Vanguard is well positioned to take a greater role in coordination of services across Langa and Bonteheuwel. The appointment of a “point person” for fostering partnerships among various service providers, and promoting Vanguard as a neutral and welcoming meeting place, could be a starting point for more organizations to work together. Creating partnerships could also lead to a more effective referral system; instead of simply providing patients with a phone number, Vanguard staff could assist in setting up appointments, providing advice on transportation and following up with the patient at the partner organization.

Vanguard could also work with the community to determine why such disconnect exists on the perception of transportation needs. While many residents agreed that transportation was a problem, the staff at Vanguard thought just the opposite. Establishing a dialogue on this issue could help both sides understand each other and work towards a mutual solution.

### *B. Programs and Services*

The primary recommendation for programs and services is the central coordination of existing programs, particularly for youth. One initial step towards this goal could be creating a comprehensive publication that announces all programs and is available at

clinics, schools, churches, community centers and other locations. A second step could be organizing meetings for the leaders of related organizations.

If new programs are created, it is recommended that they be placed at locations already frequented by community members, such as churches and schools. Although many residents expressed a need for more support groups and counseling services, they were reluctant to utilize these services if they were placed at clinics or other less comfortable environments. It is also recommended that new programs specifically target adolescent males, who were observed to be an underserved population in both communities.

The overwhelming need for more social workers could potentially be addressed through partnerships with local universities. Although medical and physiotherapy students work at clinics to gain experiential learning, similar programs do not exist with students of social work. Expanding existing relationships with UCT and other institutions to include this sector could benefit both community residents and university students.

Finally, it is impossible to ignore the repeated calls for a government-funded, inpatient rehabilitation center for substance abuse located in or near Langa and Bonteheuwel. Although it is recognized that this is an expensive and perhaps unrealistic recommendation, it was mentioned so frequently that it compels inclusion in this section.

### *C. Future Assessment*

Throughout the research process, several issues emerged that would benefit from future assessment. Regarding substance abuse and domestic violence, future assessments with greater time and accessibility could focus on individuals who are more personally affected by these problems, rather than the service providers that attempt to address them. Alternatively, future research could also focus on resources, but produce a more in-depth analysis of their individual efficacy rather than looking at their coordination and access across the communities.

It is also strongly recommended that future assessment be conducted on two tangential topics: the needs of young men and the misuse of cash grants. Adolescent males are a highly at-risk group, but they are often underserved and under-researched. Greater assessment of their needs and perspectives could help to develop more effective programs. The misuse of government grants was also reported as a widespread problem. Greater assessment of this trend, and of potential ways to combat it, would be of significant use to both the communities and the government.

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# APPENDIX

LANGA INTERVIEWS	
Staff	
1	<b>Guga S'Thebe Staff</b>
	Created in 2002, serves 12 students at a time (pottery)
	Also offers computer classes and children's programs
	Everything sold there is handmade on-site
2	<b>Guga S'Thebe Staff II</b>
	Children start using drugs as young as 12
	Police do their best but can't do anything about young drug dealers because they are just released back to their negligent parents
	Vigilante justice for crimes: town people will beat someone up until they get the info they want and then turn them over to police
	Very rare that drug dealers will be reported because people are afraid
	Want Gugu S'Thebe to be seen as a community center, but Langa residents just think it's a tourist place
	Domestic violence happens both ways, men aren't the only abusers
	DV often caused by consumption of alcohol
	Need to teach people to not hide problems and to talk them out
	Should distribute pamphlets so people know where they can go for help
3	<b>Guga S'Thebe Staff III</b>
	Mindset of Langa has changed, there used to be xenophobia and immigrants were treated like nobody, but now it's more accepting. This is proof that people can change.
	Feels that it's safe in Langa, people look after you, if they try and rob you, someone will catch him
	When people hear about or face violence, most people go to the police, it's the first thing they do. But sometimes police is slow or really late
	Advocates vouchers for food/electricity instead of cash transfers
	Problems with funding and losing good workers to better opportunities
	Communities should provide open space for fruit trees, food gardens and compost piles if residents don't have room in their yards (schools, churches and clinics have lots of land)

4	<b>Guga S'Thebe Staff IV</b>
	Substance Abuse: both alcohol and drug abuse are very big problems.
	Domestic violence: women and children are equally affected by abuse
	The husband and wife often start fighting over the issue of the lack of money
5	<b>Guga S'Thebe Staff V</b>
	If you are not South African, you won't get the job because SA's get them first. Employers will ask for ID
6	<b>Guga S'Thebe Staff VI</b>
	Elderly struggle to get transportation to Vanguard
	People use grant money for drugs and alcohol
	No programs for substance abuse
	Violence is not a big problem now, but was in the past
	Problems of DV are hidden
	Community needs support groups
7	<b>LoveLife Staff</b>
	Target 12 to 17 year olds
	Also has life orientation curriculum based in schools
	Clinic provides STD checkups, EC (can hand out w/o prescription), HIV testing and referrals
	Ages 18-20 most common at clinic, youngest 13, begin sexual activity usually around 15-18
	Herpes and gonorrhea are most common STIs
	25-30 most common age for HIV infection
	Need "door to door" interaction to effectively educate, should utilize unemployed to become home educators
	Door to door volunteers work with clinics and hospitals and train unemployed people about STIs, HIV and TB
8	<b>Love Life Staff II</b>
	He works with the radio program which he thinks gives young people a platform to talk about issues that are important to them
	The motivation program teaches children to believe in themselves, how to achieve their goals, and prepare to the future
	The center holds talks about issues like DV and drug abuse
	They gives them pamphlets that talk about solutions to these issues

	Drug abuse happens because of peer pressure-kids want to feel like they are part of the group
	Many kids that go to the center still abuse drugs, particularly on the weekends at parties and in the shebeens
	Alcohol is easily accessible
	DV often occurs between boyfriends and girlfriends
9	<b>Tsoga Environmental Resource Center Staff</b>
	Buy recyclable material from Langa residents, promote food gardens
	Workers also collect recycling from around town
	Advocates vouchers for food/electricity instead of cash transfers
	Problems with funding and losing good workers to better opportunities
	Communities should provide open space for fruit trees, food gardens and compost piles if residents don't have room in their yards (schools, churches and clinics have lots of land)
10	<b>School Staff</b>
	Health Committee acts as facilitators of Langa clinic
	Health committee's purpose is to examine the needs of community in light of services
	Committee malfunctioning b/c members have other responsibilities
	Wants a community forum on health issues, but not possible in the past because it was not incentive driven and it lacked collectiveness b/c too many people were focused on their own interests
11	<b>Eziko Restaurant Staff</b>
	Hospitality training skills center for 16-18 students each term
	Provides 3 months of theoretical training and then places students in 6 month internships and then jobs with hotels/casinos
	Tough selection/interview process for students plus 1500R tuition
	Restaurant runs at cost and caters for tourists, corporations and the gov't
	Wants to establish other training programs in food service, business, etc.
12	<b>Langa Clinic Staff</b>



	Women will first go to family about domestic violence, then police
	Clinic has a psychologist but most people don't know/won't use it
	Women won't leave homes and source of money
	Clinic notifies social services and police if they suspect child abuse
<b>13</b>	<b>Langa Clinic Staff II</b>
	People come to the clinic to see counselors b/c they don't understand that they are specifically HIV/AIDS counselors
	People don't know about the services that are available to them; that is why they come to the clinic
	The clinic used to outreach with this program to schools and community centers on specific dates of the year: world aids week, youth week, aids day
	The clinic did door to door HIV/AIDS education during 2002 and 2004 for a single day
	It is necessary to do door to door about abuse and drug issues as well
<b>14</b>	<b>Langa Clinic Staff III</b>
	"We are not a people of talking about sex"
	Submissive family
	1695 registered patients at Langa Clinic
	Psychologist available → once a week on Thursdays
	2 adherent counselors → 6 in all
	Psychologist would be the last resort → most people don't know about the psychologist
<b>15</b>	<b>Langa Clinic Staff IV</b>
	Social worker is available at Pandulwazi Center
	Difficulty in delivering at Vanguard - women in labor are turned away.
<b>16</b>	<b>Sisonke Staff</b>
	Economic dependence is biggest reason for staying w/ abuser
	Men get violent when they're drinking
	Sexual harassment and rape within relationships is a huge problem: you can't refuse sex because then they'll think you're cheating on them
	HIV- and want to protect status, can't make husbands use condoms even if they have mistresses
	Domestic violence often starts because of refusing sex
	No organizations to help young men, it'd be hard to make them go anyway

	Need a better, comprehensive life skills curriculum within schools (although now they teach HIV/AIDS)
<b>17</b>	<b>Sisonke Staff II</b>
	General demographics: 11 women aged mid-20s to mid-40s, all HIV +, most with 2 or more children, a little more than half migrants from the Eastern Cape
	Alcohol use starts around ages 12-13, but affects the young and old alike
	Estimates 90% of population uses alcohol
	Violent crimes are influenced by alcohol
	When you drink you are less able to protect yourself from men or make your partner use a condom
	Most problems are result of "weekend binges"
	Cocaine, dagga and tik are common, tik mostly among young people
<b>18</b>	<b>SOS Staff</b>
	2002 Started pilot programs of family strengthening, for orphans/vulnerable children with things they might need, for vulnerable children living with grandparents – food packages, help them look after kids, make community aware of these issues
	One of objectives is to empower caregivers to take over and provide for the kids - from department of labor to literacy groups
	SOS deals mostly with cases after the abuse or violence
	Several churches cater to HIV orphans
	Vanguard not on steering committee of SOS because they are not on the Langa side
	When asked if people were comfortable talking about issues, he said yes, but you have to break the resistance first
	Alcohol fetal syndrome is especially a problem on farming communities, where workers have easy access to wine
<b>19</b>	<b>Langa Methodist Church Staff</b>
	HIV/AIDS educator
	Works with organizations to coordinate all available HIV/AIDS resources
	They do food parcel service one during to half-year periods
	Social services has a database of the needs
	Few men speak publicly about their problems

	Need: There is no social worker at the Langa police station for domestic abuse and other problems; they have to refer
	Police need to employ permanent counselors and social workers
	Services not reachable!! In town, but Cape Town too far
	Should have workshops targeting men because they are perpetrators. See criminals in bmw's and want to be like them, bad role models
<b>20</b>	<b>SAPS Staff</b>
	Analyzes crime statistics to determine where and when more officers should patrol, profiles suspects
	Estimates 90% of violent crime is alcohol related
	Approximately 110 shebeens in 2.5 square km of Langa
	75 drunk in public arrests last weekend
	Crime has gone down in the past year – attributes to increased patrols on street
	Each weekend 2 groups of officers go around to shebeens from 6 pm onwards to arrest drunk in public (15-20 officers on streets)
	However, still says that police station is understaffed
	Common weapons are beer bottles and knives
	Most dangerous areas are zone 17, 18, 20
<b>21</b>	<b>Ikhaya-La Bantu Staff</b>
	People become homeless because of substance abuse, health hproblems
	People use alcohol to "forget the pains of the past" and because of the "spirit of imitation" → people imitate each other
	Try to help people through counseling sessions and orientation
	People poorly manage their grant money
	Tried to help in the past by opening up accounts for them at the post office
<b>22</b>	<b>Langa Service Point Offices Staff</b>
	The work they do at this social work center is "generic" in the sense that they cover the whole spectrum of issues: "abandoned children, domestic violence and elderly issues."
	Mainly the youth who are abusing drugs and alcohol and won't listen to adults as a result. She says drugs are more of a problem for the young people than alcohol.

	Less than 50% of these problems get resolved at the social work center she said.
	She said that she thinks the community members know pretty well that they can come to this center if they have a problem.
	She says alcohol is more of a problem for the adults than the children.
	When we asked her about other resources for people with drug and alcohol problems she said the only one that people from Langa would really use is SANCA.
	There should be a center where women can meet and talk about a number of issues, which she was sure would include domestic violence.
23	<b>Cape Town Drug Counseling Centre Staff</b>
	In Observatory, serves both Langa and Bonteheuwel
	Recently: joint publication with UN (available on unodc.org.za: Guidelines How to Conduct Effective Prevention Work Among Youth in South Africa)
	Major challenges: Dramatic shortage of treatment capacity, long waiting list.
	Need more interventions to facilitate setting up of self-help groups for individuals/addicts and for families
	Need <i>effective</i> prevention. A lot of programs have shown to increase drug abuse rather than decrease it.
	Accessibility is a problem for people needing treatment.
24	<b>SANCA Outpatient Treatment Center Staff</b>
	Located in Athlone (serves both Langa and Bonteheuwel)
	Community members come to their offices if they have a problem → make an appointment for counseling or are referred to group or inpatient
	Make referrals for inpatient: both public and private
	Offer a support group for those who are already using drugs in schools
	Usually parents or employers are the ones who call to get help for others
	SANCA is n NGO; not a free service; ask for contributions to people. If they can't contribute, then they help anyway
	There isn't enough inpatient treatment that's subsidized by the government
25	<b>Nomzamo Staff</b>
	Community members often refer troubled families to police

	She wants a relationship with Vanguard and to be visited for check-ups etc.
	Kids under the age of 6 brought by social workers or police
	Most go to foster care, and very few go through adoption process.
	Children come from unmarried, unemployed families. Some are from the streets (those brought in by police)
	Alcohol abuse and domestic violence are closely correlated with children leaving home
<b>Client/Resident</b>	
1	<b>Langa Clinic Client</b>
	Has been at the same shelter for a long period of time
	Thirteen homeless women living at the shelter from many places mostly black
	Residents are provided with bread and coffee
	Mothers must pay to provide food for themselves and the crèche
	She complains about the long wait at the Langa clinic for medicine, but says it's generally not more than 2 hrs
	She has been receiving meds for TB for a full year but this was the first time she was going to actually meet with a counselor
2	<b>Langa Clinic Client II</b>
	Vanguard clinic is too far for anyone to use, especially sick or old
	Alcohol and drug abuse are big problems, although she doesn't have personal or family experience with them
	Children as young as 9 start drinking, get the alcohol from family and older friends
	Cocaine is biggest drug problem
	Usually waits 2 ½ hour at Langa clinic (which she can only bring her children to, she must go to Vanguard)
	Worst problem: response time of police and other services
3	<b>Langa Clinic Client III</b>
	Lives at Khayalabantu Shelter in zone 16 w/ child
	Shelter run by Mrs. Mbona
	Woman work at the shelter, they get all their meals there
	There are children at the shelter too
4	<b>Resident</b>
	Number 1 issue: Alcohol abuse and gangsters (not as much now)
	Best way to deal with alcohol abuse – close shabeens
	If there is abuse, friends usually ask

	Try to get court protection – not difficult to get, and men scared of it
5	<b>Resident II</b>
	Biggest issue: Poverty, people who sleep without shelter use drugs to make themselves feel better
	People drink a lot, it's normal, they start at 15. It comes from the home, even when there is money available in the family
	Kids need role models. People here don't have "real" role models.
6	<b>Resident III</b>
	Children start drinking as young as 12; steal money from their parents to buy beer and wine at small shebeens and taverns
	Told us that Langa counsellors will make home visits to talk with families about problems like substance and domestic abuse
	Emphasized the privacy of these issues → "family problems"
	Agrees that alcohol abuse AND domestic violence are major problems in the community
	Violence happens <i>because</i> a husband will go to a shebeen rather than coming home, will spend food money on alcohol, then come home drunk
	To address violence, the man's mother will be called and a male member of his family will then become involved in resolving the issue
<b>BONTEHEUWEL INTERVIEWS</b>	
<b>Staff</b>	
1	<b>Bonteheuwel Police Station Staff</b>
	Local police system designed to meet immediate needs: respond to crimes in action and have a visible presence in community – no detectives or forensics
	Biggest problems are domestic violence and gang related activity
	Respond to dv calls and assess immediate danger, if dangerous remove victim from home and arrest perpetrator
	Most victims are fearful to press charges
	Not a big rape problem but probably very underreported
	Provide support police forces for drug raids carried out by SA police

	Lack of full community cooperation because people are afraid, although there have been community marches against drugs and gangs
<b>2</b>	<b>Bonteheuwel Churches in Action</b>
	6 churches are active in the BCIA out of 31 churches in Bonteheuwel
	BCIA formed to promote unity among pastors and congregations
	BCIA works with gang leaders to promote peace and mediation, but these are short-term solutions, need a long-term approach to change lifestyles
	BCIA also does volunteer work at primary schools to teach children about gangs and drugs
	Need more programs in schools that involve parents – many parents place all responsibility for their children on the school
	DV is such a part of the culture that if your neighbor hears you screaming they won't do anything, although there is slightly more awareness now
	There are places to go in Cape Town but not Bonteheuwel
	Churches have tried to shut down the shebeens but addressing the supply doesn't change the demand
<b>3</b>	<b>Multi-Purpose Center Staff</b>
	Offers walk-in counseling on wide range of issues: drugs, abuse, HIV, marital problems
	Counsels patients referred to the center by Vanguard
	7 counselors, work on different days of the week
	Tuesdays: social worker
	Wednesdays: social security (government grants)
	Social workers only make home visits when a child is involved, otherwise it's that person's choice to get help or not
	Starting new outreach programs this year: parenting skills, assist in learning to deal with behavior problems and correct discipline
	Counselors need to collaborate with other resources that have more experience in conducting awareness programs
	Funding for programs comes from Dept. Social Services
<b>4</b>	<b>Netreg Staff</b>
	They refer people to the multipurpose center for help w/ substance abuse

	The clinic is supposed to have a regular health education class, but they are too understaffed for anyone to focus on that
	They refer abused women to the Saartji Baartman Centre, but never receive feedback about what happens there or afterwards
<b>5</b>	<b>NetReg Staff II</b>
	Biggest health concerns: HIV, asthma, cholesterol, TB, epilepsy, arthritis
	Alcohol use "starts during pregnancy" because children are exposed to the womb, born with FAS and withdrawal symptoms, low birth weight
	Need to emphasize importance of individual choice and ability to overcome disadvantaged backgrounds
	Must start with the youth to try to improve self-esteem (although not very many people go because of lack of advertising)
	Not enough trust of confidentiality in counseling, rehab, etc.
	Big problem with children witnessing abuse
	Multipurpose center and Vanguard are too far away, need more services on NetReg side of Bonteheuwel
<b>6</b>	<b>Netreg Staff III</b>
	Counselor for FAMS and community worker
	Told us there are no drug/alcohol or domestic violence support groups in Netreg (only one group for HIV/AIDS)
	Very few in Bonteheuwel (that she was aware of)
	Transportation costs preclude people from going elsewhere
	Pregnant mothers using drugs and alcohol
	Education needed, in groups, support system for the abused (something immediate and close by!)
	Vanguard should have more visibility, community outreach to both youth and adults
<b>7</b>	<b>Clinic Staff</b>
	Proud of the clinics focus on preventative and curative children's health
	Doesn't see a lot of substance abuse problems at clinic b/c focused on children

	People report abuse on odd occasions, but they know it is a big problem in the community
	Need projects on awareness and women's empowerment directed at both women and men
	Need specific men's health clinics that focus on them and forums that deal with their problems
<b>8</b>	<b>Newspaper Staff</b>
	Initially focused on Bonteheuwel with positive message
	Increased awareness is needed and men's group discussions are important
	Anti-abuse work needs to be sustainable every day, all year
	Need to get everyone involved ... principals, individuals, politicians, health care workers, NGOs, etc
	There needs to be a focus on children's talents - they are forced to focus on school and fall out
	The multipurpose center needs to play a more visible role. They could have a computer center or rehab center
	Schools could be more accessible for after school
	There is no avenue for publishing news about resources - the newspaper comes only once a month - they use the radio and put up posters in "high traffic" areas
<b>9</b>	<b>School Staff</b>
	Breakdown of the family structure is a major problem
	There are many cases of abuse of children by father, step-, and mother's boyfriend
	A lot of children don't live in proper houses – backyards or "windy houses" – one room with multiple occupants
	High percentage of Dagga use by 12/13 from primary school up
	First step is to try and get the parents involved, refer the parent to take the kids to the drug counseling center in Obs
	Second time, unless child gets treatment they must get help
	There is no guidance teacher, psychologist, nor social worker at the school
	Would introduce intervention services and corrective programs
	The major problem for children is the environment they come from
	The biggest factor in the community is unemployment
<b>10</b>	<b>School Staff II</b>

	Refers students who are substance abusers to the Safe School Center for counseling
	This year there are less drug abusers in school than last year because of drop outs
	Parents are called and then students are referred to center
	Parents are often in denial-sometimes they receive a warning about their child, but don't act until the third time they are called
	Life Orientation classes begin in grade 3 and are compulsory- they teach about alcohol and drugs
	Drug and alcohol use usually starts around age 12-13
<b>11</b>	<b>Community Center Staff</b>
	Mabuphele Campaign against domestic violence
	Women's group based out of Netreg, 25 members
	City has a task team that works with women's issues
	Network of women's groups at churches
	Health Department a woman representative visited women's groups and talked about domestic violence and health with the members (successful)
	Common drugs/alcohol that is abused by youth: tik, dagga, mandrex, beer, popsuck
<b>Client/Resident</b>	
<b>1</b>	<b>Resident</b>
	Has spent one year on the health committee
	Those residents within a certain radius of Vanguard must come to the clinic for care but home health workers will visit those who are far out
	Wants to start partnership with bus company for vouchers to get patients to Somersset hospital
	"Vanguard does have appointments for chronic patients
<b>2</b>	<b>Resident II</b>
	Desperate need for social workers: now only one at multi-purpose center and one for the schools
	Social workers help abused and malnourished children by speaking with parents and forming action plan
	Gangs are a big problem but less violence since cameras on the street
	Vanguard did a study on waiting time and on that day the clinic ran exceptionally quick

	Community centers have sports and rec, arts and culture and other after school programs that many kids attend
	Drug/alcohol abuse is a big problem among young people, estimates 2 or 3 out of every 10 young adults
<b>3</b>	<b>Resident III</b>
	Tik is becoming a big problem among younger people mostly
	Its cheap, scentless (smoke in back and parents don't know), it's easy to get
	Mostly do it cause there is peer pressure to be cool, friends are all doing in
<b>4</b>	<b>Resident IV</b>
	Informal community health worker
	In danger because she works with crime prevention and informs police about criminal activity
	Has to walk to court in Bonteheuwel and police station with people who come to her for help
	Said that people do go to the clinic to ask for help (from the social workers) but can't get the help they need there (whatever that is, specifically, we weren't sure)
	Wants a place where she can help people
	Would like to work with social workers
	Agreed that domestic violence and substance abuse are both (equally) critical issues in the community
	Feels that the government should focus on preventative measures with children re: abuse because they drink more than the adults
<b>5</b>	<b>Local Clinic Client</b>
	Police do the best they can, but they are overdriven by the gangsters
	However, some of the police are corrupt too
	Drugs are a major problem, start at 14/15
	Houses sell it, on the streets as well, and even in schools
	Why kids turn into gangsters – begins in the home, no family units, also peer pressure
	Mom and dad fight in the house – alcohol abuse, unemployment, abuse, always fights because there is no money in the house

	Neighbors really involved, except in the case of gangsters - neighbors don't talk about it or else there will be revenge – police say that they won't tell the names of witnesses, but they actually do sometimes, and that's where the corruption comes in
	Alcohol is a issue but isn't as bad as drugs, but there are those that do drink, and their children suffer
<b>6</b>	<b>Alcoholics Anonymous Clients</b>
	Bonteheuwel chapter was started in 2002, but there are chapters all over the cape, meetings every night that anyone can go to
	This meeting had about ten to fifteen men present, but they said YES there are definitely many women, they just weren't there tonight
	The general things about alcohol interfering with family and work came up.
<b>7</b>	<b>Bonteheuwel Youth Center</b>
	The youth run info sessions for themselves and others
	Biggest problems: Drugs, Gangs and violence, and rape
	Kids usually start using drugs around 13, but even younger depending on family situations
	Peer pressure is a strong influence on the decision to drink
	Many kids come to the community center because they know they will have at least something to eat
	Youth go to the community center and talk to Val about family problems they can't handle
	Police visits to schools are helpful, but schools have to phone to schedule and the talks are only about drugs
<b>8</b>	<b>Bonteheuwel Youth Center II</b>
	People don't control themselves while drinking (start at age 13-14)
	Say that there are resources, but they don't know what they are or where they are
	Say that they feel safe in Bonteheuwel, as long as they go on streets that have people
	Also, they know some gangsters so they trust and feel safe with them
	Many drop out of school because even if they matric, there are no jobs
<b>COMMON RESOURCE INTERVIEWS</b>	
<i>Staff</i>	

<b>1</b>	<b>Life Line and Child Line Staff</b>
	Both programs combined into one more umbrella like group in this but Life Line focuses on people 18 and up, Child Line 3 to 18
	One service the organization provides is counseling and programs at individual schools: "Stop the Bully program" was piloted last year in one primary school
	"Who am I" course is a 9 wk class to work with adults on their own issues, the philosophy being one needs to help oneself before others
	There are centers across the Cape area, but clients still need to be bale to pay for transport to get there
	Child Line specializes in sexual abuse
	1 in 3 girls and 1 in 5 boys are victims of sexual abuse
	There have been an increased youth suicides, 55% of children have suicidal ideation
	Abused children often become abusers themselves, start touching other children
	Often abuse can go on for years until something drastic happens, usually around 15/16 when girls start speaking up
	When asked about drugs and alcohol first said they sometimes but not always play a role but later said they definitely play a major role, its often used as an excuse
	Most clients find organization by referrals from hospital, school, churches, child protection unit of police, courts as well
<b>2</b>	<b>Saartjie Baartman Center Staff</b>
	One-stop center for DV and sexual violence, first of its kind in SA (open 1999) was previously an alcohol rehab center that shut down
	Seeks to alleviate secondary traumatization of having to tell stories over and over
	DV shelter provides safe accommodations for 20-25 women and their children for up to 3 months (also has transitional housing afterwards)
	Children are placed in neighborhood schools or on-site crèche
	Paralegal services: protection orders, divorce, child support

	Trying to start "proper economic kitchen" with training program, catering service and small restaurant
	Receives publicity from word of mouth and media interviews, has partnerships with other organizations
	Gets referrals from social service agencies, clinics, police
	Most women who come here have already "broken the silence" and tried to get help before – or have just "reached a breaking point"
	The idea that alcohol and unemployment cause DV are "myths": they exacerbate it, but power imbalances and patriarchal societies are the underlying cause
<b>3</b>	<b>Bishop Lavis Police Station Staff</b>
	Gangs and drugs are the worst problems facing the community
	Social crime prevention unit focuses on social needs including DV
	Awareness campaigns go to schools and talk about drugs
	Tik is the biggest problem because it is so addictive
	DV victims are referred to the court to get protection orders
	There used to be no police women but now they are very important for getting female victims to speak about rape cases
	There is a special room where abused women can speak to a female officer
	Community trusts the police because the number of cases reported has gone up
<b>4</b>	<b>Vanguard Clinic Staff</b>
	Big problem with mental health patients defaulting on medication
	Refer substance abuse patients to SANCA rehab center, but only give them the phone number, have to contact and go voluntarily
	Transportation issues with Vanguard: had worked out a deal with Langa taxis, but Bonteheuwel taxis won't let Langa drivers in to transport patients
	Domestic violence victims are referred to Bishop Levee's Court
<b>5</b>	<b>Vanguard Clinic Staff II</b>
	Her half of clinic attends to children, TB, STIs, family planning, reproductive health, immunizations
	Informed us that there is a group that targets substance abuse to which one of her sisters is a representative – mentioned a reference system for youth – the group will be meeting soon

	Described to us how the core mission of the city clinic is preventative and expressed regret that her resources are largely consumed by curative care.
	Really struggle with shelters for drug abuse and sexually abused children
	There is only one social worker in Bonteheuwel on Tuesdays and that they can't always wait around, so many problems are urgent.
<b>6</b>	<b>Vanguard Clinic Staff III</b>
	60-75% of patients use a substance, mostly alcohol
	Community needs a better place of contact for kids with substance abuse problems
	Where kids can go, only for drugs, no waiting time or appointment making
	Specific, accessible, and quick, appropriate distance away (for kids transport is too hard)
	Rehab is not feasible, so need a follow-up clinic for treatment and counseling
	More coordinated care
<b>7</b>	<b>Vanguard Clinic Staff IV</b>
	The three biggest problems in Bont. overall are: unemployment, early drop out and overcrowding.
	Substance abuse is a big problem in the schools.
	She said there is not really anywhere practical for kids to go to get drug rehab.
	She is involved in a research project that is looking at the programs that exist in the area and seeing if they are sufficient for the problem.
	She is sure that the research will show that they are not and she will present these findings to the government to ask for a facility or some extra help with the drug problem in this community.