

1 Crime, violence and injury prevention in South Africa: Trends, emerging issues and opportunities

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The *Crime, Violence and Injury Prevention in South Africa: Developments and Challenges* is a biennial publication, which is similar in format to other reviews in the social and health sector in South Africa and is intended as a resource for policy-makers, funders and service providers. This review seeks to provide a comprehensive, regular analysis of the crime, violence and injury sector that includes an analysis of the key developments and advancements, as well as the major emerging priorities in the sector. It is hoped that the publication will be utilised as a tool to assist the sector to focus its attempts towards the further development of a coordinated strategy aimed at the prevention and control of crime, violence and injury. The review also serves to identify emerging strategies that show potential as replicable, good prevention practices. It comprises eleven chapters, each of which investigates key trends, issues and opportunities that have recently emerged from the crime, violence and injury sector in South Africa. These contributions are by researchers, academically-oriented activists and practitioners, and represent an attempt to contribute to the further development of a coordinated response by the injury prevention and safety promotion sector. Collectively, the chapters enhance our understanding of the magnitude and determinants of violence and injuries in South Africa. The volume points to specific questions and areas that require further investigations, and highlights issues inherent to recently implemented safety promotion measures.

The generation of scientifically produced data and information is integral to our social responses addressing South Africa's injury-related disease burden. In South Africa, home to 44.8 million people (Statistics South Africa, 2003), between 70 000 to 80 000 non-natural deaths² occur each year (Matzopoulos, Cassim & Seedat, 2003). The National Injury Mortality Surveillance System (NIMSS) that presently captures data on about 35% to 40% of all non-natural deaths showed that in 2002 homicide (45%), transport-related incidents (27%), suicide (10%) and other unintentional

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² See *Selected Glossary* on pages 205-206 for definitions of key terms.



injuries, such as burns and poisonings (10%), were among the leading causes of non-natural death. Another study, which analysed 2001 cause of death statistics and the premature mortality burden for the city of Cape Town showed that the top cause of death in Cape Town was homicide, followed by cardiovascular disease and HIV/AIDS. Such mortality data strengthens the long-standing call to have crime, violence, injuries and their prevention prioritised alongside other public health issues such as HIV/AIDS.

In chapter two, *The burden of injury in South Africa: Fatal injury trends and international comparisons*, Matzopoulos, Norman and Bradshaw assert that timely, accurate and reliable injury statistics are an important component of the platform required for the prevention of injury. Their chapter reports that injuries accounted for just over 12% of all deaths in 2000 and, as a category, was ranked as South Africa's third leading cause of death after HIV/AIDS and cardiovascular disease. A comparative analysis with world and African rates indicates that South Africa has a disproportionately large burden of violence and injury mortality and morbidity. This chapter reviews morbidity and mortality due to four injury subcategories: homicide, suicide, road traffic injuries and other unintentional injuries. The authors conclude that reliable and accurate national and city-level information is an important tool for effective evaluation; mortality data provide a useful starting point for injury surveillance, the evaluation of prevention initiatives, and serves as a powerful resource for stimulating research and directing policy.

The *Interpersonal youth violence prevention*, chapter three, by Parker, Dawes and Farr recognises the concentration of violent assault, injury and mortality among South African youth, both as victims and perpetrators. The chapter investigates the challenging task of identifying effective interventions that address the effects of exposure to violence and that can prevent the development of violent tendencies in the young. High levels of interpersonal violence in a context of poverty and limited opportunities for youth pose a serious challenge for violence prevention agencies. The chapter describes a sample of twelve interventions that are aimed at the prevention or reduction of youth violence. Each intervention is described in terms of its programme theory and aims; the development of the intervention; its outcomes, impacts and measures of success; and its evaluation. The interventions are commonly aimed at the reduction of community risk factors and the promotion of support structures for programme recipients. However, the programmes typically struggled to measure programme impacts and indicators of success, with few programmes incorporating any evaluation mechanisms.

The issue of violence against women has come to be unequivocally defined as a national public health priority issue, as reflected in chapter four titled *An overview of gender-based violence in South Africa and South African responses* by Abrahams, Martin and Vetten. In their overview of gender-based violence in South Africa, the authors direct their focus to intimate partner violence specifically, and consider health sector responses and the performance of the criminal justice system in this respect. The authors' scrutiny of the epidemiology of gender-based violence in South Africa reinforces the concern that existing national-level data is inadequate and fragmented. Through their analysis the authors make a compelling argument for the introduction of support services for survivors with a view to improving emergency response systems



and preventing the secondary victimisation of survivors. While recent developments fostering better healthcare for survivors are recognised, institutional obstacles and disparities across provinces that stymie the implementation of policy remain a concern, as does the performance of the criminal justice system in respect of legal reform and criminal sanctions. The authors clearly invite further discussion about the institutional prerequisites for facilitating an efficient and coordinated response to gender-based violence prevention in South Africa.

In *Gun violence in South Africa* (chapter five), Keegan examines the incidence of gun violence and explores factors that appear to be prompting the apparent increased circulation of firearms. She reports that over the last decade, violent crime in South Africa increased by 33%, with the crime rate rising rapidly between 1997 and 2001, but stabilising thereafter. Firearms are reported to be commonly implicated in fatal violent crimes. In her examination of the determinants of gun violence, Keegan places the accent on a complex gun culture formed after centuries of low-level and open violent conflict, masculine identity, the proliferation and increased recent exposure to international criminal syndicates, and the easy access to unlicensed or stolen guns. Keegan also summarises recent arguments about the direct and indirect costs of gun violence, focusing on the physical suffering of individuals and their families, the considerable drain on health-care systems, and the pervasive fear of violence, widespread and prevalent even in communities where violent crime is uncommon. Keegan recognises that gun violence in South Africa is complex and pervasive, and requires a comprehensive approach on the part of both government and civil society. To this end she calls for a coordinated national strategy involving increased police interventions, stricter licensing procedures and the implementation of widespread, effective public awareness campaigns.

In chapter six, *Current perspectives on suicidal behaviour in South Africa*, Schlebusch indicates that suicide accounts for between 8% and 10% of all non-natural deaths in South Africa. In this review of both global and South African trends, the author draws attention to the divergent research findings in this sector, the emerging epidemiological profile of vulnerable groups, and the risk conditions and situations that appear to be associated with an apparent increase in suicide. Recent findings indicate that increasingly it is younger South Africans that are vulnerable to suicide, pointing to the need for the development of school-based prevention interventions. Schlebusch argues that prevention initiatives can begin in early childhood and can be incorporated at the levels of school, university, college and the family. Prevention programmes should target suicidal behaviour in all age groups, but especially among youngsters. The author emphasises a national, coordinated response to dealing with suicide, which incorporates the systematic and accurate collection of information, differentiates the types of suicidal behaviour, and guides the development of prevention models including management responses.

Road traffic injury is another leading contributor to the injury burden in South Africa and so poses as a serious public health problem associated with excessive human and socio-economic costs to the country. In chapter seven, *Road traffic injury in South Africa: An epidemiological overview for 2001*, Sukhai, Noah and Prinsloo provide an overview of the epidemiology of road traffic injuries in South Africa. Drawing from multiple data sources, the authors examine populations at risk, temporal and






spatial characteristics associated with traffic injuries, vehicular-related risks and high-risk driving behaviours. The authors, corroborating the views of the other contributors, emphasise the complex and multifactorial determinants of road traffic injuries, the value of quality data required to inform intervention and policy initiatives, and collaborative partnerships to ensure an integrated national response to traffic-related injuries.

In chapter eight, *Monitoring alcohol and other substance use in South Africa: The alcohol and drug injury nexus*, Marais, Sukhai and Donson recognise the scarcity of recent information on national trends for drug or alcohol use in the country. Although there is some information on alcohol use patterns, less is known about other drugs. In their review the authors confirm the alcohol-fatal injury nexus and indicate that blood alcohol concentrations are particularly high in firearms and sharp instrument related deaths, as well as in pedestrians and drivers who died in motor vehicle crashes. Marais, Sukhai and Donson detail a 3-year study investigating alcohol and illicit drug consumption amongst trauma patients at five health care facilities in three cities between 1999 and 2001. They offer initial recommendations for prevention strategies that may include alcohol screening, law enforcement and educative initiatives. In conclusion they suggest further investigation into substance abuse related injuries.

In chapter nine, *Childhood burn injury: Epidemiological, management and emerging injury prevention studies*, Van Niekerk, Du Toit, Nowell, Moore and Van As report on research examining childhood burn injuries, which are often associated with long-term physical and psychological consequences. Recent South African research has tended to focus on the clinical profile and management of individuals who have sustained burn injuries, and descriptions of the epidemiology of burn injuries. Strategies for preventing burn injuries have received minimal attention in South Africa. Similarly, less attention, if any, has been directed towards the impact of the more transient and modifiable individual, household, familial, and neighbourhood factors and circumstances associated with burn injuries. The authors suggest that the development of accurate diagnostic protocols, appropriate referral and injury management protocols, and the promotion of systematic investigation into burn injury prevention practices be prioritised.

In chapter ten, *Paraffin ingestion*, Carolissen and Matzopoulos expand the Review's focus on unintentional injury among children. They reveal that existing data on paraffin ingestion and paraffin poisoning in South Africa remains sketchy and probably unreliable. Equally, well-defined information on risk factors for paraffin ingestion appears to be lacking, thereby offering inadequate insight into the development of focused intervention and prevention strategies for South Africa. Nonetheless, the response strategies identified by the authors attempt to address the individual, social and economic factors implicated in childhood paraffin ingestion and paraffin poisoning. Clearly, childhood paraffin ingestion and paraffin poisoning needs to be prioritised on South Africa's public health agenda so as to facilitate further research on the subject.

In chapter eleven, *Injury costing in South Africa: The state of the sector*, Bowman and Stevens illustrate that injury costing represents a critical component of decision-



making related to policy, resource allocation and health planning. Injury costing is a valuable means for strengthening the advocacy and lobbying initiatives of safety promotion and injury prevention practitioners. They caution that while developments in injury costing studies are likely to contribute to policy formulation, injury costing is an ideologically loaded concept in that it may contain deleterious implications for disadvantaged populations if applied uncritically and used to replace the “health for all” mission. The authors point us to the limited availability of injury costing data in the public sector, and the consequent implications for the advancement of injury costing initiatives that aim to provide accurate, systematic and timely information on the costs of injury in South Africa’s public health sector. The authors encourage further consideration of the contextual and conceptual issues relevant to injury costing work in South Africa.

Underlying all of the contributions we discern a compelling argument calling on funders, research councils, service agencies and government to reinforce their injury surveillance and broader health information systems research and development work so as to strengthen prevention policies and practices. Against this backdrop, in the final chapter of this volume, Shan Naidoo focuses our attention on *Information management systems for injury data*, examines the current status of health information systems, and foregrounds systems considered to have made a significant contribution to the development of specific injury information management systems in South Africa. In his review, Naidoo highlights the essential need for a comprehensive, integrated and coordinated approach to the development of injury and public health information management systems within the national context. Naidoo suggests that the management of data resources, utilisation of multiple frameworks of reference, incorporation of several methodologies, and the development of relevant institutional structures will favour future efforts to improve the management of injury information in South Africa.

WHERE TO?

The first edition of the *Crime, Violence and Injury Prevention in South Africa: Developments and Challenges* aims to facilitate the development of a fully-fledged subsequent review of research, policy and practice-related developments in the crime, violence and injury prevention sector, help us discern injury prevention priorities and challenges in our quest to promote relevant policies, practices and programmes, and strengthen systematic and co-ordinated responses from the sector itself. South Africa fortunately boasts a creative and vibrant safety promotion sector and infrastructure including governmental, civil society and corporate-based actors who are engaged in relevant service, policy and research-related activities. Our vibrant sector may strengthen itself and further the mission of injury prevention by drawing on the lessons from the tobacco control and HIV/AIDS sectors, which suggest that coordinated, focused and data driven proactive initiatives yield significant relevant interventions. This is the case when priority is accorded to the development of injury surveillance systems, risk-factor and injury-determinants research, the identification of champions and sectorial mobilisation around key issues, the documentation of champions’ work, and the formation of a culture of cooperation.





Towards a data platform

Most significantly of all, the chapters consistently recognise the centrality of quality and routine epidemiological data on the who, what, where, when and how of crime and injury, as a prerequisite to effective crime and injury control systems and policies. Comprehensive data are also vital for identifying emerging trends and problem areas, and can serve as basis for programme evaluation (Matzopoulos, Van Niekerk, Marais & Donson, 2002). At a regional or provincial level, administrators can use mortuary caseload information to plan staffing and resource requirements, monitor staff performance and react to emerging injury trends. Ongoing surveillance also assists in inter-facility comparisons, and doctors and medical students can use the surveillance system as a tool for identifying subsets of fatalities and a management tool to review caseloads and autopsy outcomes, as well as to conduct research (Matzopoulos *et al.*, 2002).


Although a number of injury and crime registration systems are now in place, there remain limitations; for example, the coverage of fatal injury systems is typically better in South Africa's metropolitan centres, and distinctly poorer in peri-urban and rural settings. Registration systems, where they exist, are often incompatible with others as a result of divergent classification and terminological systems. Surveillance systems focused on non-fatal injuries, contributing to the major part of the injury burden, remain under-developed (Matzopoulos *et al.*, 2002). Institutional difficulties related to conflicting organisational priorities, limited research capacity, an inadequate regard for science, gatekeeping tendencies, professional jealousies, and the competition for discursive and material resources also seriously hamper progress in the development of injury surveillance systems. Institutional, organisational and personal investments are therefore vital for advancing injury surveillance systems.

The determinants of crime and injury

The contributors to this review also call for greater recognition of research into the determinants of crime, violence and injury. Various contributors draw on the international literature to focus our attention on the determinants of various kinds of injuries, since for the most part South African research on injury risks is in its infancy. Data on the complex combinations of economic, social and individual determinants of injuries and injury surveillance data form the cornerstone of safety promotion work. Accordingly, science councils, research institutes, our tertiary educational institutions and funding agencies, including the relevant ministries of government, are requested to prioritise intellectual and material support for studies on the determinants of violence, injuries and crime.

Documentation, monitoring and evaluation


Following the urgent need for information on what works, many of the chapters in the *Crime, Violence and Injury Prevention in South Africa: Developments and Challenges* examine a selection of current crime, violence or injury control or prevention interventions in South Africa. The reviewed programmes comprise different strategic foci (e.g. legislation, educational, environmental, product development, community development), are directed at different risk (e.g. children, parents, school staff, enforcement officials, policy makers), and incorporate various geographic levels (city, provincial, national) and different locations (schools, homes, work-places). However, the majority of South African safety promotion



interventions have not been systematically evaluated or costed. This paucity of information on evaluation outcomes appears to be pronounced in interventions coordinated by the smaller intervention agencies, which may have other organisational priorities and limited research capacities. The limited evaluation and documentation of crime, violence and injury prevention interventions has resulted in a consequent lack of clear evidence of the effectiveness, cost efficiency and contextual appropriateness of interventions.

A commitment to the rigorous monitoring and evaluation of prevention interventions requires greater investment in documentation, research-service agency collaboration, enhancement of evaluation expertise, and financial allocations to evaluations. Intervention practitioners could work alongside researchers to prioritise the development of good practice manuals (e.g. World Health Organisation -WHO- Handbook for the Documentation of Interpersonal Violence Prevention Programmes), and document the efficacy and value of the large body of existing prevention work along the lines of the WHO World Report on Violence and Health.

CONCLUSION: CHAMPIONS, SECTORIAL MOBILISATION AND NATIONAL PLANNING




The recommendations delineated above are not novel to the South African crime, violence and injury sector. These have been articulated by many other public health, social science and community development workers before. Therefore, if we are to successfully translate the recommendations into a coordinated programme of action, it may be essential to identify champions that can help to mobilise the sector and address the range of institutional, psychological, economic and professional issues that continue to compromise the quality and impact of our responses to crime, violence and injury. Recent national campaigns against crime, child abuse, and violence against women, amongst others, offer valuable lessons as to the effective strategies required to meet the challenges to this sector. We suggest that the development of a fully-fledged review can serve as a rallying point to mobilise the sector.

It bears repeating that crime, violence and injury are not inevitable, but can be predicted, understood and controlled (Laflamme, Svanstrom & Schelp, 1999). Much can be done to prevent and alleviate the suffering sustained by individuals, their families and communities. Following the WHO, experiences in the tobacco control and HIV-AIDS sectors and experiences among our global allies, our crime, violence and injury prevention sector may consider investing in the development of a national action plan that focuses on:

- a) The strengthening of injury surveillance systems;
- b) Risk-factor analysis;
- c) The generation of knowledge products detailing what works;
- d) Increasing overall capacity for data collection, analysis and evaluation;
- e) Establishing mechanisms for cross-sectorial and multidisciplinary collaboration; and
- f) The strengthening of existing primary and secondary work.





We invite our readers, as well as the many champions who are currently working energetically and passionately in practice, policy and research arenas, to take a critical and yet constructive look at all of the chapters contained herein, including the recommendations outlined above. In the spirit of our review we would welcome opportunities to dialogue and further the mission of crime, violence and injury prevention in South Africa³.

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