African Safety Promotion
A Journal of Injury and Violence Prevention

JOURNAL AIMS AND SCOPE
The African Safety Promotion: A Journal of Injury and Violence Prevention (ASP) is a forum for discussion and critical debate among academics, policy-makers and practitioners active in the field on injury prevention and safety promotion within the African context. ASP seeks to promote research and dialogue around a central public health issue that affects Africa, namely injury and violence.

SUBJECT COVERAGE
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- Critical social perspectives to injury and violence prevention
- Injury surveillance methodologies
- Costing techniques
- Epidemiological research findings
- Health systems research
- Risks and resilience associated with violence and injuries in low- to middle-income contexts
- Best practices for injury prevention and containment

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ABSTRACT

The paper aims to explore the subjectivities men construct in their talk about their own violence toward women partners and the meaning these understandings of their violence have for the intervention programmes they attend. We take an intersectional reading of marginalised men’s narratives of their perpetration of violence against intimate women partners. Drawing on interviews with 26 participants who had been mandated into criminal justice intervention programmes in Cape Town, we attend to how their race, class, gender and location intersect to shape their understanding of their violence. We also analyse the implications that this wide-angle reading of men and their violence has for intervention programmes that mostly have been imported from Euro-American contexts. The paper offers a critique of current intervention practices with domestically violent men that focuses too heavily on gendered power alone. Furthermore, it suggests that an intersectional reading of the multiple realities of men’s lives is important for interventions that aim to end their violence against women, particularly for marginalised men who have little stake in the ‘patriarchal dividend’.

Keywords: batterer interventions, intersectionality, intimate partner violence, narrative, domestic violence

INTRODUCTION

The World Health Organization (2013) estimates that almost a third of women worldwide have been victims of intimate partner violence (IPV) while the prevalence rates in Africa bypass the global average by reaching 36.6 percent. In South Africa, 25 to 35 percent of pregnant women have been exposed to physical or sexual violence from a partner within the past 12 months (Groves, Kagee, Maman, Moodley, & Rouse, 2012; Hoque, Hoque & Kader, 2009) and IPV has been found to be the most common form of violence experienced by women (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). IPV also accounts for a majority of the homicides of women in South Africa (Abrahams, Mathews, Martin, Lombard, & Jewkes, 2013).

South African men who perpetrate IPV are more likely to have multiple, concurrent female partners; use condoms inconsistently; have sexually transmitted infections (STI) symptoms; and engage in transactional sex (Pitpitan et al., 2012; Townsend et al., 2011). The results from a study with men in Cape Town found that IPV perpetration was significantly linked to having a casual sexual partner as well as to alcohol dependence (Mthembu, Khan, Mabaso, & Simbayi, 2016). It has also been found that, as alcohol abuse decreases, partner violent behaviour appears to decline (Hatcher, Colvin, Ndlovu & Dworkin, 2014). Recent research has also explored associations...
between childhood trauma and abuse and men’s perpetration of IPV and found that there was a strong link between a history of childhood trauma and IPV perpetration and that this relationship was mediated by mental health problems (Machisa, Christofides, & Jewkes, 2017). Likewise, Gupta, Reed, Kelly, Stein and Williams (2012) identified a significant association between men who had experienced abuse in the form of human rights violations or witnessed severe victimisation of friends and/or family during apartheid and the perpetration of IPV. Recent research commissioned by UNICEF cite the risk factors for IPV perpetration and non-partner sexual violence as individual and household poverty, low educational attainment, abuse suffered as a child, higher traumatic experiences, greater control in relationships, personal beliefs about inequitable gender relationships, personal views on rape, alcohol abuse and having multiple concurrent sexual partners (Mathews et al., 2016).

As research suggests that the majority of perpetrators of violence in the context of intimate relationships are men (Abrahams, Jewkes, Laubscher, & Hoffman, 2006), prevention and intervention programmes for men who perpetrate this violence are essential for ending violence against women. Intervention programmes currently used in South Africa, however, draw heavily on ‘northern’ models and may have a limited applicability in a southern context. The South African situation is complicated by its long history of colonisation and state oppression, which created distinct gendered and racialised particularities in communities, and these histories manifest in the present (Salo, 2003). In contexts such as South Africa, there should be an opportunity for new and innovative methods of intervention which take into account the multi-faceted realities of men, and for working with them to end their violence against women partners. It is in the context of this developing area of work on intervention programmes for IPV that we explore South African men’s narratives of violence against intimate women partners, and the meaning these understandings of their violence have for the intervention programmes they attend. This paper emphasises the importance of understanding the cultural background and contextual influences of men involved in domestic violence programmes in order to improve the effectiveness of those interventions.

**CURRENT INTERVENTION MODELS**

Individual treatment approaches to IPV that target men who are mandated to treatment by the courts are not the predominant modes of intervention in the African context (they primarily emerge from North America) (McCloskey, Boonzaier, Steinbrenner & Hunter, 2016). In the South African context, however, as a result of the need for programmes to work with men who have come to the attention of the criminal justice system and been found to have violated a protection order granted to an abused partner, we saw the development of perpetrator programmes along the lines of those in North America and other ‘western’ contexts. These programmes focus on individual change and primarily employ individual and/or group therapy (McCloskey et al., 2016) and incorporate educational and cognitive behavioural approaches into the work. The central areas addressed in these interventions as they currently operate in the South African context include patriarchy, masculinity, gender roles, socialisation, power and control, and conflict and anger management (Padayachee, 2011). As yet, there are no published evaluations of these interventions.

In the extensive but inconclusive body of literature evaluating programmes in the North American context, factors that have been found to interfere with programme success include untreated substance abuse, mental disorders, cultural mismatch, and poverty (Bennett, Stoops, Call, & Flett, 2007). Initial research shows that the lack of attention to cultural sensitivity in the delivery of abuser programmes may contribute to high attrition rates (Buttell & Carney, 2002), which is likely to contribute to increased recidivism. Men who are likely to feel excluded and alienated by the programme content and approach, and by the programme staff are unlikely to receive any benefits from participating in it. Research indicates that different types of criminal justice interventions may have differential effects depending on ‘men’s social positioning – e.g. men who are already socially marginalised are less likely to be deterred by arrest than are men who have a more significant stake in conformity (Babcock & Steiner, 1999). Socially marginalised men have also been found to be less likely, than socially bonded men to complete domestic violence programmes (Babcock & Steiner, 1999) and men who are more likely to drop out are
likely to be younger, less educated and unemployed than those who complete (Edleson & Grusznski, 1989). It is therefore essential to recognise that certain approaches to intervention may further alienate men who are already marginalised and who may be deeply distrusting of the criminal justice system and of those assumed to be in positions of authority. The complex issue of attending to the social identifications of men who are mandated into IPV programmes and whether they might derive benefit from such programmes remains important (see Boonzaier & Gordon, 2015).

Furthermore, current criminal justice intervention models that dominate the field are still heavily influenced by radical feminist approaches that primarily centre an analysis of gender. It seems that while theorising about gender oppression and violence has shifted, intervention models have not followed the same trend and rely heavily on a one-dimensional feminist approach. In relation to ‘men’s violence, such an approach argues that aggression is primarily linked to the maintenance of gendered power and control (O’Leary, Heyman, & Neidig, 1999), with little acknowledgement of the intersection of other factors. Overall, the results from programme evaluations of all types of interventions with violent men, including the feminist model, are mixed (Babcock, Green, & Robie, 2004; Dutton & Corvo, 2007; Gondolf, 2007). It is also unclear whether there are any models of intervention that are essentially superior to others.

In many ways, intervention programmes designed for violent men adopt an approach that largely views men through their subjectivities as perpetrators and pays insufficient attention to other elements of their identities especially where men may also have been victims of violence. This one-dimensional construction of ‘men’s violence mirrors black ‘feminists’ critiques of ‘western/white’ feminism as well as ‘Connell’s (2005) critique of the concept of ‘masculinity’. A western or radical feminist understanding of ‘men’s violence has become almost normalised in both lay as well as professional discourse. Broadly speaking, westernised forms of radical feminism assume that all men benefit equally from a patriarchal system in which all women are equally subjugated. These approaches, however, have been criticised for silencing the experiences of many other victims of violence. It has been argued that a focus on gender or patriarchy alone does not acknowledge the intersections of multiple aspects of identity, such as race, class, sexuality, or ability status, which, if not given recognition, would result in certain groups of women being silenced (Bograd, 1999). Black feminists have, for example, called attention to how the effects of racism systematically disadvantage black women and men and how their experiences are compounded by poverty, marginalisation, and a lack of access to resources (Crenshaw, 1994; Gonzales de Olarte & Gavilano Llosa, 1999). Consequently, it becomes important to explore violence against women as a problem embedded in relations of gender and power but simultaneously influenced by a multitude of systems of domination and inequity; principles that are foregrounded by the intersectional approach.

INTERSECTIONALITY, MASCULINITIES AND MARGINALISATION

A body of scholarship, as well as popular discourse on men and masculinities, has illustrated a growing interest in difference, diversity and intersectionality (Hearn, 2007). Intersectionality refers to a concept developed by second wave black feminists who posit that social identities and oppressions related to sexuality, ethnicity, gender, class, race, disability and so forth, intersect and are “interdependent and mutually constitutive” (Bowleg, 2008, p. 312; Collins, 2010; Crenshaw, 1994). Intersectionality has been at the core of theorising in critical race studies, black studies, and postcolonial studies (Morrell & Swart, 2005), and critical work on men and masculinities follows a similar theoretical trajectory. As Hearn (2007) noted, critical work on men and masculinity is in the process of moving away from a focus on Western contexts, turning the lens towards the global south.

Intersectional investigations into male ‘perpetrators’ of violence in the South African context is an emerging area of work, with some significant insights into the subject matter offered by scholars such as, Lau and Stevens (2012), Moolman (2013), Morrell and Ouzgane (2005), and Ratele (2013). This paper builds upon this evolving scholarship and explores South African ‘men’s narratives of violence against intimate women partners, with the
understanding that gendered power shapes this violence in addition to the particular subordinated positions of these men as well as by the contexts in which their talk and their violence occur. Importantly, our application of intersectionality involves the exploration of how men’s race, gender and locations intersect to shape their understanding of their violence and what this means for the programme they attend. Relatedly, we examine how the South African context, characterised by a history of violence, high levels of poverty and unemployment, as well as violence and deprivation, shape ‘men’s understandings of their own perpetration of violence against intimate women partners. We conclude the paper by assessing the implications of these findings for perpetrator intervention programmes and provide recommendations for more culturally and contextually appropriate ways of intervening to end men’s violence against women partners.

METHOD

SAMPLE AND CONTEXT

This paper draws from qualitative interviews generated from two studies that received ethical clearance through the University of Cape Town. The interviews were conducted with 26 men who had attended intervention programmes in the Western Cape Province in South Africa. All participants were black and working-class. While 19 participants were either in formal employment or described themselves as self-employed, many of these jobs involved low-paying, unskilled, and part-time labour. Only five (19%) participants had completed their high school education, and one had a post-matric (grade 12) qualification. All but one of the participants lived in historically marginalised suburbs of Cape Town. These areas, collectively known as the Cape Flats, were created as a result of the apartheid policies of ‘separate development’, namely the Group Areas Act of 1950, and were areas to which black people were forcibly removed. The legacy of apartheid continues to be felt in these areas as they continue to be stricken by dire poverty and deprivation, a lack of resources, and high rates of gang violence, crime and unemployment. South Africa currently has an unemployment rate of 26.7% (Statistics South Africa, 2018) – this rate, however, is skewed, reflecting our racialised past. The unemployment rate for formerly categorised ‘Black African’ and ‘Coloured’ people is 30,1% and 22,7% respectively, whereas the unemployment rate for white people, who represent a minority of the population, is 6.9%. High rates of unemployment and lack of economic opportunities are therefore key features of communities that have historically been marginalised and continue to be so.

Men who participated in the interviews were court-mandated to attend weekly, psycho-educational sessions aimed at ending their abuse towards women partners. The Domestic Violence Act 116 of 1998 stipulates that individuals can apply for a Protection Order to protect themselves from violence by intimate partners. An abusive partner, who violates such an order, depending on the severity of the violation, may be granted a suspended sentence and be mandated to attend a domestic violence programme. The programmes from which these men were drawn were influenced by a mixture of feminist understandings of IPV and cognitive behavioural principles. The weekly sessions that the men were mandated to attend spanned 16 to 22 weeks.

DATA COLLECTION AND PROCEDURE

Unstructured, narrative interviews were used to explore men’s heterosexual relationships and the violence by which these had been characterised. Men were asked open-ended questions about their relationships, their violence, and their participation in the programmes. The interviews were taped, transcribed and analysed. A thematic narrative analysis was conducted in which prior theoretical insights guided the interpretation of the data while also attending to novel insights that emerged inductively. Our analysis was guided by Riessman’s (2008) stipulation of thematic narrative analysis where a focus is placed on ‘what’ is said by participants, rather than ‘how’ narratives are relayed. After the coding process and the identification and refinement of themes were complete, we undertook further analyses that attended to the centrality of language, subject positions,
knowledge and power in shaping men’s understandings of IPV. The tensions, complexities and resistances in the narratives were additionally explored.

Given the centrality of power to the analysis, we offer a reading into the intersections of race, gender, class, heterosexuality, location and other axes of power and inequality to amplify how understandings of IPV are forged. We attend to the issue of how men’s experiences of gender may be shaped by a range of intersecting identities and oppressions, and through their positioning as ‘marginalised men’. As the men told stories about their relationships and their lives, the broader contexts of their lives and the violence were made visible, which is unpacked in this paper.

‘PERPETRATORS’ IN CONTEXT: ANALYSIS AND DISCUSSION

In the interviews, which were conducted by us as women interviewers’, men recounted their experiences of participating in a programme for ‘perpetrators’ and attempted to make sense of this experience in various ways. Furthermore, in their talk about their relationships and violence, the men drew on a dualistic construction of power and powerlessness to frame their experiences and identities. On the one hand, they positioned themselves as active and empowered agents who were willing to change by attending the intervention programme.

The reason why I came is just to work on myself and I took it upon myself, I’m alone, I’m not with her at the present moment. We are still seeing each other but I took it upon myself, I’m alone and I need to sort myself out. (Rashaad)

It could be argued that participants were speaking against a discourse of stigmatisation in their narratives. Describing themselves as committed and empowered agents (incidentally drawing on hegemonic masculinity discourse, see also van Niekerk & Boonzaier, 2016), they were attempting to challenge the stigma associated with being identified as a perpetrator of IPV. In addition to being interviewed by women interviewers – the participants had been approached because they were participants in a program for ‘perpetrators’ and thus were compelled to find ways to narrate their experiences to counter this stigma.

On the other hand, men also drew on victim identities and positioned themselves as powerless and stigmatised. The men, as in previous research positioned themselves as being emasculated by controlling and domineering partners (Boonzaier, 2008) attempting to find ways to justify their violence. A second way in which men positioned themselves as victims was by describing their experiences as stigmatising and the intervention process as one that shamed them.

… it wasn’t a nice place to be, it wasn’t a nice programme to be in … this kind of thing is stigmatised in a big way … you have to search yourself in some way and know that you are now labelled and you are branded. (Zane)

In the context of hegemonic masculine norms in which men are seen to be superior, in control, active agents, empowered, and courageous (Jewkes & Morrell, 2010) – it is not difficult to see why some depicted intervention processes as emasculating and an attack on their identities as men. Importantly, in their narratives, a binary position was set up between women and men, with the paradox that the intervention process is targeted at men, but it was seen to be ‘for women’.

The guys that (were) long in the programme, sort of like they with the women all the time … they didn’t see the man’s point of view at all. (Clint)
On the whole, intervention programs were constructed as biased against men and ‘for’ women. What implications might this have for men who are expected to be ‘educated’ or ‘transformed’ by these programmes? If men’s experiences in such programmes are experienced as shameful, how does this intersect with their experiences of marginalisation within the broader social sphere?

ACKNOWLEDGING DIFFERENCE

Although not the majority, seven of the 26 men attended the programmes voluntarily. Attending a psycho-educational batterer program of their own accord, afforded men the opportunity to construct differences between themselves and the other men who had been mandated by the court to attend. This strategy of othering, which was not exclusively used by men who came to the programmes voluntarily but also by men who felt they did not belong there, allowed men to construct different levels of abusive behaviour (and types of abusers). On the one hand, the ‘average guy’ was the one who entered the programme in order to understand his behaviour and in order to effect positive behavioural change. In men’s depictions, the ‘abuser’ on the other hand, had entered the group because he had been mandated by the court to do so. In addition, he was usually found to have perpetrated ‘serious’ violence against his partner.

But the thing that struck me most was, the very first night when I was introduced and I heard what other guys in the group was there for. I thought, “Hell I don’t belong here.” Because, I was the only volunteer and the rest was there via the court. Although all of us was classified as domestic violence. (Denver)

There are important positive esteem implications for men who see themselves as ‘volunteers’. By creating a category of ‘real abusers’ as those men who had contact with the criminal justice system, and who had perpetrated serious violence, men were able to derive a favourable comparison for themselves as men who had not perpetrated violence serious enough to get them into trouble with the law.

“I’m mister so and so, I’m here for abusing my wife.” And then I said to myself: “Geez, but I’m not an abuser, why must I come and confess that I’m an abuser?” No it doesn’t work, it doesn’t work. (Mark)

Constructing differences between themselves and ‘other’ men may be a way in which particular groups of men (those who joined the groups voluntarily or felt they had been wronged) are able to deny their own use of violence and thereby derive positive self-esteem implications. While it is current practice to see domestically violent men as ‘all the same’, consideration should be given to the fact that men themselves construct differences. These differences have implications for whether they feel they belong in the groups and of course, it would also have implications for their openness to receiving programme messages and whether they feel they have derived any benefits from participation in the groups.

On the surface, there may be important differences between a man who enters a programme voluntarily and one who was referred there via the criminal justice system. In the first instance, they may have perpetrated different forms of violence (for example, verbal or emotional compared to physical assault; ‘less severe’ rather than ‘more severe’ physical abuse). The challenge for intervention efforts with men is to attempt to acknowledge the differences between men without suggesting that they are to be held any less accountable for their violent behaviour.

Intervention efforts dominated by singular, rather than multi-causal understandings of behaviour, likely make the following assumptions which have important implications for programme participants: (a) it is assumed that all abusive men are similar; (b) it is assumed that all forms of violence are the same (for example, pushing or shoving a partner once could be equated with repeated and severe acts of violence against a partner); and (c) it assumes that intimate partner violence against women always has the same contexts, patterns, and
consequences. Johnson and Leone’s (2005) work on intimate terrorism contradicts the notion of singular-causal understandings of violence against women. Johnson and ‘Leone’s (2005) findings indicate that there is a major difference between what is referred to as situational violence between couples and a type of violence against women called intimate terrorism (where batterers are violent more frequently, the severity of violence is greater, and the men are less likely to stop battering). Relatedly, Holtzworth-Munroe and Stuart’s (1994, p. 476) typology, which consists of the following three sub-types of abusers: ‘family only, dysphoric/borderline, and generally violent/antisocial’ also provides further evidence of important differences between domestically violent men.

A key concern, both conceptually and practically is: How does one acknowledge the differences between men and the different forms of violence while simultaneously and importantly challenging their choice to use violence against an intimate woman partner?

However, beyond these constructions of agent and victim and diversity, the men also presented identities that emphasised the contexts of their experiences and the idea that they were more than their individual positionings as ‘perpetrators’, despite being in a programme for IPV. These men brought the contexts of their lives into the interviews by describing their histories of witnessing and/or experiencing violence in their families of origin; they described the violent neighbourhoods in which they have lived and continue to live; they spoke about their contact with the police and their encounters with the legal system; and finally, they narrated their experiences of the material inequalities which shape their lives – including problems of unemployment.

**VIOLENT MEN: VIOLENT FAMILIES**

Witnessing or experiencing violence in childhood emerges as a consistent risk factor in research on violence perpetration (Abrahams & Jewkes, 2005; Machisa et al., 2017). In perpetrator groups, men are also asked to link their current behaviours and what they may have witnessed or experienced in their families of origin. Not surprisingly then, many men reflect on their past experiences of witnessing their fathers’ violence against their mothers or of being victims of abuse themselves:

> I think my father was the same, the way I am like that. You know put me in his shoes now. That time when he took us out, say okay we [going] (... to his mother’s now for the weekend. And then I know already when we gonna come home tonight is going to be an argument, fighting and that time it wasn’t like [protection orders]. Cause I told my wife last night if there [were protection orders] that time [...]: then my mother would have taken out [one] a long time already because, seeing her today, she’s got a leg, she’s got a plate inside that’s how he fought with her when he’s drunk and all that – he was like physically abusing her. And I saw all this, meaning I grew up with this. [...] (Lance)

Above, Lance makes the purpose of his narration of childhood experiences of witnessing violence clear to the interviewee when he says: “... I saw all this, meaning I grew up with this.” He is asking the interviewee to understand the link between his current behaviour and his past experiences. The narrative of the social learning/witnessing of violence is a pervasive one. It is one that is used in the programmatic work with domestically violent men where men are encouraged to link their current violence and their histories of witnessing or experiencing violence. The narrative, as can be seen above, is also a narrative men can draw on to ‘explain’ their own violence and one that potentially, in interpersonal interaction, could provide some way of accounting for their violence.

In some cases, the men drew on a cultural narrative of discipline to explain the context of their childhood upbringing and the form of physical discipline that was often adopted and seen to be permissible:

> My mother had this friend. That lady didn’t need a reason because she could just hit you, just like that. Like, when we’re going to school, um, I think I was in grade four at the time [...] Like, when my mother wasn’t there, she used to like, “do this”. If you don’t do it properly, it’s just, it’s a beating. Just like that, no
questions asked. But you can’t talk back. Like when she used to hit us, even in the morning you are leaving. You did polish your shoes, but you just didn’t shine it and you walking out the door -- my mother’s already left in the morning. Then “why didn’t you do this” and what and what and what (clicks fingers), she hit […] I’m crying, my cousin’s crying but we used to go to school. We were just beaten up for nothing […] that’s the kind of violence that I encountered in my growing up. (John)

As with Lance above, the purpose of John’s narration is made explicit at the end of the abstract when he says: “… that’s the kind of violence that I encountered in my growing up.” However, the extent of the violence in men’s families of origin, whether witnessed or received as a victim, is overwhelming. It was not unusual for men to talk about their unhappy and sometimes chaotic childhoods, being under the care of various caregivers, some of whom were not necessarily familial relatives but rather fellow occupants in their homes. The race and class position of the men and their families (growing up during apartheid) meant that as parents were working, they frequently had to rely on others (friends, neighbours or extended family) for unpaid childcare, sometimes placing children in positions of vulnerability. In addition, for struggling working-class black families, a tenant in the home (usually renting a room) provided an additional source of much-needed income but may also have made children in the home more vulnerable.

Men’s reflections on their own violence against women partners involved narrations of disbelief and confusion as to how this transition from being ‘the abused’ to becoming ‘the abuser’ occurred:

Because now […] I’m doing it. I always think back to, I used to see [violence] happen. Because even my mother hears now I did this to my partner, she always say, “This happen to me and you doing it to this person” […] So that’s why I never forget – even if he’s [step-father] not doing it, it’s still happening now […] because I’m doing it now. (John)

Recent studies have similarly found that some ‘violent’ men experienced abusive, broken childhoods involving parental deaths, harsh discipline by caregivers, emotionally-distant parenting, and absent fathers – complex histories that might have produced a particular sense of self (Mathews, Jewkes, & Abrahams, 2011). Taking a psychosocial perspective, it has been argued that emotional insecurities emerging from childhood experiences may propel men into abusive behaviours in adulthood as their anxieties are transformed into rage (Gadd & Jefferson, 2007). Emotional vulnerabilities might involve the construction of ‘tough’ masculinities as some men consider emotional expression to signal weakness (Seidler, 2007). It is worth stating however that the link between a history of witnessing or experiencing abuse in childhood and the later perpetration of violence against a partner is adulthood is not automatic and would be shaped by a range of intersecting, mediating factors.

In the programmes, men are asked to reflect on this association between having been victims of abuse as children and perpetrators of violence against women as adults. However, the extent to which these reflections might be the catalyst for changing their own behaviour is questionable, although it is the intention of the programme to effect such change.

There are a number of points to be made about the narration of past histories of violence located within families whose lives were fundamentally shaped by apartheid. Firstly, in the immediate context of the interview and the intervention programme such narration, for men, may serve the purpose of providing a rationale for their current violence. Our purpose here is not to reiterate the work on how men’s accounts of violence aim to provide justification for their behaviour but to locate such narratives within the broader contexts of their lives and histories. How are we to give recognition to these histories and contexts while at the same time acknowledging the function of the narration in the interpersonal context of the interview? Men’s reflections on their histories of violence and the possibility of this being a catalyst for change, cannot be singled out from their rest of the lives in which they may continue to be surrounded by different forms of violence, particularly the normalized use of violence as a means of ‘protection’ and conflict resolution in their homes, families, and communities.
VIOLENT MEN: VIOLENT NEIGHBOURHOODS

Violence has pervaded the lives of many men who find themselves on the margins of South African society. Growing up in violent neighbourhoods are everyday experiences for most of the men we interviewed. As already mentioned, most of the men grew up and lived in the sub-standard areas created for black people by the apartheid government. The collective dehumanising and traumatic experiences of forced removals and a lack of employment and social opportunities provided fertile grounds for gang activity, drug and alcohol abuse, and violence –which have amplified and continue to the present day (Wood, 2005). As noted earlier, men's narratives of violence perpetration included themes of childhood hardships and at times, broken homes and absent caregivers. This illustrates how these experiences may have led boys to seek a sense of community, occasionally, in the unsafe space of gangs:

I grew up in an area where there was just violence where I also picked up that negative way, “I can also be like that, I also wanna be like them. And I also wanna join that crowd”. That crowd messed up my whole life

[...] The one say, “We gonna rob this lady now”, then who am I to say no ‘cause everyone is going to help and everybody wanna get away so who am I to say no [...] The person that didn’t do anything then we beat him [...] and I went through it once and I thought to myself and I’m not going through this again. (Steve)

Another man described his experiences of being surrounded by violence through racial and cultural narratives, and as a ‘reality’ largely faced by those residing in marginalised communities:

The school I went to – it was, it was a good school, you see. It was a multi-racial school; it was Indians and black people you see. So, like, various things like, we were taught many things, but I don’t think ‘abuse’ was that much of a word, but stuff like that. So, my mind was like, growing up I was very clever from like a young age, so seeing things like that I noticed, and it stayed with me, you see. (John)

Growing up in neighbourhoods beset by violence required the participants to be particular kinds of men and to ‘appropriately’ display violent masculinity. It has been established that apartheid capitalism and the longer history of colonisation and slavery in South Africa resulted in the profound breakdown of family and cultural systems, education and employment opportunities, including a range of other countless effects (Segal & Labe, 1990). Scholars like Wood (2005), for example argued that gang sub-cultures emerged as a result of overwhelming marginalisation to counter the effects of generations of epistemic and material violence emerging from colonisation, slavery, apartheid and industrial capitalism.

For some of the men in this research, these ways of performing masculinity were argued to occur from a very young age, and many described it as entrenched in adulthood:

... you can’t stand [and] there is someone [that] just attack[s] you and you do nothing about it. Um, you know, probably, living in Manenberg of all places, there you’ve gotta be street-smart. There you can’t just walk and people want to interfere and rob you and you just let them, I would never allow that. And everybody knows me in that neighbourhood, I say to them straight, “You touch my family you dead I promise you. Even if I had to go to jail there’s no way you gonna get away with it”. (Shane)

... basically, the thought that I grew up with was that violence solves anger. Violence solves anger.

Something like that. I grew up with that terminology. And when I was at school, I was like that as well, where, if you look at me, if you do - just don’t cause I’m gonna hit you. (Emile)

For Shane, violence is described as a survival technique, in a context that requires it. Gangsterism on the Cape Flats has been understood as a means through which some men gain status, allowing them to be seen as a ‘man’ by other men and to counter the effects of extreme marginalisation. This has led some to argue that men's
vulnerability may very well be hidden behind a façade of a fearless and unwavering bravado (Salo, 2007). As illustrated by Langa and Kiguwa (2013), for young black men who find themselves on the peripheries of matrices of oppression, the friction between the ideal and the real is heightened. Black impoverished men have been argued to experience extreme pressures to enact a thriving masculinity (Rich & Grey, 2005); while having limited opportunities to perform this masculinity in the context of “racism on the streets and racism within institutions” (Whitehead, 2005, p. 418). Violence is a way through which men can gain and maintain respect, and it is used as an appropriate means of protection to avoid being victimised – a view shared by Emile above. He describes how the perpetration of violence provides an outlet through which to deal with uncomfortable emotions, and possible unspoken vulnerabilities.

There is a dearth of popular language on men’s vulnerability (Hooks, 2004) and representations that equate masculinity only with domination allow little space for what men do, say and feel. The battle to ensure that fear and anxiety never surface may motivate young men to condone the idea that masculinity is defined by “playing it cool, ignoring pain, and never walking away from a fight” (Ratele, 2010, p. 20; Shefer, Ratele, Strebel, Shabalala, & Buikema, 2007).

The community setting and social climate in which men’s violence occurs is of vital importance for not only men’s decision to end their violence, but for their prolonged change towards non-violence. In recent work, van Niekerk and Boonzaier (2016) illustrated that South African men’s change towards non-violence faltered once the support structures offered through the perpetrator programme were no longer present. The current paper similarly highlights how intervention programmes may target men in isolation of their communities, and because men’s environments outside of the programme may not have changed, they may struggle to maintain a commitment to non-violence in the context of communities and relationships where violence may be deemed acceptable and even necessary.

VIOLENT ENCOUNTERS

The pervasiveness of violence in the lives of the men we interviewed also emerged in some of their descriptions of their encounters with the legal system; either through the experience of police brutality or the experience of dehumanising conditions in the prison system. Some of the participants who have been reported for violence against a partner described the police response as violent and encompassing unnecessary force:

>> That’s a person [police] that’s supposed to protect you, but they do such things. Not right. This police system is really fucked up, it’s fucked up man. They kicked me, whatever. My chest was sore. When I demand to go to hospital to go have it checked out, they say, “hey, go fuck yourself, go!” Cause there was pain in my chest, you know. No, this story is not right. (Abe)

The South African media has reported on frequent incidents of police brutality. One example is an incident in which a Mozambican taxi driver was tied to the back of a police vehicle and dragged for some distance (Saville, 2013). He was later found dead in a police cell with nine police officers implicated in his murder. The abuse of state power is especially prevalent when it comes to police responses to individuals in marginalised communities – trends that have been found elsewhere too (e.g. Bruce, 2002; Glaser, 2005; Smith & Holmes, 2003). As part of a series of reports commissioned by the Southern African Human Rights NGO Network (SAHRINGON), research was carried out across 11 South African Development Community (SADC) countries to understand the nature and extent of police brutality (Bruce, 2002). It was found that police brutality manifested within a variety of forms, including execution-type killings in custody. Assaults in and outside of custody were also commonly found, which included reckless or accidental shootings and killings in situations of domestic disputes, and off-duty killings of criminal suspects involved in petty offences. Cases of rape and other assaults on persons in custody, as well as attacks on individuals reporting cases to the police, were also found (Bruce, 2002).
In addition to the police response to enforcing domestic violence laws, men also speak about the harsh and dehumanising conditions in the prison system:

> Well, I must tell you, I was at the police station [jail] for the Easter weekend and it was not nice. I mean, I was sleeping on a mattress, the blankets were stinking, and I don’t smoke, the people were smoking. They were spitting, just like that, although there’s a toilet. The toilet … don’t mention the toilet … (Jack)

A man who has been imprisoned for violating a protection order will likely respond negatively (particularly if he felt that his initial behaviour did not require any intervention). An adverse response is also likely because intervention by the criminal justice system now also has identity implications for the man being imprisoned. These implications are however amplified when the conditions in the system are deemed inhuman, such as a lack of safety, risk of violence, a lack of adequate sanitation, and appropriate facilities. At times men responded to this kind of intervention with further violence or animosity toward their partners who were seen as the reason why they had been sent to prison in the first place.

As above, we are not suggesting that attention to narratives about the ways in which marginalised men continue to be dehumanised in the criminal justice system should come at the expense of a focus on their perpetration of violence against women. In earlier research, Hearn (1998) found that men who had perpetrated violence against known women often reported having endured physical violence at the hands of the police. This violence perpetrated against the men often became the topic of discussion amongst men, as they moved away from speaking about their own violence against women (Hearn, 1998). This ‘talk’ has been described as way for men to mitigate their violence against partners and avoid responsibility – a finding similarly reiterated in other studies where the presence of a discourse of ‘men as victims of gender politics’ in their talk about the criminal justice system was argued to act as a tool to reduce accountability for their perpetration of violence (e.g. Boonzaier, 2008; van Niekerk & Boonzaier, 2016). Although the data in this study highlighted instances of this ‘talk’ of men’s victimization as a tool to deflect from their own abuse against women partners, there is also evidence of women who describe being ignored and ridiculed by the very police who are meant to enforce the domestic violence legislation meant to keep them safe from abusive partners (van Niekerk & Boonzaier, 2015) making the police response a legitimate area of concern.

**STRUCTURAL VIOLENCE AND MATERIAL INEQUALITIES.**

Living on the margins of society also means that financial resources are often scarce. Many of the participants recalled a struggle for survival that either characterised their childhoods or was a constant feature of their lives as adults:

> It was difficult that time because I was going to high school […] no money at all […] Instances where I didn’t have lunch and money you see. Other kids take out R50, R20 […] going to eat you know and you like just sitting there, got R2 but it wasn’t like nice experience for me. I used to take a train, I think it was R27 weekly ticket, that’s, that’s all I could get. That weekly ticket. To the station it is 30, 40 minutes’ walk – to and from.

And then it used to be bad for me when it was raining […] Uniform – you don’t have full uniform […] You see its cold, really cold, you have a jersey, don’t have a blazer. Going there with your shorts, its cold and its windy outside, you wearing broken shoes or pants are short or, but there was just nothing there. Like, that was my schooling. You know like, when they grow older like, those thoughts you know like they, its coming back more now, now that I’m here [at the programme] […] with only a rand in [my] pocket. (John)

In his interview, John vividly narrated about the structural inequalities and financial hardships that plagued his childhood, shaping his experiences of schooling, and framing his understanding of his position in the world. As an adult, he reflected on the injustices he experienced as a child – of seeing the relative privilege of those around
him – while his financial struggle often involved choosing between a meal, clothing, or transport to school. John, along with other men in the sample, reflected on how their childhood experiences of adversity framed their subjectivities as men, and how this cycle of inequality also emerged in their lives as adults:

> I’m not working, you understand. I’m doing spare jobs and whatever money I can get and, I give her something but if there’s no work what can I do? (Mario)

The narrative that shapes Mario’s experiences as an unemployed black man in contemporary South Africa is part of a longer history of the experiences of black men pushed to the margins by forces beyond their control. As shown by Langa and Kiguwa (2013), for young marginalised black men attaining the ideals of what they are told is a hegemonic form of masculinity (i.e. being the financial provider for one’s family), becomes more difficult in contexts that continue to be defined by the historical legacies that shaped them.

The purpose of foregrounding men’s narratives on the range of intersectional and violent experiences that shaped their lives is multiple. Firstly, research on the high levels of gender-based violence in South Africa frequently perpetuates the narrative that men’s social identities and statuses (i.e. black, poor and low education) somehow produce an inherent risk for violence. In a country so fundamentally marked by racialised inequality, any reading about violence that links it to poverty, low education and unemployment, will uncritically mark black men as inherently violent, isolating their very racialised and classed identities as ‘risk ‘factors’ for violence (Boonzaier, 2018). How black, poor men continue to be subordinated through a white hetero-patriarchal and hyper-capitalist system is thus obscured from view. Our first purpose has been to foreground this through asking men to narrate their violence within the broader contexts of their lives. Our second purpose has been to bring in to view how criminal justice interventions for domestically violent men might benefit from understanding this larger context of marginalised men’s histories and their lives.

GAPS BETWEEN THEORY AND PRACTICE: IMPLICATIONS AND CONCLUSIONS

This paper showed that the psychoeducational, pro-feminist, cognitive behavioural approaches currently used in intervention approaches with domestically violent men may have important implications for the success of these interventions. The men’s narratives revealed that the context of their lives, relationships, and actions were central to telling their stories about violence and that these contexts needed to be understood as meaningful in relation to the intervention processes they were undergoing. In making an argument about the broader context of their lives, men were possibly suggesting that the intervention efforts drew too heavily on just one dimension of their identities (that of ‘perpetrator’). Given the range of contexts and experiences discussed above and their construction by these men as important for understanding their identities as men, an intervention’s focus on just one dimension of their violence (i.e. gender and power) is a possible cause for concern.

Situated alongside our critique of current intervention practice in South Africa is also an acknowledgement of a huge gap between theory and practice. Feminist theorising on the African continent and elsewhere has certainly, for a long time now, acknowledged the complexities of ‘men’s and ‘women’s lives. Yet, the ‘feminist’ model of domestic violence used in much intervention work presents a particular, caricatured version of feminism that often retains a one-dimensional focus and, as Corvo and Johnson (2003) argue, the more creative and innovative dimensions of feminist theory end up being ignored. There are possible reasons for why this gap between theory and practice exists, including funding demands from international agencies that may ensure that local practitioners rely on international models assumed to have greater legitimacy. There are varieties of feminisms that exist in South Africa and on the continent, which also include progressive pro-feminist work, and it is to these avenues that we should look for providing insight into local problems. This body of progressive feminist work (Gqola, 2007; Ratele, 2013) has the potential to begin to seriously grapple with issues surrounding power...
and difference. The challenge for feminist interventions would be to give attention to cultural and other forms of diversity, while simultaneously acknowledging and challenging all forms of male privilege.

The data presented in the paper may be argued to be limited by the frame through which the participants were located, namely talk of their violence through an intervention programme and the once-off nature of the interviews. In order to design culturally appropriate interventions with marginalised men, more in-depth life-history methods that aim to fully unpack how the disadvantage and brutalisation men may have experienced may be linked to their violent behaviour (Gadd, 2004) would be recommended. In order to effect a positive transformation of men in IPV interventions, we need to understand the various trajectories and transitions that have led to their violence and criminalisation (Gadd, 2004).

Without colluding in men's violence, greater attention should be paid to these themes that emerge from men's narratives with a view to designing more effective interventions with such men. It is, of course, important to challenge men's particular understandings (such as those surrounding male dominance) in relation to their violence towards women, and to recognise and challenge their rationalisations, minimisations and justifications when they occur, but it is equally important to respect particular contextual nuances in interventions with violent men.

NOTES

1. A protection order is a court order enabled through the Domestic Violence Act 116 (1998), ensuring a woman protection from violence from an intimate partner.

2. The terms ‘perpetrator’ and ‘batterer’ are used interchangeably in this paper. The former term is more commonly used in South Africa.

3. The term ‘black’ here is used to identify all groups who were oppressed under apartheid.

4. Not only were our identities as women made visible in our interviews with men but our shared ‘racial’ identities also manifested in the interviews. We were also able to identify with the men we interviewed, ourselves having lived in different areas of the Cape Flats and coming from working class backgrounds. A detailed analysis of our how shared and differing identities played themselves out in the interviews is beyond the scope of this paper. Boonzaier however has written elsewhere on the reflexive dynamics of interviewing (see Boonzaier, 2014).

5. Words placed in square brackets are either directly translated into English from Afrikaans or included to clarify the meaning of the extract.

6. A square bracket with ellipsis indicates that text is missing.

7. Round brackets with words in italics signifies non-verbal communication.

8. Manenberg is one of the areas created as a result of the Group Areas Act of 1950 during apartheid and to which black people were forcibly relocated.

9. Italics indicate emphasis in the talk.

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ABSTRACT

The goal of this study was to illustrate the development and utility of a community violence surveillance methodology, as a component of a larger participatory violence prevention project in a low-income South African community. Using focus group discussions, data were collected from 12 community and academic research partners. These discussions were audio recorded, transcribed and then thematically analysed. The findings revealed that the participatory orientation to the research enabled researchers to develop an instrument that was appropriate for the community, collaboratively. The collaborative creation of the violence surveillance questionnaire and the use of community members to implement the system after intensive capacity building instilled a sense of ownership and promoted sustainability in this project. In addition, data generated by the surveillance system provided baseline and prevalence data which could be used to advocate for violence prevention and develop relevant interventions. This process also resulted in the provision of victim support through debriefing and referrals. Future research could focus on developing and implementing similar surveillance systems in communities and monitoring the effects thereof over time.

Keywords: participatory, community, violence surveillance methodology

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INTRODUCTION

This article illustrates the development and utility of a community-based participatory violence surveillance system that was implemented in a low-income South African community in the Western Cape Province, as a component of a larger participatory violence prevention project.

The high magnitude of violence in South Africa presents a salient public health concern (Collins, 2013; Seedat, van Niekerk, Suffla & Ratele, 2014). Common expressions of violence in the country include homicide, intimate partner violence and child abuse (Seedat, van Niekerk, Jewkes, Suffla & Ratele, 2009). Yet, statistics from the South African Police Services (SAPS) only partially account for the extent of violence due to under-reporting (e.g. Masho, Schoeny, Webster & Sigel, 2016), reflecting only reported crimes (Brodie, 2013), limiting timely access to information, and consequently, community-driven violence prevention programmes (Newham, 2013). Reliable, quality and routinely available data are therefore needed to inform responses to violence (Masho et al., 2016).

Surveillance systems, usually developed by public health researchers and practitioners, provide information on the frequency and distribution of violence, those at risk of being victims and perpetrators, and changing trends, all of which can effectively inform decision-making (Parks, Johnson, McDaniel & Gladden, 2014). Conventionally, surveillance systems are initiated and driven by experts who record the “who, what, where, when, and how” of a violent incident (Zavala & Hazen, 2009, p. 13). Active surveillance, which includes regular contact with the target population to seek information, ensures a high degree of accuracy but incurs substantial expenditure. In contrast, passive surveillance, which operates at a lower cost, relies on institutions to provide data to a central repository and varies with respect to data quality and timely availability or access to data (Nsuguba et al., 2006). Community surveillance systems represent an alternative to conventional public health surveillance (Auer & Andersson, 2001a).

Partnering with and building communities’ capacities is central to strengthening violence prevention responses (Mercy, Rosenberg, Powell, Broom & Roper, 1993). “Participatory approaches to research emphasise forging partnerships with the research participants, pursuing mutual learning processes, ensuring that the research agenda serves academic and social ends, and assume that the research process itself is a vehicle through which change can be achieved” (Isobell, Lazarus, Suffla & Seedat, 2016, p. 6–7). Participatory research augments the relevance and appropriateness of interventions, research translation, and sustainability. The process of participatory research is empowering and supports the agency of the ‘researched’, and, as both partners cooperatively create knowledge, it is appropriate to the needs of the community, promoting community action (Isobell et al., 2016). A participatory research approach to violence prevention has been used successfully with youth (e.g., Suffla, Kaminer & Bawa, 2012) and adults (e.g., Lazarus, Taliep, Bulbulia, Phillips & Seedat, 2012) in many contexts. For example, Suffla et al. (2012) conducted a participatory project with young people in South Africa, Mozambique, Ethiopia, Uganda, Egypt and Zambia to explore their depictions of safety and threats to safety in their communities, using Photovoice. When given a platform to voice their views, youth could serve as social change agents, identifying threats to safety and designing interventions accordingly. The principles of a participatory research approach guided the development and implementation of the surveillance system discussed in this article.

Citizen-based, participatory (Purenne & Palierse, 2017), community-based (Auer & Andersson, 2001b; Purenne & Palierse, 2017) and community-centred (Brussoni, Olsen & Joshi, 2012) surveillance systems have been developed or funded by government (see Gutierrez-Martinez, Espinosa, Fanndiño, & Oliver, 2007; Purenne & Palierse, 2016), implemented in the community (Sugimoto-Matsuda et al., 2012) or pursued in conjunction with the police (Purenne & Palierse, 2016). Community surveillance systems stand to address the lack of community-level data and inform related remedial and preventative strategies and programmes (Auer & Andersson, 2001a). However, few studies focus specifically on the participatory development of community surveillance systems (Auer & Andersson, 2001a). This indicates a need to explore academic and community researchers' views of
the participatory development and utility of a surveillance instrument and system to draw out successes and weaknesses of using a community-based participatory system of surveillance to address violence in communities. The following question, therefore, guided this study: What are academic and community researchers' views of the participatory development and utility of a surveillance methodology?

We commence with a description of the development of the violence surveillance methodology, and then outline how we obtained and analysed community and academic perspectives on the development and utility of the system. This is followed by the presentation and discussion of the research findings. We conclude with comments on the implications of this research for violence prevention.

**DESCRIPTION OF THE COMMUNITY VIOLENCE SURVEILLANCE METHODOLOGY**

The overall aim of the SCRATCHMAPS\(^2\) project is to prevent violence and promote peace and safety in one low-income community in the Western Cape, South Africa. One of the critical research activities pursued within this project was the development and implementation of a violence surveillance system, guided by the principles of a community-based participatory research approach. The main aim of the SCRATCHMAPS violence surveillance system is to provide baseline data on violence and non-fatal intentional injuries in the local community context to inform violence prevention responses. In this project, interpersonal violence constituted the focus, with data being collected on sexual and physical acts, abuse and neglect, and self-harm.

The research methodology of this study, comprising the development of the violence surveillance instrument and system, design, description of participants, data collection, procedure, and analysis, is outlined in the section that follows.

**DEVELOPMENT OF THE VIOLENCE SURVEILLANCE INSTRUMENT**

A violence surveillance draft instrument was initially constructed by a small group of academic researchers from the South African Medical Research Council-University of South Africa’s Violence, Injury and Peace Research Unit (VIPRU) who reflected diverse areas of expertise, including community psychology, violence prevention, and safety and peace promotion. Experts from the National Injury Mortality Surveillance System (NIMSS) in South Africa, hosted by the Institute for Social and Health Sciences (University of South Africa) and VIPRU, were also consulted during the initial stages of the instrument development. Informed by the NIMSS instrument, the first version of the instrument was pre-tested with the SCRATCHMAPS local community research team (n=10) and the project’s advisory committee (n=11), which consisted of local service providers, community members, and the academic research team. The local community research team, who has been with the project since 2011, comprise residents (including adults and youth) who have been through numerous capacity building processes focused primarily on developing relevant research skills.

The community research team have played a key role in developing and refining the instrument, drawing on their knowledge of the community context. Revisions included simplifying the language and format of the instrument, re-wording or removing any problematic or ambiguous questions, and adding items that were relevant to the community concerned. A key challenge in instrument development is the accessibility of the questionnaire items to community members. Language difficulties, such as the level of language comprehension (Matza, Swensen, Flood, Secnik, & Leidy, 2004), and the literacy level can have a bearing on the outcomes of the questionnaire (Taliep & Florence, 2012; Taliep, Ismail, Seedat, & Suffla, 2014). A further challenge in questionnaire development

\(^2\) Spiritual Capacity and Religious Assets for Transforming Community Health through mobilising Males for Peace and Safety
is administering a questionnaire in a language that is not the first language of the respondents (Taliep & Florence, 2012). The instrument was thus subsequently translated into Afrikaans by the community research team and checked by a bilingual member of the academic research team. Following training of the community research team, two members of the team and the academic researcher who verified the translation, pilot tested the translated instrument with members of a local non-governmental organisation (NGO) working in partnership with the project (n=16). The instrument was again adapted in accordance with the feedback obtained, which included rewording the instructions for clarity.

THE SCRATCHMAPS VIOLENCE SURVEILLANCE INSTRUMENT

The surveillance instrument is a six-page, paper and pencil document attached to a clipboard. The instrument follows a structured response format throughout, consisting mainly of binary, short answer, and multiple-choice responses. A single unstructured response format was included at the end of the instrument for additional, pertinent information not recorded earlier. The instrument consists of three parts: Part 1 examines the date and time that an incident of violence occurred, as well as the type of violence and whether police were notified thereof. Table 1 provides the comprehensive list of classifications of types of violence that data collectors are asked to specify in Part 1 of the instrument. These include murder, attempted murder, assault, assault leading to grievous bodily harm, robbery with aggravating circumstances, domestic violence, child abuse and neglect, youth abuse and neglect, suicide, intimate partner violence, attempted rape, rape, gang violence, xenophobic attacks, bullying and other. For clarity, the related operational definitions are also included here.

Table 1: Classification of type of violence

<table>
<thead>
<tr>
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<th>Classification of type of violence</th>
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<tbody>
<tr>
<td>1</td>
<td>Murder Intentionally ending the life of another person (SAPS, 2016)</td>
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<tr>
<td>2</td>
<td>Attempted Murder Deliberate acts intended to end the life of another person, which fails to kill them (SAPS, 2016)</td>
</tr>
<tr>
<td>3</td>
<td>Assault Purposeful contact (direct or indirect) or threats of contact with another person to harm them (SAPS, 2016)</td>
</tr>
<tr>
<td>4</td>
<td>Assault leading to grievous bodily harm Purposeful contact (direct or indirect) with another person’s body to harm them (SAPS, 2016)</td>
</tr>
<tr>
<td>5</td>
<td>Robbery with aggravating circumstances Use or threats of force in order to acquire another person’s property (SAPS, 2016)</td>
</tr>
<tr>
<td>6</td>
<td>Domestic violence Abuse and violence within a domestic relationship (e.g. amongst cohabitants, blood relatives) (Domestic Violence Act, 1998)</td>
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<tr>
<td>7</td>
<td>Child abuse and neglect Neglect and abuse by a carer towards persons under 18 years (Center for Disease Control and Prevention, CDC, 2017)</td>
</tr>
<tr>
<td>8</td>
<td>Youth abuse and neglect A carer’s neglect and abuse of persons aged 18 years and older (adapted from CDC, 2017)</td>
</tr>
<tr>
<td>9</td>
<td>Suicide Intentional, self-inflicted injurious acts resulting in death (CDC, 2015)</td>
</tr>
<tr>
<td>10</td>
<td>Intimate partner violence Violence committed by a current or past partner (CDC, 2017)</td>
</tr>
<tr>
<td>11</td>
<td>Attempted rape Attempts to commit non-consensual sexual penetration of another person (adapted from SAPS, 2016)</td>
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</tbody>
</table>
12. Rape | Sexual penetration of another person in the absence of their consent (SAPS, 2016)

13. Gang violence | Violence enacted by members of an identifiable group (Decker, 1996)

14. Xenophobic attacks | Targeted attacks on foreign nationals and/or their possessions (Pillay, Barolsky, Naidoo, Mohlakoana & Hadland, 2008)

15. Bullying | Deliberate, recurrent or likely to be recurring, aggression by youth(s) towards youth leading to distress or injury (Gladden, Vivolo-Kantor, Hamburger & Lumpkin, 2014)

16. Other (specify)

Part 2 seeks to elicit the number of perpetrators and victims involved, the demographic information of these parties, and the relationship between them (companion; parent or step-parent; other family member (e.g. grandfather or brother); unrelated supervisor; an acquaintance; friend; legal guardian; stranger; an unknown person or other specific person(s)).

Part 3 pertains to the nature of the violence, and the circumstantial details including the type of weapon used (if any), and the motive for the violence, as well as the type and extent of the injury, sustained. Space is provided at the end of the instrument for community researchers to provide any other information relevant to the incident. Possible response categories for the circumstances include alcohol/drinking; drugs; arguing and fighting; financial problems; conflict with family; run-ins with the law; domestic violence; bullying; gang activity; break-ins and robbery; physical provocation; psychological problems; power dynamics; lack of visible policing and other reasons that may be specified.

SCRATCHMAPS PARTICIPATORY VIOLENCE SURVEILLANCE PROCESS

In the section that follows, we describe the features of the surveillance methodology that was developed. The four data collectors from the local community research team who were assigned the responsibility of managing the data collection process were Afrikaans speaking (the language of the community), with ages ranging between the twenties to early fifties. At the time, three of these data collectors were part of the Neighbourhood Watch and thus had first-hand knowledge of incidents when they occurred. These data collectors were self-selected from the pool of ten community researchers initially recruited into the SCRATCHMAPS project at its inception. The latter recruitment process included rigorous selection interview procedures, led by the local community Advisory Committee guiding the project as a whole.

Following instrument development, the data collectors were assigned to four geographical zones, covering the entire neighbourhood involved in the SCRATCHMAPS project. These zones each comprised two adjacent streets, with one data collector being assigned to each of the four geographical zones. Zones were typically populated by houses, backyard dwellings, mobile shops, and taverns. The community researchers were trained to register all incidents of violence as reported to them or reported by them. The data collectors were therefore required to be “in zone” daily to record cases relatively soon after or as they occurred. Through participant observation, conducted monthly throughout the two years (2012 and 2013), community researchers recorded acts of violence witnessed first-hand, or of which they were made aware. Data collectors were made aware of an incident through telephonic contact, being approached on the street or in their home. A drawback of this approach is the potential for reporting bias due to community members feeling stigmatised when reporting events of a sensitive nature to neighbours. The target community for data collection included all members of the community: men and women, adults and children, perpetrators and victims/survivors of violence. The community was briefed regarding reporting incidents to the data collectors during bi-monthly community meetings.
After the initial implementation of this surveillance system in 2012, the community researchers received formal training from the VIPRU academic research partners on how to enter collected data into an electronic template. This was followed by data analysis which was carried out by one academic researcher. Two technical reports, covering the 2012 and 2013 surveys, were then compiled to document the findings of the surveillance system. Both reports were written by a junior academic researcher, with input from community researchers. Unlike other aspects of the surveillance process, the community researchers’ involvement in this phase was not adequate to build their report writing capacity – a challenge that should be addressed in future. Finally, community and academic researchers jointly decided which stakeholders would receive copies of the reports. The stakeholders identified included the nearby SAPS station, Social Services and the Hearts of Men NGO. These stakeholders were also invited to attend the public presentation of the data and conclusions of the reports. The public presentation was advertised through door-to-door visits to community members and through formal written invitations. Table 2 provides a sample of findings contained in the 2013 technical report, where the salient types of violent acts are identified.

Table 2: Salient types of violence

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Common assault</strong></td>
<td><strong>96</strong></td>
<td><strong>42.5</strong></td>
</tr>
<tr>
<td>Assault with serious injury</td>
<td>61</td>
<td>27</td>
</tr>
<tr>
<td>Robbery with aggravated circumstances</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Domestic violence</strong></td>
<td><strong>52</strong></td>
<td><strong>23</strong></td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Youth abuse and neglect</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Suicide</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Intimate partner violence</strong></td>
<td><strong>27</strong></td>
<td><strong>11.9</strong></td>
</tr>
<tr>
<td>Attempted rape</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rape</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gang violence</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Xenophobic attacks</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Bullying</strong></td>
<td><strong>16</strong></td>
<td><strong>7.1</strong></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1.8</td>
</tr>
</tbody>
</table>

In summary, common assault (n=96; 42.5%) and assault with serious injury emerged as the most salient types of violence (n=61; 27%). Domestic violence was also highly prevalent, constituting 23% (n=52) of all cases, and intimate partner violence constituted the fourth leading type of violence in the community (n=27, 11.9%). Figure 1 below provides another sample of results from the 2013 report, showing the monthly distribution of when violent acts occurred.

Of the 226 cases analysed in 2013, the highest number of violent incidents were reported for December (n=51; 22.6%), August (n=30; 13.3%) and July (n=28; 12.4%), whereas during February (n=5; 2.2%) the least number of incidents were recorded. This diverges from the 2012 surveillance findings that reported November as having the highest prevalence.
METHOD

The section that follows discusses the method of the present study which aimed to illustrate the development and utility of the community violence surveillance methodology discussed above.

RESEARCH DESIGN

A qualitative methodological framework was used to explore community and academic researchers’ views of the development and utility of the SCRATCHMAPS violence surveillance methodology. Given that qualitative research endeavours to provide an in-depth, insider’s account of phenomena (Tuli, 2011), it was deemed best suited to satisfy the aim of the current exploratory study.

PARTICIPANTS AND SETTING

The SCRATCHMAPS community-academic partnership within which this violence surveillance study is located was formalised in 2011. The target community, which was defined geographically, is located within 4km of Strand in South Africa’s Western Cape Province. The community is characterised by numerous backyard dwellings, minimal

3 Unnamed for anonymity
educational attainment among residents and low monthly income (less than R1500; at the time of writing, 111 USD per month). This partnership was established when community members, who were aware of our work in the violence prevention arena, approached academic researchers who were working in a neighbouring community to request that they extend their work into their area. Subsequent formal entry into the community was, therefore, a straightforward process negotiated with a gatekeeper who facilitated a community walkabout so that the academic researchers could familiarise themselves with the community. The academic researchers from the VIPRU who were leading the SCRATCHMAPS project then met with members of the community in a public stakeholders meeting. This was followed by the establishment of two community structures: a community advisory committee and a community research team. The committee comprised community leaders and members, service providers, and members of the VIPRU. The community research team recruited, included the ten residents referred to earlier.

During the life of the SCRATCHMAPS project, the community researchers met on a weekly basis for team meetings which were mostly led by the VIPRU academic researchers. As the community research team gained agenda-setting, chairing and minute-taking skills, they assumed responsibility for these and other project management tasks, particularly in the final year of the project. Discussions were organised around a formal agenda that included spaces for feedback on current project activities, opportunities for the community and academic researchers to contribute mutually, as well as formal training and presentations. As each community researcher was tasked with specific portfolios of work within the project, this genuine engagement in weekly meetings was critical to the progress of the project. The advisory committee, which met every two months for a period of roughly three hours on the weekend, served as the primary decision-making structure for approval of all project-related activities, including who would be employed, and financial management. Both the advisory and research team structures have served as channels for the academic and community members to engage optimally.

DATA COLLECTION

The University of South Africa granted Institutional Review Board approval for this project. A formal research ethics agreement was developed and signed by the VIPRU and local advisory committee representatives. Before the interviews reported on here, informed consent was obtained from all participants.

Three audio-recorded focus group discussions (FGDs) were conducted with both sides of the community-academic partnership, one with five academic researchers and two with seven community researchers each. The FGDs were guided by a semi-structured interview schedule developed by the academic researchers, with interview questions covering the development of the surveillance instrument and methodology, whether and how the development and implementation processes contributed to local action in the community, and whether the violence surveillance methodology is relevant, responsive to and supportive of the needs of the local community. A semi-structured protocol was preferred as it enabled similar questions to be asked of participants across groups. The focus groups were facilitated by a research intern involved in other aspects of SCRATCHMAPS’ work. The FGD with the academic researchers was hosted in their workplace, while the FGDs with their community counterparts took place in a community hall that serves as the venue for the weekly research team meetings. The latter FGDs were arranged at a mutually agreed upon time when community research team members were available. The FGDs enabled an exploration of community and academic researchers’ perspectives on the value of the surveillance system but excluded members of the broader community.

DATA ANALYSIS

Data were analysed in accordance with Aronson’s (1995) four-stage thematic analysis approach. Stage one involved transcribing audio-recordings of FGDs verbatim, familiarisation with transcripts through repeated
reading and noting trends within the text through coding. In stage two, supporting extracts were identified, while in stage three sub-themes were formulated. In the fourth and final stage themes were presented with reference to extant research literature. The community researchers were not directly involved in this analysis process. However, the findings were shared and verified with them at a later stage.

FINDINGS

The findings from the focus group discussions are organised into two themes. The first theme, Participatory Research Informs Relevant and Responsive Interventions, highlights the value of the collaborative creation of the violence surveillance questionnaire and the use of an ‘insider’ approach, that is, members of the target community, who were intensively trained to serve as researchers. The second theme, Utility of the Violence Surveillance System, presents participants’ views on how the surveillance system provides baseline and prevalence data; can inform advocacy and interventions; raises awareness; deters violence; and provides victim support via debriefing and referrals.

PARTICIPATORY RESEARCH INFORMS RELEVANT AND RESPONSIVE INTERVENTIONS

COLLABORATIVE DEVELOPMENT OF THE QUESTIONNAIRE

Community and academic research partners collaboratively developed the questionnaire administered in the surveillance system. The central involvement of the community research team ensured that the language, content, and structure were suitable for use in the community. Moreover, this involvement of the community was said to have instilled a sense of ownership of the project, as evidenced in the following in the quotations.

“We directly consulted our partners in this whole process of development - [another participant interjects] - we didn’t just consult, because consultation is a limited partnership approach. We worked with them, alongside them … The outcome was something that was owned and was relevant to the community” (Academic Researchers, FGD 1).

Community researchers assumed a key role in this instrument development process, as well as during implementation:

“So, from the piloting to finalising the language that would be used in the instrument; its structure, its layout, all of that … to actually going out into the community and starting to collect data. They have been involved every step of the way” (Academic Researcher, FGD 1).

The community research team also described their key role in ensuring the appropriateness of the instrument for use:

“We actually did a piloting in the beginning… with Hearts of Men and people from the community. People were familiarised with the questions from the beginning … we found that some of the words were too big for the community and sat about a month to make it more understandable to the community” (Community Researcher, FGD 2).
INSIDER APPROACH

A distinguishing characteristic of the surveillance methodology was the inclusion of community members as researchers throughout the process. The community researchers could draw on their relationship with other community members, and their unique insights into community dynamics, to assist in data collection. However, there was an expressed concern that by collecting data in their own neighbourhood, they could potentially be placed in unsafe situations:

“... It’s important to note that the system we use is insiders. Insiders are actually reporting. The positive side is that there is a relationship. The negative side, and we were worried about this, is whether it placed them at risk. So that is something that I think really needs to be grappled with - that we need to look at. Have any of the team actually said that they have been in danger?” (Academic Researcher, FGD 1). However, safety concerns were not raised by the community research team.

Despite the risks associated with using residents to collect data, an advantage was said to be their rapport with fellow residents. As an academic researcher highlighted, ‘often people in the community find it easier to report to someone that they know in the community than to actually access additional stakeholders and service providers’. Community members concurred that they enjoyed the trust and that this facilitated the disclosure of sensitive information: ‘… so, at the end of the day, people trust you more- the one who does the data collection or the one who documents the violence - and therefore they trust you with important information while you are collecting the data’.

A further benefit was researchers’ local knowledge, which assisted in understanding the data yielded by the surveillance methodology:

“... I was able to have a presentation with them about some of my findings, and in doing that, they were able to give me reasons, or insight into why certain things appeared to present in the community, so assisting me with the interpretation of the findings as well” (Academic Researcher, FGD 1).

CAPACITY BUILDING

Community researchers described a range of skills that they had acquired during the development and implementation of the surveillance system. This included both research and interpersonal skills. As these participants expressed:

“I learned coding, capturing data, how to collect data, I learned how to change wording so that it could be understandable to people living in the community ... Pilot ing, data-capturing, data collecting, self-confidence, listening skills, computer courses” (Community Researcher, FGD 2).

The academic researchers corroborated this:

“They have gained more skills ... The team feels more comfortable in taking this forward. For example, … I was able to do some training on how to capture surveys with the team ... The sense of accomplishment when each person, at their own time, was able to acquire the skill - that was really meaningful to me” (Academic Researcher, FGD 1).
However, given that academic researchers initially took the lead in compiling the research report and coordinating the implementation of the surveillance system, three areas where the need for the further capacity building of community members was identified include the analysis process, report writing, and project coordination. This is highlighted in the following discussion:

“I think that through this process, and with the skills that they’ve gained, they will be able to take this forward on their own… [another participant interjects] except for the report writing; that’s something that you [referring to the academic researcher] took over. If it is going to continue, then they would need initial support to move into that ‘doing it on our own’ phase, because we have been there in the background … [the first speaker responds] I do also think that in drawing the community members into publications as co-authors, we are building capacity in terms of writing. We are already moving towards that point” (Academic Researchers, FGD 1).

Another academic researcher supported this, stating that the community researchers require capacity building to coordinate the implementation of the surveillance system independently of academics: ‘I think there does need to be more skills transfer in terms of the project management side … So that they know how to, once they have all the tools and materials, how to implement it’.

**UTILITY OF THE VIOLENCE SURVEILLANCE SYSTEM**

Academic and community researchers found that the surveillance methodology provided baseline and prevalence data on violence and non-fatal injuries resulting from violence and highlighted the types of violence that occur in the community. Other ways in which the surveillance appears to have been useful for the community include advocacy and interventions, raising awareness to deter violence and victim support.

**THE VIOLENCE SURVEILLANCE METHODOLOGY PROVIDES BASELINE AND PREVALENCE DATA**

The lack of data on non-fatal injuries resulting from violence, and limited insights gained from police data, were believed to be addressed by the surveillance system:

“It’s important for learning - for lessons for ourselves and other people from this particular instrument and this particular narrow focus and really does create prevalence data. Because of the lack of information on non-fatal injuries for the whole country on really what’s going on” (Academic Researcher, FGD 1).

Data generated from the community surveillance system supported anecdotal evidence of high rates of domestic violence, and non-fatal injuries, which are not accounted for in SAPS statistics:

“… Mortality rates are very low - in other words, police statistics won’t tell you that [this community] is a dangerous area because they don’t have lots of [dead] bodies [in mortuaries] … and then there’s underreporting … but we very quickly heard there was a lot of non-fatal [injuries] and most of it seemed to be domestic. The figures showed that, but we were told that right at the beginning…” (Academic Researcher, FGD 1).

It was also essential to understand violence in this community to inform the work of the project:

“… SCRATCHMAPS is a violence prevention project, and so the first thing you think about when you do violence prevention is you have to get baseline data, and you’re dealing with violence, you have to know what you’re dealing with. What are you preventing?” (Academic Researcher, FGD 1).
Community researchers similarly recognised the relevance of the surveillance system for understanding trends in violence:

“Our aim is to develop a safe and peaceful community through interventions so that we can help others and groups [that] are also involved in this type of work, we need to know more about the distribution of the type of violence in our community to write down specific incidents that happened in the community. All this information will be combined in a report” (Community Researcher, FGD 2).

**ADVOCACY AND INTERVENTIONS**

Participants, although all in agreement about the utility of the data yielded from the surveillance system, presented mixed views regarding the improvement of service delivery, and the use of a violence surveillance system to inform community-led interventions. The need to disseminate the findings more broadly within the community and intensify capacity building pertaining to the use of the report emerged as areas for improvement.

The local violence surveillance report, an output of the surveillance activities, was seen as a tool for advocating for service delivery, by an academic researcher: “it provides something tangible to go to service providers and stakeholders and government, and say look, this is what we’ve documented in the community”.

The research reports were disseminated within the community, but more widespread dissemination was needed.

“So, these reports, and we’ve now got two reports - one that was handed out last year - is for [the community’s] leaders: the community, the churches … whoever … to have access to that report so that they can use it, especially the summary of findings. We shared that with the team. I think those findings need to be presented publicly … We started that process, but I think that’s part of the challenge of how to use the system; that once you have a report, there needs to be a presentation …” (Academic Researcher, FGD 1).

This academic researcher also expressed the need to more intentionally direct the use of the report to promote change in the community:

“Then we also need a process of, once the findings are compiled, of how to share that so that people can see the trends, then to help them and say, ‘how can you use this’ and this is maybe a challenge that we need to look at for the next year … We need to put some more effort into the capacity building around how to use the report for their community building …” (Academic Researcher, FGD 1).

Another academic researcher expressed the value of the information obtained from the surveillance system for informing community-led action for change:

“Importantly, what also gets shown is where these incidents are, so it gives them an indication… for the interventions: so, our Neighbourhood Watch needs to be at the park every Friday evening, ‘cause that’s where this is happening, or we need to get the police in to monitor the park every Friday evening …” (Academic Researcher, FGD 1).

However, it appears that there were already instances of community members intervening to address issues related to violence as one community researcher explained ‘[name of community researcher] has this Women’s Day event. What she has realised is that some of the women are actually being abused and having this event helps’. 
Furthermore, specific suggestions for advocacy were raised by community researchers:

“In the questionnaire, a lot of people stated that the police are not visible or some simply don’t contact them. This means that now that you have these statistics you can go to the police station with the information so that at the end of the day this will help us, the police and everybody in the community” (Community Researcher, FGD 2).

Examples of improved service delivery and a change in reporting practices to the police were also highlighted by the community, where participants reflected that ‘… after reporting on the statistics of police visibility in the community at the Advisory Committee meeting and knowing of course that one of the members was a police officer, the visibility increased’. As another participant noted, residents were encouraged to report violence to the police: ‘Another thing is that in the beginning people didn’t involve the police when something happened, until we told them to get the police involved if things go wrong …’.

RAISING AWARENESS TO DETER VIOLENCE

The act of recording incidents of violence on an ongoing basis was believed to deter violence, as community members were aware that they were being observed. Furthermore, community members said that the violence surveillance system raised awareness about what constitutes violence, and in so doing highlighted community norms around violence.

“Although a lot of people in the community have an idea of what violence is, this idea is very vague. For example, if someone gives someone a slap, many people in the community feel that that is not a ‘huge’ violence. So, at the end of the day if the people of the community see the results of the surveys they get a picture of how truly violent the community is, and that thing they don’t consider to be violence is then, in fact, a violent behaviour. So, it makes them aware of the different forms of violence” (Community Researcher, FGD 2).

Raising awareness of violence through the surveillance system, therefore, provided an opportunity to challenge existing community norms:

“Using the violence survey, you make people aware, because they think it’s a normal behaviour to just smack somebody around. So, by making people aware of what we document we can change their mindset and perceptions around what violence is and they can react based on that” (Community Researcher, FGD 2).

Similarly, the community researchers also held the view that the surveillance system deterred violence, as one participant reflected, ‘… It’s like a mirror that the community could hold up to themselves … [name] stated that since they began with the violence survey the violence decreased and a lot of people have talked about this fact’.

The extract below recounts an instance where violence ceased due to surveillance activities:

“… A while back there was a fight going on in our street. My sister, who is aware of the survey, told me to go get the book in which I documented events. So, when I came outside with the book almost instantly the people stopped fighting. So not just has the fighting decreased, but also the anger. People became aware and are taking note of us” (Community Researcher, FGD 2).
One academic researcher concurred that violence had reportedly decreased in the community, noting that “they have actually said that since they have begun collecting this data, people have actually become more mindful of their actions, and if they are actually around, would actually stop fighting or arguing”.

**VICTIM SUPPORT: DEBRIEFING AND REFERRALS**

Victims of violence reported that the community researchers supported them through debriefing and the establishment of informal referral networks within the community. When victims recounted their experiences, they were said to have shared additional information with community researchers:

“… after somebody was involved in a fight you go to them to do an interview, then when you get there you are more than an interviewer, you become this person who is the shoulder on which they can cry. Because while doing the interview you not only hear about the cause of the fighting, you at times hear about other stuff that happened way back. You become their strength in their weakness … sometimes they are truly grateful that you have listened to them” (Community Researcher, FGD 2).

With knowledge of the circumstances associated with the violent acts they were recording, appropriate referrals could be made:

“We held workshops with the service providers where we heard that if a person had that problem or this problem they could be referred to someone, for example, if someone was raped they could go for counselling by [name] or if someone has a drug addiction they could be sent to [name] who is located in the [area] police station” (Community Researcher, FGD 2).

Networks were established and leveraged to support victims and perpetrators:

“So, when we did this survey we collected information and sometimes the information is serious. When it’s that case you draw on all the resources you’ve got and refer a person. Sometimes it is to people who are on the Advisory. So, it’s like all of us simply connect … you become that resource to the other resources” (Community Researcher, FGD 2).

These community researchers clearly recognised themselves to be resources to the community and when necessary, the bridge to further aid for victims.

**DISCUSSION**

This research demonstrates the value of a participatory approach to violence surveillance through reflections on the development and use of a community violence surveillance methodology, from the perspective of academic and community partners of a violence prevention project in South Africa. These findings resonate with findings and conclusions drawn by others (see Auer & Andersson, 2001a; Masho et al., 2016; Schensul, Berg & Williamson, 2008).

Participatory methods actively engage the community and academic researchers throughout the research, which enriches the value of the findings for both partners and, in this instance, partially equipped the community research team to sustain the surveillance methodology beyond the project. Participatory research occurs on a continuum, with varying degrees of community-academic partnership. While our engagement with the community has been optimal in most aspects, in the case of the instrument development, the process was more researcher-driven. As our organisation developed the NIMSS, the present work was informed by that existing measure. However, the
community researchers actively engaged in the revision thereof, altering its language, content, and structure to suit the community. They also implemented the system and played a key role in the analysis and presentation of findings. Hence, using participatory methods, community partners can be equipped with skills and made aware of their own capacity to facilitate changes in the community (see Schensul et al., 2008; Suffla et al., 2012). This is especially pertinent in the South African context where inequality persists. However, to achieve this outcome, long-term, on-going support and monitoring is required from academic partners, if research knowledge and skills comprise an important part of the change strategy. To yield desired outcomes, potential power dynamics in the community-academic partnership as well as conflicts, must also continually be reflected upon and addressed.

The accent on the action in participatory forms of research aided our violence surveillance activities. Community researchers highlighted that the surveillance system served as a deterrent to violence within the community, exemplifying its utility for community-led violence prevention (see Auer & Andersson, 2001a). However, it should be noted that the purpose of this study was not to test these assertions, in part due to the pilot nature of the study and related methodological limitations of both the surveillance system and SAPS data - as noted earlier. It has, however, been demonstrated that timely access to statistics on violence can reduce violence in communities (Newham, 2013). By reflecting current trends and patterns of violence, community-led violence surveillance can be useful for communities and other role-players for the purposes of designing and evaluating crime prevention activities (Mercy et al., 1993). In our case, findings from the surveillance pilot have been used to inform future violence prevention in the community. However, we recognise that there is a need to utilise data from the surveillance methodology more deliberately to support advocacy and community action and that such strategies should be built into the research (Schensul et al., 2008).

Our collective reflections have highlighted areas for improvement which need to be addressed to develop a more rigorous system which can be used in similar contexts. This includes debriefing community researchers and providing more training to equip the community to generate related research reports. The need to consult with relevant experts to address the methodological weaknesses of the surveillance methodology itself has also emerged as a valuable lesson.

As highlighted by the community and academic researchers in this study, community-led violence surveillance requires continuous monitoring and technical support to ensure the integrity of the data, as well as systematic capacity-building to ensure the utility of the system. Similarly, in other contexts, Sabol and colleagues (2004) have motivated for capacity development for violence prevention within local communities.

The study is limited by its qualitative methodology which does not permit generalisable conclusions. We also recognise that the participatory nature of the surveillance process was not optimal in that the academic researchers played a central role in most of the steps of the process. The proposed surveillance system also presents challenges for data quality (which is related to ongoing training of community researchers and individual proficiency), as well as the ability to draw long-term comparisons across data sets and with SAPS statistics (Auer & Andersson, 2001a).

**PREVENTION IMPLICATIONS**

Despite the lack of an optimal participatory process pursued in the development and implementation of the surveillance system, participants in the current study perceived that the community-academic partnership for violence prevention worked effectively in this context. The participatory orientation of the research enabled researchers to collaboratively develop a community violence surveillance instrument and methodology that was appropriate for and useful to the community concerned.
Our findings have implications for the SAPS, as well as government departments such as Justice, Correctional Services, and Social Development. These institutions could consider developing and supporting community-led violence surveillance systems within their community policing strategies to address the lack of community-level data (Auer & Andersson, 2001a). One practical way in which this could be pursued is through existing Neighbourhood Watches or Community Policing Forums who could be supported through a similar participatory process. In addition, local schools and health clinics could be used as a forum for further knowledge-sharing around what constitutes violence, alternative coping strategies that could be employed in place of violence, as well as what to do in instances where there is interpersonal violence, especially in the case of minors and intimate partner violence. Organisations working in and around the community to address other key social issues such as substance use could also benefit from recognising the potential role of a community violence surveillance methodology to promote violence prevention.

Despite the proposed value of the process and product discussed here, it should be noted that the assessment of the value of the SCRATCHMAPS community violence surveillance methodology was limited to a small group of community members and the academic researchers who were in partnership with them. Furthermore, the system is still being improved, with this research informing future developments in the community concerned. Future research should, therefore, include an expanded assessment of the surveillance methodology developed in this study, as well as a focus on developing, implementing and evaluating similar surveillance systems in other communities. By participating in their own violence prevention initiatives, communities no longer place the full responsibility for reducing crime on the government.

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We thank the SCRATCHMAPS Community Research Team and dedicate this publication to Cathy Hendricks, our dear colleague and friend.

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Parents’ knowledge of car safety and practices amongst school children in an urban community of Lagos, Nigeria

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ABSTRACT

No fewer than 1.2 million deaths globally are attributed to road traffic crashes yearly, with low- and middle-income countries contributing disproportionately to these deaths. Children are a vulnerable road user group, and riding unrestrained is a significant risk factor for death and injury among child car passengers. This study aimed to determine child car safety knowledge and practices among parents of children attending a private school in an urban setting in Lagos, Nigeria. A descriptive study, using observations of child car safety practices, and a survey of parental knowledge and attitudes of child car safety, were conducted simultaneously amongst children 0-10 years riding in cars to school. Data was analysed using Epi Info Version 3.5.1. A total of 127 cars were observed as children were being dropped off at school. The proportion of child passengers aged 0 - 10 years restrained by any device was 6.3%, with only 2.4% of these children being appropriately restrained for age; 19.7% of observed child passengers rode in the front seat. Awareness of car safety seats among parents was high at 85%. However, less than 40% of respondents knew the correct age to commence use of child restraints, seat belts, or front seating. The reason most cited for non-use of child restraints was unavailability (24.1%). Despite the high level of awareness about car safety seats, parental knowledge of specific child passenger safety issues and practices were poor. Targeted interventions are needed to bridge the gap between awareness, knowledge and practice in this population.

Keywords: child, motor vehicle passenger, car restraints, adults, knowledge and attitude, road safety

INTRODUCTION

Road traffic injuries persist as a global public health problem, with deaths attributable to road traffic causes persisting at an unacceptably high rate (World Health Organization [WHO], 2013). The global burden of road traffic injuries has been well documented, with no fewer than 1.2 million deaths being attributed to road traffic

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crashes yearly (Peden et al., 2004; WHO, 2013). It is also known that low- and middle-income countries suffer disproportionately from the burden of road traffic crashes, with approximately 85% of all deaths occurring in these regions (Adeloye et al., 2016; WHO, 2009).

Mortality rates from road traffic injuries in Africa rank among the highest in the world; the risk of dying from road traffic injuries in the African region was 24.1 per 100,000 in 2010 (WHO, 2013). However, Adeloye et al. (2016) in their systematic review reported pooled crash rates of 52.8 per 100,000 for the African continent. Extrapolations from a population-based survey in Nigeria, a lower-middle income country, estimated annual injuries and deaths from road traffic causes at approximately 4 million and 200,000 people respectively; the rate of road traffic injuries found in this study was 41 per 1000 population (Labinjo, Julliard, Kobusingye, & Hyder, 2009). Modelled figures indicate that Nigeria is one of ten countries in the world with the highest number of deaths from road traffic crashes (WHO, 2009). The rising trend of road traffic injuries in this region is attributed in part to economic growth leading to a rapid increase in motorisation, without a commensurate increase in road infrastructure and road safety measures (Adeloye et al., 2016). Pooled data from a systematic review showed that among various road user types on the African continent, four-wheelers had the highest injury and death rates, at 37.2 and 5.9 per 100,000 respectively (Adeloye et al., 2016).

There is paucity of data on road traffic injuries among children in Nigeria due to poor data collection systems and lack of disaggregation of injury data (Adeloye et al., 2016; Olufunlayo, Odeyemi, Ogunnowo, Onajole & Oyediran, 2011); however, a number of facility-based studies provide some data on injuries amongst child motor vehicle occupants. A prospective, facility-based study of paediatric trauma cases in Lagos, Nigeria showed that 43% of cases were due to road traffic causes, while in a paediatric trauma review at a teaching hospital in Jos, Nigeria, 41% of cases resulted from road traffic injuries (Gukas et al., 2006; Solagberu, 2002). Although child pedestrians were the largest sub-group injured in these studies, motor vehicle occupants experienced the highest severity of injuries reported in the emergency rooms where these studies took place.

Children are a vulnerable road user group since they are mostly dependent on adults to make an informed decision about how they are transported in cars. Previous research shows that riding unrestrained is a major risk factor for death and injury among child car passengers and that riding in the back seat is the safest place for a child (Staunton et al., 2005; WHO, 2004; Winston & Durbin, 1999). The WHO has identified the proper use of seat belts and child restraints as one of five key interventions for safer roads (Peden et al., 2004).

Before 2012, there was no law mandating restraint use or specifying the type of restraint and seating position for child car passengers in Nigeria. In December 2012 the lead road safety agency in the country published the ‘National Road Traffic Regulations 2012’. This document states that vehicles should have seat belts and child safety seats fitted in the car, which should be used while the vehicle is in motion, and that the driver of the car takes responsibility for ensuring that child passengers use the child safety seats correctly (Federal Road Safety Commission, 2012). Data from the Nigeria country profile of the Global Status Report on Road Safety (WHO, 2013b) indicates that there is an existing law on seatbelt use, which is about 60% enforced (representing the perception of survey respondents on the effectiveness of enforcement in the country); but this law does not cover occupants in the back seats.

Anecdotal evidence and the few available studies locally have shown an unacceptably poor attitude and prevalence of the use of car safety seats and booster seats (Olufunlayo et al., 2011; Sangowawa et al., 2006). The factors responsible for this low level of use of child restraints have not been well documented in this region. This study sought to determine the child car safety practices of school children within an urban community in Lagos, Nigeria, and the knowledge of their parents on child car safety issues.
RESEARCH DESIGN AND METHODS

BACKGROUND OF STUDY AREA

Lagos state is the most populous state in Nigeria, with the highest proportion of urban dwellers. The city of Lagos is the financial, commercial and industrial nerve centre of Nigeria. (Lagos State Government, n.d.). Its estimated population in 2009 was 10.2 million; with an annual growth rate of 8%, Lagos is projected to rank among the top ten megacities in the world by 2030 (United Nations [UN], 2015).

The University of Lagos is a Federal Government institution with three campuses in Lagos, Nigeria. It was established by an Act of the Federal Parliament in April 1962 and is accredited by the National Universities Commission (University of Lagos, n.d.).

The University of Lagos Staff School is located within the main campus of the University of Lagos at Akoka, Yaba, and started operations in 1966 with 156 pupils. Presently the Staff School has two campuses with an enrolment of more than 1,500 pupils aged between 3 months and 12 years, and 57 teachers (University of Lagos Staff School, n.d.). The majority of parents and guardians are teaching and non-teaching staff of the University of Lagos and its affiliated institutions.

The study site was the school premises located within the main campus at Akoka, Yaba. There is minimal parking space in front of the school, with parents dropping off and picking up children along the road leading to the school. Although there are speed breakers along the road to calm traffic, there was no pedestrian crossing in front of the school at the time this study was being conducted, making it hazardous for school pupils to cross the road during drop off and pick up.

STUDY DESIGN

This survey employed a descriptive cross-sectional study design and was designed to be suitable as baseline data for assessing educational interventions to improve child restraint use. Consecutive cars arriving at the school car park in the morning were recruited, and the child passengers being transported were included in the observation study, until the desired sample size was reached. One parent/guardian present in the car at the time of the observation was simultaneously recruited into the questionnaire survey. Both aspects of data collection took place in May 2013.

Ethical approval was granted by the Health Research and Ethics Committee of the Lagos University Teaching Hospital, Lagos, Nigeria, in April 2013, and permission to conduct the study was obtained from the Parent-Teachers’ Association of the school; exact dates of the data collection exercise were not disclosed to parents to prevent modification of their child car safety practices. Participants were assured of the confidentiality of the information obtained, and that data would only be used for research purposes.

Data was analysed with Epi Info Version 3.5.1 (2008). Data were presented as frequencies and percentages. The ‘index passenger’ was taken as the youngest child occupant of the car; this was done to reduce the ‘clustering’ effect, to enhance the accuracy of data obtained. The American Academy of Paediatrics (AAP) guidelines (2002) for optimal protection of children in cars were used to define appropriate restraint measures in this study, summarised as follows:

2 These guidelines were however updated in 2011, shortly before the time this study was carried out.
• Rear-facing infant seats for use from birth until the attainment of at least one year of age or at least 9 kg in weight
• Forward-facing child car seats for toddlers between the ages of 1 and 3 years, with weights from 9 to 18 kg
• Booster seat for children aged 4 to 8 years, who on average weigh between 18 and 36 kg, and are less than 145 cm (4 feet 9 inches) tall, and
• Lap and shoulder seat belts for children above eight years, or who have outgrown the booster seat.

For ease of assessment, age and type of restraint used were the criteria used to classify child passengers into whether or not they were appropriately restrained.

The guidelines also recommend that children below 13 years of age should be restrained in the back seat of the car for optimum safety (AAP, 2002).

TARGET POPULATION
The target population consisted of pupils of the University of Lagos crèche, nursery and primary school; and their parents. Inclusion and exclusion criteria were as follows:

FOR CHILD PASSENGER
Eligible: Any child between the ages of 0-10 years of age, arriving at the school in a sedan/saloon car (cars having two rows of seats)

Excluded: Children arriving at the school in station wagons, private or commercial buses, or on a motorbike (cars having more than two rows of seats in the car were excluded to facilitate accurate observation of the child passengers at drop-off, and to enhance comparability of the assessment between vehicles).

FOR ACCOMPANYING ADULT
Eligible: Parent or guardian of selected child who either drove or accompanied child in the car.
Excluded: Adult lacking authority over selected child and/or not in the position to provide accurate information about the child.

The sample size used was approximately 10% of the total population of pupils in the school’s main campus, about 100. However, to allow for incomplete observations, this number was increased by 20% to one hundred and twenty pupils.

DATA COLLECTION TOOLS AND TECHNIQUES

A. OBSERVATION SURVEY OF CHILD PASSENGERS
Observations were carried out by the principal investigator and a team of six interviewers who had been trained before the study. The training consisted of a theoretical session on child passenger safety, and a hands-on session with the observation checklist both in the classroom and at a practice area within the hospital. The research assistants were doctors and para-medical staff of the University of Lagos, with a minimum educational qualification of a health diploma.
The observation tool was adapted with permission from a study conducted by the Harbourview Injury Prevention and Research Centre, USA (Ebel, Koepsell, Bennett, & Rivara, 2003). It obtained demographic characteristics of the driver and child passengers, their seating position, and mode of restraint.

The car occupants were observed for seating position and mode of restraint before obtaining consent to participate in the study, so as not to modify their behaviour; written consent was obtained following the observations and before collection of interview data. In instances where the adult occupant refused to grant permission for participation in the study following the observation, the data on seating patterns and mode of restraint were retained, but socio-demographics of the child occupants were not obtained; the observation data were analysed to reduce selection bias.

**B. PARENTS SURVEY**

The questionnaire aspect of the study was conducted once informed consent had been obtained from a parent/guardian for the study, using an interviewer-administered questionnaire to determine the knowledge and attitude of parents towards child passenger safety. The questionnaire survey tool was adapted from a child car safety study conducted among Australian children (Bilston, Finch, Hatfield, & Brown, 2008). It obtained data on awareness of child car safety seats and specific knowledge on child car safety, including the recommended age for graduating a child to the use of adult seatbelt alone, and the recommended age for front seating. It also sought to enumerate reasons for non-use of child restraints. Data collection tools can be found in Appendix I.

**RESULTS**

**SECTION A: OBSERVATION SURVEY**

A total of 234 children in 127 cars were observed in this study; data for the index child (youngest child) in each car were analysed and are presented forthwith (n = 127).

In this study, 70% of drivers were male, and about 6 out of ten drivers were seen to be wearing their seatbelt at the time of observation. Nearly seventy percent of cars had two or more child passengers riding in them. A child restraint was observed in less than 10% of cars, and the device was in use in less than 3% of cars (Table 1). Almost half (46.5%) of the index children observed were between five and eight years (Table 2).

**Table 1: Characteristics of observed cars**

<table>
<thead>
<tr>
<th>Driver characteristics</th>
<th>Frequency (n = 127)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>85</td>
<td>66.9</td>
</tr>
<tr>
<td>Wearing seatbelt</td>
<td>75</td>
<td>59.1</td>
</tr>
<tr>
<td>Number of children in car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>40</td>
<td>31.5</td>
</tr>
<tr>
<td>Two</td>
<td>51</td>
<td>40.2</td>
</tr>
<tr>
<td>Three</td>
<td>30</td>
<td>23.6</td>
</tr>
<tr>
<td>Four</td>
<td>3</td>
<td>2.4</td>
</tr>
</tbody>
</table>
Table 2: Index child characteristics

<table>
<thead>
<tr>
<th>Number of index children observed</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2</td>
<td>7</td>
<td>5.5</td>
</tr>
<tr>
<td>2-4</td>
<td>45</td>
<td>35.4</td>
</tr>
<tr>
<td>5-8</td>
<td>59</td>
<td>46.5</td>
</tr>
<tr>
<td>9-10</td>
<td>16</td>
<td>12.6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age: 5.5 years ±4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>64</td>
<td>50.4</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>42.5</td>
</tr>
<tr>
<td>Missing observations</td>
<td>9</td>
<td>7.1</td>
</tr>
</tbody>
</table>

The proportion of index child passengers using any form of restraint (including adult seatbelt) was 6.3%, with only 2.4% being appropriately restrained for age (Table 3). The characteristics of restrained children are presented in Table 4; 37.5% of those restrained (3 children) were seated in the front of the car. The five children who were restrained using an adult seat belt were between 2 – 5 years of age. Approximately 1 in 5 index child passengers (19.7%) were observed to be riding in the front seat of the car; the highest proportion of front seaters were aged 2 – 4 (10 children, 40%), followed by the age-range 5 – 8 years (9 children, 36%) (Table 3). Four (16%) of those seated in front were either carried on the lap of an adult or standing up while the car was in motion (data not presented).

Table 3: Observed restraint and seating patterns among index child passengers

<table>
<thead>
<tr>
<th>Child restraint device in car</th>
<th>Frequency (n = 127)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child restraint device observed in car</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td>Child restraint device in use</td>
<td>3</td>
<td>2.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child restrained in car</th>
<th>Frequency (n = 127)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Restraint (including use of adult seatbelt)</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td>Appropriately restrained for age</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Riding in the front passenger seat</td>
<td>25</td>
<td>19.7</td>
</tr>
</tbody>
</table>
SECTION B: QUESTIONNAIRE SURVEY

About 40% of parent respondents were between the ages of 40 and 49, with a male to female ratio of 3:2 (Table 5). Awareness of the existence of child car safety seats was high at 85%; the most common source of information was from friends and relatives (41.7%), followed by personal observation (25.9%). The hospital/health worker was cited as a source of information by the lowest proportion of respondents (3.7%) (Table 6). Fewer than 40% of respondents knew the correct age to commence use of child restraints, seat belts, or to sit in the front seat (Table 6). There were no significant gender differences in the awareness and knowledge of child car safety issues in this study (data not presented).

The reason most commonly proffered by parents for not using child restraints while driving their children in cars was non-availability (24.1%) followed closely by thoughts that the child was too old or too big for a car seat (15.7%). Slightly more than 10% of respondents felt that a child in the back seat did not require a restraint (Table 6).

Table 5: Socio-demographic characteristics of parent respondents

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Frequency (n = 127)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>6</td>
<td>5.2</td>
</tr>
<tr>
<td>30-39</td>
<td>42</td>
<td>36.5</td>
</tr>
<tr>
<td>40-49</td>
<td>54</td>
<td>42.5</td>
</tr>
<tr>
<td>50-59</td>
<td>10</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Table 4: Characteristics of restrained children (n = 8)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Type of restraint used</th>
<th>Child’s age</th>
<th>Sex</th>
<th>Seating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lap &amp; shoulder belt</td>
<td>2</td>
<td>F</td>
<td>Front seat</td>
</tr>
<tr>
<td>2.</td>
<td>Lap &amp; shoulder belt</td>
<td>5</td>
<td>M</td>
<td>Back seat</td>
</tr>
<tr>
<td>3.</td>
<td>Lap &amp; shoulder belt</td>
<td>3</td>
<td>F</td>
<td>Back seat</td>
</tr>
<tr>
<td>4.</td>
<td>Lap &amp; shoulder belt</td>
<td>5</td>
<td>F</td>
<td>Front seat</td>
</tr>
<tr>
<td>5.</td>
<td>Lap-only belt</td>
<td>4</td>
<td>F</td>
<td>Front seat</td>
</tr>
<tr>
<td>6.</td>
<td>Forward-facing toddler seat</td>
<td>1</td>
<td>M</td>
<td>Back seat</td>
</tr>
<tr>
<td>7.</td>
<td>Forward-facing toddler seat</td>
<td>2</td>
<td>M</td>
<td>Back seat</td>
</tr>
<tr>
<td>8.</td>
<td>Forward-facing toddler seat</td>
<td>4</td>
<td>F</td>
<td>Back seat</td>
</tr>
<tr>
<td>Frequency (n = 127)</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing data</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age: 40.8 years ±7.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>77</td>
<td>60.6</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>37.8</td>
</tr>
<tr>
<td>Missing data</td>
<td>2</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Level of education attained**

<table>
<thead>
<tr>
<th>Level of education attained</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>20</td>
<td>15.7</td>
</tr>
<tr>
<td>Tertiary</td>
<td>55</td>
<td>43.3</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>40</td>
<td>31.5</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Missing data</td>
<td>8</td>
<td>6.3</td>
</tr>
</tbody>
</table>

**Table 6: Knowledge of child car safety among parents**

<table>
<thead>
<tr>
<th>Frequency (n = 127)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever heard of Car Safety Seats</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>108</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Source of information on child car safety (n=108)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends/relatives</td>
</tr>
<tr>
<td>Seen around /everywhere/in other countries</td>
</tr>
<tr>
<td>Electronic media</td>
</tr>
<tr>
<td>Books/magazines</td>
</tr>
<tr>
<td>Internet</td>
</tr>
<tr>
<td>From Road Safety/drivers’ licensing office</td>
</tr>
<tr>
<td>Hospital/health worker</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Age to commence use of child restraints</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Age to commence use of adult seatbelt</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 8 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Age to commence front seating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13 years and above</td>
</tr>
</tbody>
</table>
Table 7: Reasons for not using car safety seat

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency (n = 108)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS not available /parent does not have</td>
<td>26</td>
<td>24.1</td>
</tr>
<tr>
<td>Child too big/old for car seat</td>
<td>17</td>
<td>15.7</td>
</tr>
<tr>
<td>Unnecessary for child in back seat</td>
<td>12</td>
<td>11.1</td>
</tr>
<tr>
<td>Child does not like/refuses to sit in CSS</td>
<td>6</td>
<td>5.6</td>
</tr>
<tr>
<td>Not enough space/too many children in car</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td>Not used for short trips/when in a hurry</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td>CSS not necessary at all</td>
<td>3</td>
<td>2.8</td>
</tr>
<tr>
<td>CSS not affordable</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Not in Nigerian tradition/culture to use CSS</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Other reasons</td>
<td>8</td>
<td>7.4</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Use of any restraint by child passengers in this study (including adult seat belt) was dismally low at 6.3% when compared with usage rates in more developed countries. This study adds to the evidence from the few available published studies in Nigeria on the poor child car safety practices prevalent in this environment and confirms an urgent need for public health measures targeted at increasing child restraint and seat belt use.

An Australian study reported overall restraint rates by child passengers of 99% (Brown, Hatfield, Du, Finch, & Bilston, 2010), a study in the USA covering 15 states had overall child restraint use of 63% (Winston, Chen, Elliott, Arborgast, & Durbin, 2004), a study among a native American Indian population reported 59% restraint use (Lapidus, Smith, Ebel, & Romero, 2005), and an observational study conducted in Gabarone, Botswana, found children restrained in 21.4% of cars surveyed (Monteiro, Balogun, Thlabano, & Pheko, 2013). The proportion of children restrained in this study is, however, comparable to that found in previous studies among school children in Lagos and Ibadan, both cosmopolitan Nigerian cities (8.5% & 4.1% respectively: Olufunlayo et al., 2011; Sangowawa et al., 2006), and also in a study conducted in Bloemfontein, South Africa, in which only 8.8% of child passengers were restrained (Hallbauer et al., 2011); in a study among children 0–12 years old in Shanghai, China, only 6% of observed children used any form of restraint (Pan et al., 2011).

Car safety seats were observed in less than 10% (6.3%) of cars in our study; one of the contributory factors for the low restraint rate may, therefore, be the seeming and reported unavailability of car seats and booster seats. This was corroborated by parents in the knowledge survey, as one of the reasons given for not restraining their child was the inability to obtain a car seat due either to the high cost or it not being available for purchase. Previous injury prevention research based on a health promotion framework cites the importance of convenient access to affordable safety products such as car seats for the adoption of healthy behaviour (Gielen & Sleet, 2003).

Also important to note in this study is the low proportion of children being restrained by adult seatbelt alone. Parents who could not afford or access car seats could have restrained their children using seatbelts alone, although this would have been sub-optimal for most children in this study due to their ages; the overall prevalence of seatbelt use was however very low across all age groups (3.9%). On the other hand, about six of every ten drivers observed were using their seat belt in this study (59.1%). Although many adults riding in cars protected themselves by using their seat belts, they largely neglected to provide safety protection for their children. This
finding may not be unconnected with the erroneous belief of some parents that it was unnecessary to restrain children riding in the back seat of the car. This study did not assess the presence or otherwise of seatbelts in the back seats; however, due to car importation regulations in Nigeria, it is expected that most cars would be equipped with seatbelts in both the front and back seats. Other parents perceived their children as being ‘too old’ or ‘too big’ for a car safety seat. These findings suggest that many parent respondents may have a reduced perception of the risk associated with their children riding unrestrained in cars, referred to as the ‘immunity fallacy’ by some researchers (Will, 2005).

The very low proportion of children appropriately restrained for age in this study (2.4%) is in tandem with the overall rate of restraint use by child passengers, which is below 10%. A similar proportion of children (2.7%) were found to be appropriately restrained for age in the earlier study conducted by Olufunlayo et al. (2011) in Lagos, indicating the need for concerted action by all stakeholders. Previous studies on the use of booster seats concluded that the determinants of wrong use or non-use of child restraints included parental factors such as level of risk perception, personal beliefs, and style of parenting (Will, 2005).

A fifth of all index child passengers observed was riding in the front seat of the car. This rate is higher than that found in the earlier study conducted in Lagos but lower than the Ibadan study (14.8 and 25.2% respectively) (Olufunlayo et al., 2011; Sangowawa et al., 2006). Our study also found lower front seating rates than the study conducted in Bloemfontein, in which nearly 40% of all observed passengers were seated in the front (Hallbauer et al., 2011), while the rate for front seating in the study conducted in Botswana was 32.4% (Monteiro et al., 2013). In the face of increasing motorisation and heavy mixed traffic in a megacity such as Lagos, there is urgent need to provide interventions which not only provide knowledge of the risks of premature graduation to front seating but also translate to a personal recognition of their child’s vulnerability to injury when seated in front.

Majority of parents surveyed were male (60.6%) between 40-49 years old (79%) and had at least tertiary education (74.8%). More than eight out of ten respondents had heard of child car safety seats before (85%), but less than 40% had accurate knowledge of specific child car safety issues. Only one-quarter of the parents (26%) knew that a child should not be graduated to the front seat until after the age of 12. Gender differences did not impact significantly on their knowledge (p=0.91). The ‘knowledge-gap hypothesis’ postulates that having knowledge about a specific hazard does not necessarily translate into protective health behaviour; several factors are postulated to interact and impact on behaviour, including level of motivation to implement the protective/positive behaviour, risk perception, perceived ‘self-efficacy’ to carry out the targeted behaviour, and socio-economic status (Will, 2005).

It is worthy of note that the health facility/health workers were least cited as sources of information on child car safety issues (3.7% of respondents). This can be seen as a ‘missed opportunity’ in the Decade of Action for Road Safety, and should be a focus for interventions such as transfer of road safety knowledge and skills through international partnerships (Bliss & Breen, 2012). Health workers should be actively involved in providing accurate information on child car safety to their clients and the general public through antenatal, delivery and postnatal clinics, and other health promotion programmes.

As low- and middle-income countries such as Nigeria continue to experience economic growth, it is anticipated that the proportion of road traffic injuries and deaths among child car occupants are likely to increase, following the trend of most high-income countries (Adeloye et al., 2016; Ameratunga, Hijar, & Norton, 2006). The findings from this study point to a number of much-needed interventions to improve child car safety practices. These include: improving the availability and affordability of child restraint devices through domestic research and international cooperation; linking the message on the importance of child restraint in cars with seat belt use in adult drivers and thereby increasing the perception of risk by parents; reorienting and building the capacity of
health workers to provide accurate child passenger safety information to clients; and enforcement of the child passenger safety aspects of the recently-enacted national road traffic regulations in Nigeria. The study, therefore, calls for concerted action by all stakeholders to contribute positively to progress towards the goals of the UN Decade for Action on Road Safety.

**STUDY LIMITATIONS**

This study was carried out in a University Campus setting, which provided a fairly safe environment for conducting the car observations. The University Staff School is a Government-funded school for basic education and attended by children from varying socio-economic strata. However, the findings from data obtained from consecutive sampling units at a single study site may not be generalizable to groups outside the study setting. Nonetheless, due to the paucity of studies from this environment and the increasing threat to child passenger safety posed by rapid urbanisation in the city, the authors thought the study was worth doing to help characterise child car safety behaviour.

The number of observed children below two years of age was inadequate for robust inferences to be made concerning this age group who are appropriately restrained using a rear-facing car seat. Future studies should target this age group, as they are highly vulnerable to injury in a crash as a result of their body structure. In addition, this study used age as the sole criteria for determining whether a child was appropriately restrained or not and did not use other recognised criteria such as the child’s weight and height. This may have inadvertently misclassified some of the participants in this study as inappropriately restrained for age; however, it was done in this way to reduce the time for data collection with the child-adult pair, and thus improve response rates in the study. Inferences in this study on children who were ‘appropriately restrained for age’ were made using an earlier version of the recommendations on child passenger safety (AAP, 2002).

**CONCLUSION**

This study observed a very low prevalence of child restraint use among observed child passengers and a relatively high prevalence (one in five children) of front seating among 0 - 10-year-olds who should still be riding in the back seat of the car. Also, although a high proportion of the parents had heard of child passenger safety seats, parental knowledge of specific child passenger safety issues was below average. One out of ten parents felt it was unnecessary to have children restrained in the back seat.

**COMPETING INTERESTS**

The authors declare that there are no competing interests.

**ACKNOWLEDGEMENTS**

The World Health Organization Mentor VIP programme provided the platform on which this study was conducted. We thank the Head Teacher of the Staff School, University of Lagos, Mrs N.F. Uzoaga, and the executive members of the school’s Parents-Teachers Association, for their permission to collect data and cooperation. The research assistants who participated as observers and interviewers in this study are appreciated for their meticulous work: Dr S. O. Sanusi, Dr M. O. Onigbogi, Dr O. O. Akinsulire, Dr A. E. Ozomata, Mr J. Obodagu, Mrs Farinde, Dr L. Okoro, and Miss. O. Olubodun.
REFERENCES


APPENDIX I

BASELINE SURVEY OF CHILD CAR SAFETY PRACTICES AMONGST PRIVATE SCHOOL CHILDREN IN AN URBAN COMMUNITY OF LAGOS, NIGERIA

STUDY INSTRUMENT

<table>
<thead>
<tr>
<th>CAR # ________________________________</th>
</tr>
</thead>
</table>

SECTION I: OBSERVATION CHECKLIST

1. Observer Initials/code ____________________________________________________________

2. Date ____/____/____

3. Site ________________________________________________________________

4. Gender of driver
   a) Male
   b) Female

5. Driver wearing seat belt?
   a) Yes
   b) No

6. Number of children being transported in the car _________________________________

7. a) Is there any child safety seat present within the car? i) Yes   ii) No
    b) Position:
       i) Front seat   ii) Back seat
       i) Used   ii) Not Used

   Child Passenger #1

   |      |
   |______|
   | S/N   |

8. Sex
   a) Male
   b) Female

9. Seating position of child (circle one):
   FRONT OF CAR
   | D 2 |
   | 3 4 5 |
   BACK OF CAR

10. Is child restrained in the car?
    a) Yes
    b) No
11. If restrained, circle type of restraint used:
   a) Rear facing infant seat
   b) Forward-facing toddler seat with harness
   c) Booster seat with seat belt
   d) Lap + shoulder belt
   e) Lap belt only

12. If not restrained, how is child being transported in the car?
   a) On the lap of parent/caretaker
   b) Seated on his/her own
   c) Other (please specify)________________________________________

13. Name of child:__________________________________________________________________________________

14. Age of child (yrs.)________________________________________________________________________________

15. Class:___________________________________________________________________________________________

16. Relationship of driver of car to child:
   a) Parent
   b) Other relative
   c) Caretaker/ minder
   d) Driver
   e) Other (please specify)__________________________________________________________________________

Child Passenger #2 S/N_________________________________________

8. Sex
   a) Male
   b) Female

9. Seating position of child (circle one):

   FRONT OF CAR
   D 2
   3 4 5

   BACK OF CAR

10. Is child restrained in the car?
    a) Yes
    b) No

11. If restrained, circle type of restraint used:
    a) Rear facing infant seat
    b) Forward-facing toddler seat with harness
    c) Booster seat with seat belt
    d) Lap + shoulder belt
    e) Lap belt only

12. If not restrained, how is child being transported in the car?
    a) On the lap of parent/caretaker
    b) Seated on his/her own
    c) Other (please specify)______________________________

13. Name of child:__________________________________________________________________________________
14. Age of child (yrs.)

15. Class:

16. Relationship of driver of car to child:
   a) Parent
   b) Other relative
   c) Caretaker/ minder
   d) Driver
   e) Other (please specify)

Child Passenger #3

8. Sex
   a) Male
   b) Female

9. Seating position of child (circle one):

   FRONT OF CAR
   
<table>
<thead>
<tr>
<th>D</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
   BACK OF CAR

10. Is child restrained in the car?
    a) Yes
    b) No

11. If restrained, circle type of restraint used:
    a) Rear facing infant seat
    b) Forward-facing toddler seat with harness
    c) Booster seat with seat belt
    d) Lap + shoulder belt
    e) Lap belt only

12. If not restrained, how is child being transported in the car?
    a) On the lap of parent/caretaker
    b) Seated on his/her own
    c) Other (please specify)

13. Name of child:

14. Age of child (yrs.)

15. Class:

16. Relationship of driver of car to child:
    a) Parent
    b) Other relative
    c) Caretaker/ minder
    d) Driver
    e) Other (please specify)
Child Passenger #4

8. Sex
   a) Male
   b) Female

9. Seating position of child (circle one):
   - FRONT OF CAR
     D 2
     3 4 5
   - BACK OF CAR

10. Is child restrained in the car?
    a) Yes
    b) No

11. If restrained, circle type of restraint used:
    a) Rear facing infant seat
    b) Forward-facing toddler seat with harness
    c) Booster seat with seat belt
    d) Lap + shoulder belt
    e) Lap belt only

12. If not restrained, how is child being transported in the car?
    a) On the lap of parent/caretaker
    b) Seated on his/her own
    c) Other (please specify) ______________________________________________________________________

13. Name of child:___________________________________________________________________________________

14. Age of child (yrs.)________________________________________________________________________________

15. Class:___________________________________________________________________________________________

16. Relationship of driver of car to child:
    a) Parent
    b) Other relative
    c) Caretaker/ minder
    d) Driver
    e) Other (please specify)_________________________________________________________________________
SECTION II: QUESTIONNAIRE

INSTRUCTIONS TO RESEARCH ASSISTANT:
PROCEED WITH THIS QUESTIONNAIRE IF THE RESPONDENT HAS ONE OR MORE CHILDREN/WARDS BETWEEN 0 – 10 YEARS OF AGE.
CIRCLE THE APPROPRIATE RESPONSE OR FILL IN THE BLANK SPACE.

SOCIODEMOGRAPHIC DETAILS OF PARENT/GUARDIAN

1. Age (years)_____________________________________________________________________________________

2. Sex:
   a) Male
   b) Female

3. Educational background
   a) No formal education
   b) Primary
   c) Secondary
   d) Tertiary
   e) Postgraduate
   f) Other (please specify) ______________________________________________________________________

4. Occupation ____________________________________________________________________________________

KNOWLEDGE OF CHILD CAR SAFETY

5. Have you ever heard about child car safety seats?
   a) Yes
   b) No

6. If yes, where did you hear about them from? (multiple responses allowed)
   a) Friends/relatives/colleagues
   b) Radio/television
   c) Books or magazines
   d) The Internet
   e) Hospital/clinic
   f) Other (please specify)________________________________________________________________________

7. Which position do you think is safest for your child(ren) to sit in while the car is in motion?

   FRONT OF CAR
   D  2
   3  4  5

   BACK OF CAR

   a) Front passenger seat [position 2]
   b) Back outboard seats [position 3 or 5]
   c) Back centre seat [position 4]
   d) Other____________________________________________________________________________________

8. Should children be restrained within a passenger car for optimum safety while driving?
   a) Yes
   b) No
   c) Not sure
9. From what age should a child be using a child restraint (car seat, booster seat)?_________________________

10. From what age is it appropriate for a child to start using an adult seat belt?_________________________

11. From what age can a child ride in the front passenger seat of the car?____________________________

12. How often do you restrain your child(ren) in the car while in motion?
   a) Always
   b) Most of the time
   c) Occasionally
   d) Never
   e) Other (please specify)______________________________________________________________________

13. If you do not always use a child car safety seat in restraining your children aged 0-8 years, what is/are your reason(s)? (code below) __________________________________________________________________________
   a) Do not have a car seat
   b) Car seat is lost/spoilt
   c) Child is too big/old for car seat
   d) Car seats are not available
   e) Car seats are not affordable
   f) Child does not like to/refuses to sit in the car seat
   g) Not enough space in the car for the car seat
   h) Do not use car seat for short trips
   i) I don’t think they are necessary for transporting child(ren)
   j) I never heard about car seats before now
   k) Too many children in the car

14. How frequently do you use your seat belts when you are driving?
   a) Always
   b) Most of the time
   c) Occasionally
   d) Only to avoid sanction by law enforcement agents
   e) Never

Respondent’s email address ________________________________________________________________________

Respondent’s phone number ________________________________________________________________________

Index child/ward’s name _________________________________________    Class____________________________

THANK YOU FOR YOUR PARTICIPATION!
An interactive computer program for South African urban primary school children to learn about traffic signs and rules

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ABSTRACT

Road accidents significantly contribute to severe injury and death of young children. Knowledge of road safety signs and traffic rules are regarded as necessary basic knowledge to improve the safety of children in traffic situations. Resources available for the education and learning of road signs and road safety rules for learners are limited. This study assessed the effectiveness of an interactive computer program as a teaching tool to contribute to the improvement of the knowledge base of young children on road safety in South Africa. A quasi-experimental approach was employed to conduct this study. Primary school learners (n = 75) aged 11 - 12 years participated in the pilot study. Findings indicated that there was a meaningful change in the learner’s knowledge of road signs and road safety rules after participation in the program.

Keywords: pedestrians, road safety rules, traffic signs, education and learning of road safety rules.

INTRODUCTION

A report by the World Health Organization (WHO, 2017) shows that more than 270 000 pedestrians annually lose their lives in road accidents. The report also indicates that Africa has the highest rate of deaths among pedestrians. According to Arrive Alive (2017), the figure in South Africa of pedestrians killed in road accidents is between 35-40% of all the deaths caused by road accidents. In 2003, 28.4% of injuries and deaths in SA were caused by traffic injuries and children and young adults below 20 years of age made up 17% of these numbers. The same study also mentioned that more than 4000 children and young adults younger than 20 died on South African roads during 2003. The report estimated that road fatalities among children in SA are double that of the average rate in the world. The National Injury Mortality Surveillance System (NIMSS) revealed that in 2001 children in South Africa amongst the ages 5 to 14 were the most vulnerable and motor vehicle collisions were responsible for the most significant cause for death (Matzopoulos, Du Toit, Dawad & Van As, 2008). Factors that lead to these fatalities include drunk pedestrians, recklessness, distractedness, such as cell phone usage while walking, pedestrians who fail to abide by traffic signals, those who are walking on the road and also those who are not visible to drivers (Arrive Alive, 2017).

Hammond, Cherrett, and Waterson (2014) noted that road safety depends on interventions working as part of a system to ensure that traffic injuries are minimised. They stated that in the context of global motorisation, walking and cycling may be neglected as there is often less political importance placed on walking and cycling issues.
when compared to issues presented by motorisation. In high-income countries, like the United Kingdom, elderly people are more at risk, while in low and middle-income countries like South Africa, children and young adults are more affected (WHO, 2017). In the United Kingdom, a pilot project named Kerbcraft (Hammond et al., 2014) aimed to train children about safety for pedestrians involving 75 local authorities. The project was successfully implemented from 2002 to 2007. Kerbcraft used volunteer trainers to supervise small groups of children and to deliver the pedestrian training at roadsides for these children. Training was divided into three terms when the following skills were assessed per term:

- Choosing safe places and routes
- Crossing between parked cars and crossing at junctions.

The two skills mentioned above was assessed in each of the three terms. The training has been evaluated as an excellent training programme to equip children for road safety. The Kerbcraft project was used to inform the development of the interactive computer program used as the educational intervention in this article. The Zahav Bagan Program in Israel is a unique educational program that involves senior citizens to enhance road safety among young children as a way of life (Ben-Bassat & Avnieli, 2016). The activities in the program include education in the behaviour of children on the road, as passengers, as bike riders and as pedestrians.

Measures to achieve effective road safety education are traditionally referred to as the three E’s: (a) enforcement measures, (b) engineering measures, and (c) education measures. From the experiences of the best-performing countries, it has become evident that a holistic approach is needed in road safety education in which the three E’s are combined (Organisation for Economic Co-operation and Development [OECD], 2004).

Safe participation in traffic is a complex task requiring skills like rule application, speed estimation and prediction, and it is self-evident that extensive practice is needed to acquire these skills (Rothengatter, 1981). Road safety training should continue to focus on the development and application of roadside skills, but young children should also be trained in the basic concepts of error-avoidance road user behaviour so that they can perceive themselves as having personal responsibility for maintaining safety (Rodgers, Andree, Pearson, & Thornton, 1999). To comply with these concepts of error avoidance learners in the age group 11 – 12 years need to have more than a sound knowledge base of road traffic and traffic rules. The OECD (2004) suggests that road safety education programmes should start with practical pedestrian training, then bicycle skills and then increasingly involve higher level skills to match learners increasing independence as pedestrians, cyclist and ultimately as young adult drivers.

Schools have a responsibility to educate learners on how to obey traffic signs and rules. Although it can be argued that school programmes should have a significant road safety focus and develop knowledge, values, attitudes and behaviours amongst learners, teachers in South Africa confine their teaching efforts to what is described in the National School Curriculum (NSC). In the Curriculum Assessment Policy Statement (Department of Education [DoE], 2011), a revised curriculum document focusing on the implementation of the NSC, the subjects Life skills and Life Orientation respectively refer to:

- transport modes, under the personal and social well-being topic in the foundation phase (Grade R– 3: children with ages 6-9 years old), and
- traffic rules relevant to road users: pedestrians and cyclists in the Intermediate Phase (Grade 4 – 6: children with ages 10-12 years old).
To support teachers in educating traffic rules relevant to road users, pedestrians and cyclists, the subject group Geography Education and Environmental Education of the North-West University (NWU), Potchefstroom Campus, developed an interactive computer program for learners to support knowledge acquisition on the topics mentioned above in the curriculum. With this research, the subject group wanted to contribute to the prevention of injuries and deaths amongst children in traffic.

This article aims to determine the effectiveness of an interactive computer program regarding the acquisition of a sound knowledge base on traffic signs and basic traffic rules to enhance road safety among grade seven learners and to formulate some recommendation to improve teaching praxis on road safety.

**CONCEPTUAL AND THEORETICAL FRAMEWORK**

When evaluating road safety instructional material for learners, it is important to have a strong theoretical base for understanding how learning occurs. It has traditionally been assumed that if learners were provided with information, their knowledge about road safety would automatically increase (Zeedyk, Wallace, Carcary, Jones, & Larter, 2001). However, this simple linear model of knowledge through attitudes to changes in behaviour has been challenged (Stern, 2000). The influence of knowledge on behaviour is complex. While there is agreement that knowledge alone will not motivate people to adopt a new behaviour, it is equally clear that a lack of knowledge can be a barrier to changing behaviour (Schultz & Zelezny, 1998). Although the authors concur with the emerging view in the literature that knowledge-based education programmes on their own do not provide sufficient training for children regarding road safety, they, however, regard knowledge on road signs and traffic rules as basic components of road safety education. They also argue that road safety education programmes have to be based on the available theoretical knowledge about child development and should, therefore, focus the programme on the development stage of the learners (OECD, 2004). Child developmental theories, therefore, give directions for programme development and how to determine how successfully road safety education programmes are, taking into account the constraints inherent in the child’s development (Dragutinovic & Twisk, 2006).

Albert Bandura’s social cognitive theory also informed the development of this interactive computer program to support knowledge on road safety rules. This theory emphasises a dynamic, interactive process among environmental, behavioural and personal factors to explain human functioning (Burney, 2008; Louw, Van Ede, Louw & Botha, 1998). The strength of the social cognitive theory is that it synthesises cognition and behaviour and in this way can help to bridge the rigid divisions that may exist between understanding road safety rules and signs and implementing them in practical situations (Slavin, 2006). Bandura believes that external reinforcement to support learning is not the only way that people learn new things. Instead, intrinsic reinforcements such as a sense of pride, satisfaction and accomplishment also lead to learning (Bandura, 1997). Intrinsic reinforcements were incorporated in this interactive programme by building in the recognition of progression using encouraging slogans when learners answer questions successfully. The psychologists Piaget and Inhelder (1969), as well as Vygotsky and Cole (1978) also believed that children learn actively and through hands-on experiences if the programme is well designed. Through the interactive nature of the programme, learners become homo ludens (the playing human) (De Beer & Henning, 2011; Huizinga, 1955). In the developed interactive programme, the learners are in control and only advance to a next question when they desire to do so.

Piaget identified a series of four key stages of cognitive development: the sensorimotor stage from birth to 2 years, the pre-operational stage from 2 years to 7 years, the concrete operational stage from 7 to 11 years and the formal operational stage from ages 12 and up. During the concrete operational stage, children gain a better understanding of the mental operation. Learners in the concrete operational stage are fairly good at the use of inductive logic which involves going from a specific experience to a general principle (Rathus, 2012). The learner at this stage is more socio-centric and less egocentric.
Albert and Dolgin (2010) found that short-term training that was done with pre-school children in a classroom situation yielded good results on conceptual understanding. It proved that play could improve positive behaviour during the crossing of roads. Hammond et al. (2014) also found that road safety education, training, and publicity are accident reduction measures designed to increase understanding and promote desirable behaviour about road safety. It commonly starts in childhood and continues throughout the formative years, in and out of school.

RESEARCH DESIGN

QUASI-EXPERIMENTAL DESIGN

A quasi-experimental design was used because the authors wanted to know if the intervention of using the interactive computer program caused better knowledge of road safety rules and road signs (Du Plooy-Cilliers & Cronje, 2014). According to Jann and Hinz (2016), quasi-experimental designs cover a broad range of approaches that are used when researchers wish to investigate causal questions, but experimental data is not available. It also refers to research, as in this case, where the treatment was manipulated, and randomisation was not applied. Jann and Hinz (2016) further concur that quasi-experimental designs often enlists pre-treatment and post-treatment measurements for both the treatment group and the control group. In the quasi-experimental correlation research design the difference in difference option was followed (Du Plooy-Cilliers & Cronje, 2014). In this design, it is not the difference between the experimental and control groups that is being compared, but the size of the difference between the two groups. This project was approved by and complied with all the ethical regulations of the University’s Ethical Committee.

RESEARCH METHOD

INSTRUMENTATION

The program was developed according to the standards of an existing product of the North-West University’s Driving School intended for school learners. The difference between the two products is that the newly developed “Game” will be focusing on a different age range and to test the traffic road sign skills of the learners. The program makes use of WPF (Windows Presentation Foundation) technologies. This product is functional on Windows 7 and higher versions. There are possibilities that the game can function on a lower version of Windows.

The program makes provision for 41 screen layout questions with five different levels of advancement. After successful completion of each question, a thumbs-up emoji appears on the screen with the typical “TaDa” sound. If a question is answered wrongly, a head-scratching emoji appears on the screen with a bike horn sound. The traffic road signs in the program appear in the original colours that are reflected on South-African Roads. All questions and possible alternative answers are posed in English. For each question that appeared on the computer screen, the learner was first asked to identify what it means, given four options to choose from. They were only able to continue if the correct option was chosen. Acquisition of knowledge was accomplished by allowing each learner of the intervention group individually to control a computer program testing their knowledge on road safety rules and road signs and in the process educating themselves. The interactive program had an element of assessment and teaching and is therefore regarded as the educational intervention.

POPULATION AND SAMPLING

A non-probability convenience sampling method was followed (Maree & Pietersen, 2016). There was no random selection of the population. The specific school was identified by the Department of Basic Education in the Potchefstroom Circuit as it is one of few primary schools with a fully functional computer laboratory in a previously
disadvantaged school. It is a no-fee public school in the suburb of Ikageng with an enrolment of 800 learners. The school also forms part of the Quality Improvement, Development, Support and Upliftment Program (QUIDS-UP) of the Department of Education which aims to:

a. ensure adequate provisioning of resources to support learning and teaching;
b. improve learner competency levels in literacy;
c. improve learner competency levels in numeracy;
d. improve leadership, management and governance in the targeted schools; and
e. strengthen monitoring and evaluation at school level to ensure that there is maximum utilisation of available resources and increased focus on learning and teaching (DoE, 2007).

The principal, and the school management team of the school also agreed to participate in the study. All the learners in Grade 7 of the primary school (n= 75), aged 11 - 12 years, participated in the study. The reason why all the learners in this grade was included was to give them all a chance to participate and to avoid undue influence. The method was convenient as the population elements were selected based on the fact that they were easily and conveniently available. Two class groups of the school's Grade 7 A and B groups were used just as they were in the standard school programme. One group formed the intervention group (group A) and the other the control group (group B). The control group was also offered the intervention after the completion of the study. The school programme was not disrupted as the research was conducted during the Life Orientation subject periods (Life Orientation is a subject offered in South African schools as part of the curriculum).

Purposive, non-probability sampling was applied in the selection of the intervention and control groups in that the selection was based on the characteristics of the population: the Grade 7 learners in a disadvantaged urban primary school and the objective of the study: to teach primary school children about traffic signs and rules (Crossman, 2018). Non-probability sampling refers to a situation in which the probability of including every element of the population in a sample is unknown. Generalisation can therefore not be made from the findings of this study (Bless & Higson-Smith, 2000).

DATA COLLECTION PROCEDURES

A questionnaire on road safety was given as a pre-test (before intervention) for the intervention (group A) as well as for the control group (group B) to determine the baseline and then a post-test (after the intervention) for both groups to determine the knowledge after the intervention. A multi-choice questionnaire consisting of 35 questions (35 road signs) with four alternatives as the possible correct answer was set up as the pre-test. The post-test consisted of the same 35 road signs asked during the pre-test. Here only the traffic signals were illustrated without giving the learners the four alternatives to choose from. The learners then had to indicate which traffic signal they thought was indicated. After the pre-test, the learners were given the opportunity to visit the computer laboratory and complete the computer game as part of the intervention. After the intervention learners than had to do the post-test. The reason the questions were kept identical for the pre- and post-tests was to measure if the instrument, which is the interactive computer program, was effective to teach the primary school learners traffic signs and rules. These questions were based on the Road Traffic Management Corporation of South Africa’s (Department of Transport, 2000) road traffic signs (sheets 1, 2 and 4 of sheets 5), specifically aimed at pedestrian and cycling road users. The questionnaire was based on a pilot project that was undertaken by the Environmental Education for Sustainable Development entity of NWU’s Faculty of Education Sciences (Potchefstroom Campus) during 2014. The following main types of road traffic signs were included:

- regulatory, e.g. stop signs: signs that regulate and control the actions of road users; they prohibit or command road users to perform certain actions;
- command, e.g. speed limit signs: tell you what you must do;
- prohibition, e.g. speed limit signs: specify behaviour or actions which are not permitted;
• reservation, e.g. parking reservation signs: indicate that a road or a part of it is reserved for certain vehicles only;
• warning, e.g. T-junction signs: warning signs alert road users in time to dangerous conditions on or next to the road; and
• signals, e.g. traffic lights: signalling devices positioned at road intersections, pedestrian crossings and other locations to control the flow of traffic.

The pre-test for experimental group A consisted of 35 participants. The pre-test for the control group B consisted of 35 participants. The experimental group took part in the interactive computer program. The last step in this design was to determine the difference between the end line and the baseline scores of both groups. The difference between the two is then compared, and the result is recorded (Du Plooy-Cilliers & Cronje, 2014).

DATA ANALYSIS

In order to analyse the data, a table for each pre- and post-test for both groups was set up resulting in a total of 4 tables. Each participant’s scores for each of the signs (under each of the road traffic signs’ columns) correctly scored was then recorded and added up to give each participant’s total score. Under each road traffic sign that appeared on the lists, the total of all participant’s scores were also added up to give the total of each traffic signal scored in a group.

All raw data was then captured and analysed by the North-West University’s analytical services using the Statistical Analysis System [SAS] (SAS, Institute Inc. 2005). The Cronbach’s alpha ($d$) was used to measure the effect of this intervention. The practical significance of differences between means is indicated by Cohen’s $d$ as follows: small effect ($d = 0.2$), medium effect ($d = 0.5$, and large effect ($d = 0.8$) (Cohen, 1992; Ellis & Steyn, 2003).

RESULTS

The following effect size estimates ($d$) were reported: regulatory signs: $d = 0.75$; prohibition signs: $d = 0.97$; warning: $d = 0.49$; command: $d = 0.49$; reservation: $d = 0.35$ and signals: $d = 0.23$. As can be seen in Table 1, in the use and application of prohibition signs, the effect was $d = 0.97$ and for regulatory signs $d = 0.75$ which is a large effect $> d = 0.5$. This is a positive result of the intervention of using the interactive computer program. For the other three signs, warning: $d = 0.49$; command: $d = 0.49$; reservation: $d = 0.35$ the effect according to Cronbach’s alpha was meaningful.

For all the road signs used in the study the effect (0.70) was large $< 0.5$. Cohen (1992) guidelines for the interpretation of the effect size reflects the following: (a) small effect: $d = 0.2$, (b) medium effect: $d = 0.5$ and (c) large effect: $d = 0.8$.

From Figure 1 and Table 1 it can be concluded that the prohibition signs in the interactive program scored the highest with a $d$ value of 0.97 followed by regulatory signs at 0.75, warning signs at 0.49, command signs at 0.49, reservation signs at 0.35 and traffic signals at 0.23. It seems that the responses of learners who participated in this study were more inclined to pay attention to road traffic signs that specify behaviour or actions which are not permitted – the prohibition traffic signs.
Table 1: Analysis of the raw data obtained from the questionnaires.

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Effect size (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory_5</td>
<td>19</td>
<td>2.84</td>
<td>0.90</td>
<td>0.21</td>
<td>0.75</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>2.13</td>
<td>0.96</td>
<td>0.24</td>
<td></td>
</tr>
<tr>
<td>Prohibition_6</td>
<td>19</td>
<td>2.84</td>
<td>1.02</td>
<td>0.23</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>1.69</td>
<td>1.20</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>Warning_14</td>
<td>19</td>
<td>5.79</td>
<td>1.59</td>
<td>0.36</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>4.50</td>
<td>2.66</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>Command_6</td>
<td>19</td>
<td>4.05</td>
<td>1.47</td>
<td>0.34</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>3.25</td>
<td>1.65</td>
<td>0.41</td>
<td></td>
</tr>
<tr>
<td>Reservation_1</td>
<td>19</td>
<td>0.21</td>
<td>0.42</td>
<td>0.010</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>0.06</td>
<td>0.25</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Signals_3</td>
<td>19</td>
<td>0.05</td>
<td>0.22</td>
<td>0.05</td>
<td>0.23</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Total_35</td>
<td>19</td>
<td>15.79</td>
<td>3.97</td>
<td>0.91</td>
<td>0.70</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>11.63</td>
<td>5.93</td>
<td>1.48</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Proportional figures achieved by the intervention group
DISCUSSION

Improvement of knowledge regarding regulatory signs which aim to control the actions of road users and warning signs that alert road users to dangerous conditions have been recorded. Knowledge of reservation signs that indicate that a road or a part of it is reserved for certain vehicles and warning signs that alert road users in time to dangerous conditions did not improve sufficiently after the intervention of the interactive program. This situation supports the finding in a study done by Trifunović, Pešić, Čičević, and Antić (2017). They found that the majority of children recognise the traffic signs representing a marked crossing (91.1%) while prohibitory traffic signs received the lowest scores (25%) of the correct answers. The finding by Trifunović et al. (2017) indicated that children do have a problem understanding the message of what is prohibited by a traffic sign.

According to Muir et al. (2017), children are the most vulnerable group of road users. Their vulnerability stems from their small physique, their level of perceptual and cognitive abilities and the lower development of sensory facilities (Koekemoer, Van Gesselleen, Van Niekerk, Govender, & Van As, 2017; Muir et al., 2017). Modern traffic settings pose complex and high requirements for young children (Trifunović et al., 2017). Trifunović et al. (2017) also stated that safe pedestrian behaviour is dependent on the combined development of a number of cognitive processes overlapping with developing skills such as perception of relevant spatial and situational attributes, attention and memory and information-processing capacity, decision making and as well as motor abilities which increases over age. Each phase of a child's development is characterised by distinctive levels of physical and psychological skills (Koekemoer et al., 2017; Trifunović et al., 2017).

The interactive computer program of this study aimed to change the cognitive abilities through the reinforcement of their knowledge base of traffic signs and ultimately to improve the pedestrian behaviour of grade 7 learners (11-12 years) (Muir et al., 2017). Astington and Olson (1995) suggest that acquisition of critical concepts (such as road signs) permits the development of an increasingly complex understanding of social interactions which in turn lead to more advanced conceptual structures.

According to the literature learning about road safety in the age group 11 – 12 years contributes towards a sound knowledge base regarding traffic for development of positive values, attitudes and behaviours of these learners (OECD, 2004). Cullen (1999) confirmed the last statement when he indicated that young children hold a considerable body of declarative knowledge about the conventions of road safety signs and that they can modify this knowledge on the basis of their experience. We recommend that teachers must interact with children about their content learning about road signs to increase their metacognitive awareness of their learning so that they can modify this knowledge on the basis of their experience in real traffic situations. Insight from the road safety studies of Cullen (1999) showed that children who participated in reflective dialogues with teachers were able to conceptualise their learning about road safety in a coherent, integrated way that revealed their understanding of roads and traffic as a system. This in line with Vygotsky’s theory (1978) that children’s learning is embedded in social contexts and processes.

From the author’s study with the grade 7 learners (11-12 years) in the primary school, the results yielded positively regarding a sound knowledge base after using the interactive computer program, as was the case with the Kerbcraft (Hammond et al., 2014) computer program used in the United Kingdom. Extensive practice is needed to acquire these skills (Rothengatter, 1981). During the implementation of the computer program in the school, the authors come to the conclusion that through consecutive exercise on the computer game, the learner’s skills improved drastically. The OECD (2004) suggests that road safety education programmes should start with practical pedestrian training, then bicycle skills and then increasingly involve higher level skills to match learners increasing independence as pedestrians, cyclists and ultimately as young adult drivers. Van Schagen and Rothengatter (1997), on the basis of a literature survey, concluded that classroom activities could improve young children’s knowledge but they do need training in the traffic environment to profit effectively from road safety education. Quasi-experiments have a low internal validity due to the absence of random assignment of
participants. The quasi-experimental design can therefore only indicate the possibility of a cause (Du Plooy-Cilliers & Cronje, 2014). As this study was only done in one school, it cannot be assumed that the results would yield the same results for other schools. The study did, however, inform how the interactive computer program can improve knowledge acquisition in the cognitive domain to include both subject-specific understandings and general cognitive abilities. It is still unknown whether the use of this computer program will effectively reduce the risks of pedestrian accidents. To improve road safety education, it is recommended that a practical session should be incorporated in training. This training would, for example, include assimilation of relevant road signs on the school playgrounds made from recyclable items with some learners acting as pedestrians whilst others act as vehicle drivers.

RECOMMENDATIONS

The data of this article was obtained using pre- and post-questionnaires and the findings of the pilot study indicate that there was a statistically significant improvement by using the computer program. The research results stated in the article serve as proof that the use of computer simulations can serve as a supplement to road safety training. Children may possess the knowledge of traffic signs but still not be able to apply them when needed. It is therefore recommended that training should include exposure to real situations and that interactions with teachers can evoke processes of learning (metacognitive strategies and awareness of the content of learning) to promote understanding of content knowledge. Training that includes exposure to real situations will help to improve understanding of traffic signs.

It is the view of the authors that it will be worthwhile to research the use of computer simulations in a larger longitudinal study to gain insights on how the relationship between the various abilities to understand traffic sign change with age in order to improve the road safety curriculum in schools. They are also of the view that this is a good pedagogical method for current and future generation as they grow up using computers. They also recommend that added to the interactive computer simulations program teachers must also develop positive values, attitudes and behaviours in learners regarding road safety. Road safety education must also include the development of the meta-cognitive process of awareness and control. Hammond et al. (2014) state that road safety education depends on interventions working as part of a system. If learners acquire these skills and values, they will develop more appropriate attitudes towards road safety. It is important to establish the degree of overlap between children’s symbolic and real behaviour. Rather than adapting children to traffic, the traffic environment must be adapted to accommodate children through various measures such as clearer signs to convey safety messages (Trifunović et al., 2017; Waterson & Monk, 2014).

It is recommended that government departments in South Africa with interest in road safety, and initiatives like Arrive Alive, must make funds available to invest in the design, research and improvement of interactive computer programs so that this type of education can be rolled out to more schools by the Department of Basic Education in order to make a more meaningful contribution towards road safety.

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"I’ll show you how a real woman should act": One woman’s experience of homophobic violence and intimidation in post-apartheid South Africa

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ABSTRACT

South Africa experiences alarming levels of intimate partner violence and femicide, as well as increasing reports of homophobic violence against women. This article focuses on a qualitative study, which explored how women’s lives and identities are transformed by living in this culture of violence against women. Open-ended interviews were conducted with 27 undergraduate women students, who attended a South African University. The article draws on the interviews of one of these women, a Black African lesbian woman, Phelisa. Discourse analysis was used to analyse her interview texts. Phelisa’s story is presented as a single-case study example of homophobic violence and intimidation in a South African township. The case study highlights the various discourses associated with this violence, specifically the ‘homosexuality is un-African discourse’ and the ‘discourse of feminine transgression’.

Keywords: case study, gender; homophobic violence, violence against women, South Africa, Black African women, homosexuality

BACKGROUND

Contemporary South Africa displays striking levels of wealth and social inequality, despite being one of Africa’s largest economies (Narayan & Mahajan, 2013). South Africa’s high levels of inequalities can be attributed to the legacy of apartheid and the unfair distribution of the country’s resources along racial lines (Aliber, 2001; Narayan & Mahajan, 2013). Because of apartheid most of the country was forced into a cycle of intergenerational poverty, which continues even today. During apartheid, South Africa was known for its racialized economy and its culture of political violence. Although political violence has decreased since the first democratic election in 1994, the literature suggests that post-apartheid South Africa has become characterised by violent and sexual crime instead (Bremner, 2004; Britton, 2006). Gqola (2015) cements this view in her description of rape as ‘South Africa’s recurring nightmare’ and argues that the rape epidemic is now embedded in the country’s contemporary talk. Research indicates that South Africa experiences high levels of rape, intimate partner violence and femicide (Abrahams et al., 2009; Wood, Lambert, & Jewkes, 2008). There are also increasing reports of homophobic violence against Black African² lesbians in South Africa, which is reflected in recent literature (Bennett, Reddy, & Moletsane, 2010; Morrissey, 2013). Furthermore, the South African Demographic and Health Survey of 2016, found that one in five women in South Africa has experienced violence (Statistics South Africa [StatsSA], 2016).

Despite the overwhelming evidence regarding the prevalence of violence against women, there is substantial evidence that public and political discourses on violence against women in South Africa are not progressing at the same speed as violence against women.

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2 The racial terms commonly used in contemporary South Africa include: ‘Black African’, ‘Coloured’, ‘Indian/Asian’ and ‘White’ and stem from White-imposed apartheid racial categorisations (Erasmus & Pieterse, 1999). It is important to acknowledge that these racial categories are socially constructed racial binaries, with historically oppressive connotations rooted in colonialism and apartheid.
legislation in South Africa protecting the rights of women and the LGBTQ\textsuperscript{3} community. The extensive legislation, which protects women, include the Domestic Violence Act of 1998; the Criminal Law (Sexual Offences) Amendment Act of 2007, the Promotion of Equality and Prevention of Unfair Discrimination Act of 2000 and the South African Constitution of 1996. In terms of LGBTQ rights, South Africa was the first country to place sexual orientation under the protection of constitutional law (Gontek, 2009). In 2006, South Africa became the fifth country internationally and the first country in Africa to legalise same-sex marriage (Gontek, 2009). However, despite the institutional gains and the constitutional recognition of gay rights, violence against women, especially violence against Black African gay women persists.

THE STUDY

The study explored how young women’s lives and identities are shaped by living in violent spaces, such as South Africa. The study was interested in the question: “How do women discursively construct their experiences of living in South Africa?”. Relatively unstructured interviews were conducted with 27 female undergraduate students between the ages of 18-32 years from a South African University, however for this article only one woman’s case study (Phelisa\textsuperscript{4}) is discussed. Universities represent microcosms of wider South African society because the normalisation of violence is carried over into university life and culture, making a sample of university women applicable in this context (Gouws, Kritzinger & Wenhold, 2005). A purposive and snowball sampling approach was used. Ethical clearance was granted by the University’s research ethics board, and participants were accessed through the Student Research Participant Programme (SRPP) at the University. Each student in the undergraduate psychology programme must accumulate academic credit by participating in their choice of a wide range of research studies. Many of the women that participated in this project recommended the study to their friends, and some of the participants may have been drawn to the study because of their own experiences of violence. Two interviews were conducted with the participant and each interview was a few weeks apart. The first interview consisted of an opening statement, discussing the prevalence of violence against women in South Africa and the researcher’s interest in the participant’s life story. During the second interview, the researcher asked the participant for more stories to illustrate themes that had arisen in the first interview (Hollway & Jefferson, 2000). The study draws on social constructionist theory, to guide the data collection and analysis process. The social constructionist approach argues that it is through language that we construct our understandings of the world and are constructed by these understandings (Burr, 1995; Willig, 2013). A method of critical discourse analysis, following Parker’s (1992, 2004) was used, to explore how individuals inadvertently use language to construct their understanding of their world, focusing on the connection between power, language and resistance. A discourse provides “frameworks for debating the value of one way of talking about reality over other ways” (Parker, 1992, p. 6). I critically explored the way discourses produce, reproduce and challenge power relations (Parker, 1992). I also explored the motivations underlying these discourses and how they related to the participant’s life story.

\textsuperscript{3} The LGBTQ community comprises of lesbian, gay, bisexual, transgender and queer people, who are united because of a common culture and social movement.

\textsuperscript{4} Phelisa is a pseudonym, which I used to protect the confidentiality of the participant.
A CASE STUDY OF PHELISA

Phelisa, a Black African 28-year-old social work student and lesbian, describes how she was attacked in Soweto Township in the excerpts below.

I was in Soweto visiting my grandmother. She (Phelisa’s girlfriend) came and we went to buy beers. On our way there, okay on our way back there’s these two guys and they wanted to talk to me. I was like “I don’t want to talk to you”, because I knew that guy. I grew up with that guy. That guy used to ask my sister out as a child. Now that I’m all grown up he thinks he can ask me out now so I’ve, I was so irritated by his behaviour. Then he looked at the girl I was with and started swearing at us. “You fuck each other with curlers” and whatever, whatever and said a whole lot of nasty things. And I got so pissed off. I was so angry. We ignored him and he kept going. He got very irritated we weren’t giving him any attention and he said “I’m talking to you, bitches. Why aren’t you responding?” blah blah. We just kept quiet and he said um, he said “I’ll show you how a real woman should act like”. Then he grabbed my girlfriend and then it started happening. We’re screaming but nobody comes to help.

Then I got a brick. I hit this guy with a brick in his face while I was focusing on that I pulled my girlfriend and I ran back to my granny’s house. So we get home. She’s bleeding now because this guy was hitting her, trying to pull her…

These guys got out of the car they had like sticks and stuff. I was so terrified. I was so scared. The worst thing that scared me was that if these guys could rape me. I was so afraid.

They beat me up. My grandmother couldn’t do anything. She kept screaming for them to stop. Still, nobody came to help. Eventually, they left. I got inside. I was bleeding.

Phelisa’s attack is a multi-faceted issue and she appeared to be attacked for various reasons, such as: (1) for being sexually unavailable (she would not talk to the men and only dates women) and (2) for being masculine (he states, “I’ll show you how a real woman should act” and “you fuck each other with curlers”). Her attacker uses the word “curlers” in his statement. “Curlers” is associated with a feminine beauty product and alludes to constructions of appropriate femininity and how these women are violating these constructions by literally ‘fucking them’. Accordingly, Phelisa’s attack is an example of how men try to police the sexuality of women and women are punished if they transgress from ‘acceptable’ norms (Gontek, 2009; Reid & Dirisuweit, 2002). The men that attacked her appeared to invest in the discourse of feminine transgression, in which women who transgress from ‘traditional’ heterosexual female norms of dress, behaviour or desire, and act in ways that do not support the subordination of women, are punished (Bennett, 2010; Moffett, 2006, 2009). Therefore, homophobic violence is constructed as a method of social control, creating a new discourse: ‘the discourse of homophobic violence as social control’. This discourse fits in with existing literature, which suggests that public spaces are inherently characterised by male heteronormative dominance (Koskela, 1999; Pain, 1997), therefore if lesbians ‘flaunt’ their sexuality in the public arena then they are threatening men’s constructions of gender identity and must be punished (Gontek, 2009; Msibi, 2009).

Phelisa may have also been subject to homophobic violence because homosexuality is constructed as ‘un-African’ and infused with notions of colonialism and moral degeneration (Bennett, 2010; Gontek, 2009; Morrissey, 2013). African leaders invested in the myth that homosexuality was imported into Africa and as a result ‘the discourse that homosexuality is un-African’ is embedded in what passes for ‘African tradition’ (Livermon, 2012). However, research indicates that same-sex relations were found throughout precolonial Africa (Epprecht, 2008; Morgan & Wieringa, 2005). Therefore, an argument can be made that because of the rising tide of homophobia,
which dictates that homosexuality is un-African, unnatural and ungodly and the production of public spaces as heterosexual, Black African lesbians have become symbolic sacrifices during times of social change (Mkhize et al., 2010; Van Zyl, 2015; Vincent & Howell, 2014).

It is important to note that the public space that Phelisa is attacked is in an impoverished area, Soweto Township. Violence against Black African lesbians in townships often emphasise the boundaries of privilege in South Africa where only the privileged (mostly the Whites) in the suburbs can enjoy the benefits of the rights in the constitution (Van Zyl, 2015). The rights and protections afforded in the constitution and legislation surrounding women and LGBTQ individuals in South Africa are often influenced by place and material conditions and do not extend to the impoverished communities, which are often under-resourced and crime-ridden.

Phelisa explains the aftermath of the attack in the excerpts below.

My grandmother and my other aunt who has a car came and she took us to the police station. Then these guys victimise us. Secondary victimisation. They ask us ‘Why are we gay? So beautiful to be gay. We shouldn’t be.’ And they keep on calling each other “Hey come and hear this. What do you ladies say?”. It’s all a big joke to them...

They said “Okay. We’re just going to say counter charge. You have to go into a cell.” And they put me in the cell. I stayed there. I couldn’t sleep. I was in pain. I asked them if I could see somebody for pain, just to get painkillers. I sat there the whole night.

The case never even made it to court. The case was dismissed without me knowing about it. We sat for hours, from early in the morning, waiting for the case to be called in. No one did. They didn’t. And when the judge was about to leave. I went and asked the magistrate and said “I’m here for this case. What is happening?”. And he said “No. That case was dismissed.”. “On what grounds?”. “There was not enough evidence.” “What do you mean not enough evidence?”. It happened on a Saturday it’s Monday today, have you tried to get any evidence?”. Nobody could answer me.

In the excerpts above, Phelisa is at the police station to report her attack, but instead of receiving support, she experiences secondary victimisation when the police officers harass her (“So beautiful to be gay”). The statement “So beautiful to be gay” is constructing a specific kind of femininity, which dictates that beautiful women cannot be gay and therefore these women are violating gender norms. Homophobic talk such as this is a regulatory mechanism to control gender identity (Van Zyl, 2015). A lesbian is punished for ‘trying to be a man’, thus crafting “the contours of what ‘real men’ and ‘real women’ should be—and what happens to them if they are not” (Judge, 2014, p. 70). Further on in the excerpts, a counter charge is filed against Phelisa by her assailant. She is kept in the cell, despite her injuries and is denied medical attention for four hours before she is released. The legal case against her assailant was also dismissed, and she was not given a sufficient reason why, other than the statement “there was not enough evidence”. This signifies the ineffectiveness of the criminal justice system in South Africa and may indicate corruption. The way the system has treated Phelisa is abysmal and may be symbolic of the institutionalised silence surrounding homophobic violence.

At the end of this analysis, it is important to remember that this is not Phelisa’s only story and as Adichie (2009, p. 1) states: “The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete”. These excerpts from Phelisa’s interviews represent an incomplete narrative because they are only fragments of her life story. She is not only a survivor of homophobic violence but also a social work student at a prestigious university, a social activist and a talented writer. Reflecting on Phelisa’s story, one must be careful not to fall into the trap of ‘Blackwashing homophobia’ by setting up Black poor young women as the inevitable victims and Poor Black men as the inevitable perpetrators (Judge, 2017). The racialising effects of the discourses discussed construct the Black queer as the object of violence and whiteness and White queers
as situated outside the domains of violence (Judge, 2017). These are problematic representations; however, I believe that the problem of homophobic violence against Black African women needs to be highlighted and these problematic representations acknowledged. Phelisa’s narrative was chosen for this article not because of an attempt to sensationalise violence against women but because it shines a light on the atrocities being targeted against many women and the injustice of the legal system.

RECOMMENDATIONS AND CONCLUSIONS

Homophobic violence against women cannot be divorced from the broader social context of South Africa and its history (Vogelman & Eagle, 1991). Therefore, recommendations to address this problem should be on a systemic level. Literature suggests that current legislation and policy frameworks in South Africa are insufficient to appropriately respond to hate crimes and to prevent homophobic violence from happening (Breen & Nel, 2011). The increasing violence against women, especially lesbian women, warrants the development of a more appropriate legal model for South Africa, which considers the relationship between hate crimes and violence against women. Research indicates that multi-level responses are required, such as fast-tracking the development of hate crime legislation and related service provider guidelines, in which hate crimes are acknowledged as priority crimes; and increased diversity awareness in communities, and education and training programmes for service providers (Breen & Nel, 2011). The problem of homophobic violence against women must also be highlighted in research publications and the media. Homophobic violence against women is often side-lined by politicians in South Africa and this issue needs to be placed on the political agenda. Finally, to address the core problem of homophobic violence, men and women, both young and old need to be educated on gender role socialisation and gender identity. This requires identifying and deconstructing dominant discourses, which constructs women as subordinate to men and re-thinking gender role socialisation.

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CONFERENCE REPORTS

Injury Control and Traffic Safety Course

Samed Bulbulia
Institute for Social and Health Sciences-Violence, Injury and Peace Research Unit, UNISA-SAMRC

Kasia Venter
Institute for Social and Health Sciences-Violence, Injury and Peace Research Unit, UNISA-SAMRC

The promotion of road safety in Africa remains an imperative considering the disproportionately large public health and developmental burden from road traffic crashes across the continent. Extensive and well-intentioned collaborative traffic campaigns held predominantly over the holiday periods have reflected commendable success; however, injury statistics in South Africa and elsewhere have remained unacceptably high. It has been argued that both professionals and civil society become more aware of the importance and the basic principles of injury control and traffic safety. The Violence, Injury and Peace Research Unit (VIPRU, co-directed by the South African Medical Research Council and University of South Africa), Institute for Social and Health Sciences, University of South Africa, the International Council of Road Safety International (ICORSI), and the Indian Institute of Technology, Delhi (IITDelhi) co-hosted a training course on injury control and traffic safety. The course was held from the 2-4 October 2017 in Johannesburg.

The course was held with an interdisciplinary audience including law enforcers, police officers, urban and traffic planners, road engineers, researchers, behavioural scientists, medical professionals, emergency services, biomedical engineers and civil society activists, and other social actors working in the area of injury control, research, transportation planning, pedestrian and road safety, trauma, and traffic and law enforcement. It offered state-of-the-art information in the field and focused on local, national, and global perspectives to the road safety challenge. The course objectives included: (1) the latest findings and methodologies for the prevention of traffic accidents and injuries, transportation planning and enforcement, (2) perspectives, policies and practices which have been shown to be successful or have not worked in the past, and (3) strategies to develop, improve or initiate programmes in traffic injury planning and control.

Specific topics for the course included: “Injury, traffic and vulnerable road users”; “Human factors, speed, motorisation and urbanism”; “Road and traffic safety design”; “Education”; and “Trauma and post-trauma care and policy”. There were a number of invited presentations, these included: “Traffic safety: A childhood perspective” and “Fracture patterns in child survivors and non-survivors after a severe traffic crash” (Prof. van As, ChildSafe and Red Cross War Memorial Children’s Hospital); “The importance of human factor research within the Decade of Action framework” (K. Venter, Council for Scientific and Industrial Research); “Reduction of risk and casualties among non-motorized transport users in South Africa: Human factors leading to injury” (Dr. H. Ribbens, Council for Scientific and Industrial Research); “Concept of injury as a disease: Implications for prevention and control”, “Speed and traffic safety”, and “Penalties and sanctions: What works in traffic safety” (Prof. D. Mohan, IITDelhi); “The Road Transport Management System: A self-regulation initiative in heavy vehicle transport to improve road safety in South Africa” and “Improving the safety of heavy vehicles in South Africa through a performance-based standards approach to vehicle design” (Dr. Nordengen, Council for Scientific and Industrial Research); “Child pedestrian safety knowledge, behaviour and road injury in Cape Town, South Africa” and “Parental supervision and discomfort with children walking to school in low-income communities” (Ms. A. Simons, VIPRU).

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The Opening Address was delivered by Advocate Msibi, the CEO of the Road Traffic Management Corporation, who welcomed the presenters and participants, and commended the organisers for hosting this course. In his address, he provided a grim reality of the impact of road traffic fatalities and its effects on loss of life, family disruption and the economy. His commitment to engaging in a multidisciplinary approach to the prevention and reduction of road traffic injuries and fatalities provided a sense of purpose and set the tone for the training course. The course was intense and interactive; it concluded with a meeting between IITDehli and VIPRU representatives with traffic personnel from the Johannesburg City on the many policies and practical challenges, due to the disproportionate impact of road traffic fatalities in South Africa, and the multiple strategies that may be required to more effectively enable the UN Decade of Action.

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Report on a Colloquium Series on Decolonisation and African-centredness in Research, Teaching and Research Dissemination

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Kopano Ratele
South African Medical Research Council and University of South Africa

The colloquium Centring Africa in Health and Social Sciences Research and Teaching was held on May 30, 2017 at the South African Medical Research Council. An original idea of Kopano Ratele and Neziswa Titi of the Transdisciplinary African Psychologies Programme (TAP), a programme that Ratele leads and where Titi’s doctoral research is located under the supervision of Ratele. The colloquium was co-hosted with the South African Medical Research Council (SAMRC)-UNISA's Violence, Injury and Peace Research Unit (VIPRU). TAP is a programme within the Institute for Social and Health Sciences at the University of South Africa (UNISA).

The colloquium, on which we spend the bulk of this report, came to be conceptualised as the beginning of an ongoing series on decolonisation and African-centredness in research, teaching and research dissemination. Partially motivated by university students’ demands for the decolonisation of knowledge, the colloquia series is driven by the intention to centre Africa and decolonise health and social science research, teaching and research dissemination. The medium- to long-term goal of TAP to singly or collaboratively provide an opportunity for researchers, teachers, university and science council managers, policymakers, activists, and students to deliberate and vigorously yet openly debate, in light of the calls for decolonisation and transformation, pertinent issues related to knowledge, its making, and its dissemination.

The specific question that stimulated the first colloquium was how Africa is situated in health and social science research, research policy, research funding and teaching. Towards this end, the colloquium brought together researchers, teachers, a politician, practitioners, and students to dialogue on challenges and developments within health and social science teaching, research, research funding and policymaking conducted in diverse settings across Africa. The organisers wanted and provided an opportunity to learn, present, share and question research, policies or their absence, teaching and learning in the context of the persistence of coloniality and epistemic injustice in Africa-related health and social science research. In addition to the major question that urged the colloquium, namely how Africa is situated in health and social science research, research policy, research funding and teaching, the organisers encouraged the participants to grapple with questions such as:

What epistemological assumptions and biographies do teachers and researchers bring to studies on Africans and classes of African students?

Who and what goals do social and health science studies and courses ultimately serve?
Does the class, race and gender – meaning how one defines being African – of the teacher and researcher matter?

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Kopano Ratele gave the opening and overview for the day's proceedings. He indicated that the colloquium was intended to address four broad questions:

a. How are Africans and Africa served by health and social research conducted in Africa and on Africans?
b. Whose agenda, on the whole, dominates health and social research in Africa?
c. Whose problems, epistemologies, cultural values, social imaginaries, methods and theories are centred in university health and social science teaching and learning in Africa?
d. How are students and the continent advantaged or disadvantaged by the way Africa and Africans are situated in the curriculum, teaching and learning?

Prof. Ratele said that the hope carried in these questions was that they would receive some response from the different speakers and the discussions during the day in order to help us to better reflect and determine whether the research we do and the learning provided in our higher institutions incapacitates or builds Africa and Africans. He said the organisers hoped that the invited speakers and discussions would contribute towards determining whether the courses taught at universities optimally address the needs and struggles of Africans and Africa. Moreover, referencing a statement attributed to the minister of higher education and training in the immediate weeks prior to the colloquium, he expressed the hope that the discussions will help us to better reflect on “why we continue to produce so few black PhDs, more than 20 years into our freedom”. Ratele contended that in considering the issue of centring Africa in health and social sciences research and teaching, it is inevitable to see that knowledge and its management is dominated by western ideas and white male, and to a lesser degree, white female authors. He said that this places African ideas generally, and Black male and female researchers and teachers in particular, in an inferior position. He noted that there are several ways to respond to being in such an alienating position. Among the ways in which many individuals, groups and organisation in Africa, especially if Black, have responded, has been through adopting and reproducing, for their own individual upward social mobility and self-preservation, acontextual and alienating western and white masculine ideas. This is an unhealthy, enervating and alienating situation. He urged the participants not to waste time mourning but to organise dialogues to change the dominating research and teaching and learning agenda at university and science councils.

The President of the South African Medical Research Council (SAMRC), Prof. Glenda Gray, welcomed the participants to the SAMRC. She observed that VIPRU, the co-host, was the first Unit within the SAMRC to engage in a dialogue on decolonisation in health research. Gray also instructed VIPRU to lead the SAMRC in developing a position paper on decolonisation on behalf of the council, noting that such a document would be a first among science councils.

The member of the executive council for health in the Western Cape Province, Prof. Nomafrench Mbombo, gave a talk reflecting on “health services policies and delivery in the context of calls for decolonisation”. Mbombo reflected on training and education within the health professions during apartheid. She gave a broad overview of the categories of health services in the province. She stated that in order for the government to have a focused research agenda, health research institutions must engage government around research findings in order for it to affect the desired health services and practice outcomes.

Dr Thomas Nyirenda of the European & Developing Countries Clinical Trials Partnership and Zoleka Ngcete of the Strategic Health Innovation Partnerships Grants, Innovation and Product Development at the SAMRC were asked to respond to the question “where and how is Africa and Africans, located in health practice and research?”. More specifically, Nyirenda had been asked to speak about how health research practices consider Africa and Africans. Ngcete’s question was, in what ways are Africa and Africans situated in applications for study grants? Nyirenda highlighted how Western funders were keen to support research done in Africa but are not always energetic about capacitating researchers in Africa. In her talk, Ngcete drew out how funders support their own agendas; how Africa does not support research on the continent; and how historically black institutions submit proposals for grants and funding less than previously white institutions. She presented data to show that
the former institutions continue to receive far less monetary support when compared to the latter. Suggestions were offered for how to assist historically advantaged institutions and individuals to respond to funding calls. During the discussion on the two presentations, the issue concerning African governments not providing support or its agenda was raised as a critical priority theme for research and research funding.

The mid-morning talks were given by Drs. Wanga Zembe-Mkhabile and Nadine Harker Burnhams, both affiliated to the SAMRC. The focus was on “Africa in research”. Zembe-Mkhabile gave a moving talk on the dehumanising effects of some types of research on poor Africans. She frowned upon the experimentation on black people in health research and called for the protection of research participants, especially poor black people. She insisted on the need for research that respects people’s dignity and humanity. She said it was time to cease the problematic research done on black people. She highlighted how western models of research could also be self-alienating for junior African researchers as well as injurious to the well-being of participants. In her talk, Dr Harker Burnham made a strong case for mentoring in African scholarship and called for a mind shift among black researchers to view themselves as capable.

The afternoon focused on teaching and learning. Both current students and recently graduated students as well as one experienced university teacher formed part of the teaching and learning session. The students and recently graduated students were Ms Zanele Motsepe, Mr Sisesakhe Ntlabezo and Ms Keitumetse Tsematse. The university lecturer was Prof Sandy Lazarus who was for decades associated with the University of the Western Cape and is currently a researcher at Unisa and the SAMRC.

Motsepe studied education at the University of Witwatersrand. Ntlabezo studied drama at Rhodes University and Tsematse is doing her professional training in psychology at the University of the Western Cape. Although they studied at different universities and had done or were doing different courses of study, Motsepe and Ntlabezo noted that they were taught little to nothing about Africa and Africans in their studies. They reflected on how they were made to feel that intelligence has a colour, how indigenous languages are being undermined, and how for them it is important to speak about blackness. Both, however, indicated that there was complexity around the issues that they grappled to understand. Tsematse confirmed the paucity of in-depth and progressive lessons about Africa and Africans in the curriculum observed by the other two students. She relayed how, in her university education experience, she has only actually seen a total of one and a half pages of African psychology. She stated that even at her stage of training she feels unprepared to deal with African representations of illness.

Sandy Lazarus’s reflections dwelt on how to respond to calls for decolonisation of teaching in higher education and related contexts. She contended that a decolonial lens is needed in teaching as well as research and saw participatory methods as necessary in the project of decolonisation.

For the sake of completion, we shall very briefly mention the three other events in the colloquium series. The second colloquium was held in July 2017. The topic of the colloquium was “Decolonisation, pluriversality and African-situated research and advocacy in sexuality and sexuality-related violence”. The colloquium addressed several issues confronting researchers and advocates on sexualities and sexual violence who perceive the fact of colonisation in prevailing knowledge, knowledge-making practices, and knowledge dissemination. The presenters at this colloquium were Prof. Yanga Zembe who is affiliated with the School of Public Health at the University of the Western Cape as well as the SAMRC; Flo retta Boonzaier, associate professor at the Department of Psychology at the University of Cape Town (UCT); Dr Shose Kessi, also from UCT’s Psychology Department; and Rebecca Helman who is affiliated with the ISHS and VIPRU. The colloquium presentation included a focus on advocacy around sexuality and sexual violence. The presentation on advocacy was by Mr Mbuyiselo Botha, a member of the Commission for Gender Equality. Some of the issues addressed were how to share the knowledge and conceptual tools with the greatest number of people in order to enable them to live with dignity; how to conduct work that emboldens women, men and other genders of all sexualities to assert control over their bodies and decide on their desires and how to conduct research and advocacy that humanises rather than exploits.
Decolonisation, Dignity, Humanisation: African-situated Research, Teaching and Learning in Health Sciences was the subject of the third colloquium. This colloquium was held at the University of KwaZulu Natal (UKZN) on August 08, 2017, and was a collaboration among TAP, VIPRU, and UKZN’s College of Health Sciences’ Deanery of Teaching & Learning, in particular Professor Sinegugu Duma. The Colloquium revolved around the question: what does decolonisation mean for health sciences’ research, teaching and learning practice? The aim was to bring together health science researchers, academics, students and practitioners to deliberate and challenge each other on situating Africa and Africans in health sciences research, teaching and learning towards development of African-centred health scholarship and systems. The colloquium provided space to consider how we might enact dignity and humanisation in the work of decolonising health science teaching, learning and research.

In September 2017, a symposium – so called because it was within a larger conference which other symposia – entitled “Conceiving Africa in Psychology” was held as part of the 1st Pan-African Psychologies Congress by staff at TAP and VIPRU. The symposium offered African centred theoretical approaches to the professional development of psychologists in Africa, teaching, therapy and research, modes of reflexivity and a centered understanding of culture in relation to child sexual trauma. The symposium panelists were Lazarus, Prof. Shahnaaz Suffla, Titi and Ratele.

Proceedings of the colloquia can be viewed on the African Psychologies YouTube channel. Future colloquia and other events are advertised through the African Psychologies Facebook page (facebook.com/centringafrika) and African Psychologies Twitter account (@centringafrica).
African Safety Promotion: A Journal of Injury and Violence Prevention (ASP) is published twice a year. Submissions within the following guidelines are welcome. Please submit your contributions or queries to the Editor-in-Chief, African Safety Promotion: A Journal of Injury and Violence Prevention, at the Violence, Injury and Peace Research Unit, South African Medical Research Council, PO Box 19070, Tygerberg, 7505, South Africa, or via e-mail to nancy.hornsby@mrc.ac.za or africansafetypromotion@mrc.ac.za. Scientific contributions are to be prepared and submitted as indicated below.

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ASP seeks to promote multidisciplinary research and dialogue about injury, violence and peace on the continent. The journal publishes on a spectrum of topics of interest to researchers, practitioners and policy makers in the injury and violence prevention sector. ASP is registered as an Emerging Sources Citation Index (ESCI) with Thomson Reuters Web of Science Core Collection platform. ASP is also an accredited South African Post-Secondary Education (SAPSE) journal. All articles in the journal are subject to double blind peer review. ASP is published biannually and features original full-length articles, theoretical papers and reviews.

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