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DECREASE IN FEMICIDE IN SOUTH AFRICA: THREE NATIONAL STUDIES ACROSS 18 YEARS

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Introduction

Murder of women and girls, in acts of femicide, is the most extreme form of gender-based violence (GBV). With South Africa being known for having one of the highest rates of femicide in the world, hardly a day passes without another case highlighted in the media. The Gender & Health Research Unit (GHRU) of the South African Medical Research Council has been studying femicide in South Africa for more than 20 years, with previous research showing that in 1999 four women, and in 2009 three women were killed every day by their husband or boyfriend (intimate partner).

This evidence brief summarises the findings of the third National Femicide Study, which examined women murdered in 2017 and compares these findings with those of the 1999 and 2009 studies. In so doing, it seeks to address the key question: *Is there any evidence that the national efforts to combat GBV in South Africa are having any impact on the problem of femicide?*

Study methods

We collected data from medico-legal mortuaries and from the South African Police Service. We started with a random sample of 81 medico-legal mortuaries and identified all females aged 14 years and older who were registered between 1 January and 31 December 2017 as injury deaths related to murder. We identified the mortuary file for each case and examined the autopsy reports. Then we followed up with interviews with police investigators to verify if the manner of death was a murder, and if so, we collected information on what was known or suspected about the relationship between the victim and the perpetrator (i.e. an intimate partner or not). Investigating Officers used the case files (dockets) to extract the information on the crime, investigation and pathway to justice. The 2017 study had largely the same study design as the 1999 and 2009 studies.

We used the same definition of femicide, intimate partner femicide (IPF) and non-intimate partner femicide (NIPF) in all studies (See Box 1).

The survey design allowed for the data to be weighted to provide national estimates and we increased the sample to 81 mortuaries to calculate provincial estimates for 2017. To avoid under-estimating the problem of femicide due to cases with missing data about the crime, we have used multiple imputation (statistical) techniques to allocate cases to the IPF and NIPF groups where this information was missing.

We used information about differences in the patterns of these cases in 2017 (age, place of death, mechanism of death) where we knew the case type, for this process- in other words did the case with missing information have more hallmarks of an IPF or NIPF case? We excluded cases where the body was highly decomposed or only identified as female skeletons, and where manner of death could not be established. Such cases are seldom successfully investigated unless a perpetrator confesses to the crime. Ethical approval for the study was granted by the Ethics Committee of the South African Medical Research Council and further approval and access to data was obtained from the National Department of Health and the South African Police Service.

BOX 1: Definition of Terms

Femicide	Murder of women
Intimate-partner femicide (IPF)	Murder of women by an intimate partner (i.e. a current or ex-husband/boyfriend, same sex partner or a rejected would be lover)
Non-intimate partner femicide (NIPF)	Murder of women by someone other than an intimate partner (stranger, family member, acquaintance etc.)
Suspected rape murder	A murder of a women that occurred with a sexual component identified during investigation

RESULTS

A total of 2,407 women 14 years and older were estimated to have been murdered in South Africa in 2017. This is very similar to the estimated number of women murdered in 2009 (See Figure 1).

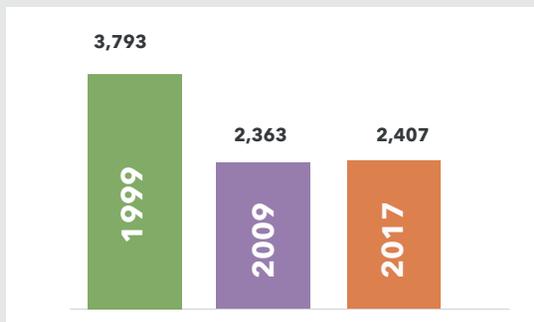


Figure 1: Femicide in South Africa: 1999-2017

The number of estimated femicides by intimate and non-intimate partners is shown in Figure 2. The number of intimate partner femicides per day remains unchanged at 3 women murdered per day by an intimate partner in 2017.



Figure 2: Femicide, intimate partner femicide and non-intimate partner femicide: 1999-2017

Decline in femicide

We consider femicide rates as the best statistic for comparison across the study years because population growth is taken into account in calculating rates. Table 1 presents the estimated femicide rates across the three studies. The overall femicide rate of women 14 years and older in 2017 declined to 11.2 /100 000 population which is less than half the estimated rate for 1999 of 24.7/100 000 (see Table 1). Similarly, the intimate-partner femicide rate halved from 8.8/100 000 in 1999 to 4.8/100 000 in 2017. Although the rate for NIPF also halved from 1999 to 2009 – the decline did not continue between 2009 and 2017.

Key findings: Intimate partner femicide has been decreasing since 1999. There is no change in the non-intimate partner murder rate between 2009 and 2017.

When we compare the proportion of IPF and NIPF among the cases with perpetrator information over the three studies, we also see the same shift with IPF declining from 57% to 52% (Figure 3). As in 2009, we had one case of a woman killed by her female intimate partner.

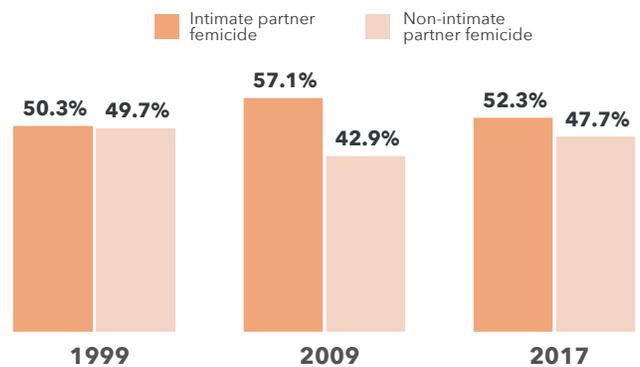


Figure 3: Distribution of intimate partner femicide and non-intimate partner femicide among cases with perpetrator information: 1999-2017

We also see the same age pattern across the three studies with the mean age of all the femicide cases 37.7 years (median age 33 years). Women murdered by intimate partners were younger (mean age 32.3: median 30 years) than those murdered by non-intimate partners (mean age 40.7 years and median 35 years).

Table 1: Femicide rates across the three studies: per 100 000 female population*

	1999 Rate (95% CI)	2009 Rate (95% CI)	2017* Rate (95% CI)
Femicide overall	24.7 (17.7; 31.6)	12.9 (9.3; 16.5)	11.2 (10.2; 12.2)
Intimate partner femicide	8.8 (6.2; 11.2)	5.6 (4.0; 7.2)	4.8 (4.2; 5.3)
Non-intimate partner femicide	8.6 (6.2; 11.1)	4.2 (3.0-5.5)	4.4 (3.8; 4.9)

*Age standardized rates

** In 1999 and 2017 the IPF and NIPF rates do not add up to the overall Femicide rate (2009 adds up) because of missing information mainly as result of not locating murder dockets within the SAP's System. In 2017 murder dockets could not be located for 220 cases and COVID-19 conditions increased the number of interviews that could not be completed (160). This is despite months of trying to set up meetings with Investigating Officers.

Provincial femicide rates

The 2017 femicide rates for the provinces are presented in Table 2. The Eastern Cape reported higher rates (compared to the national rates) for all types of femicide. We also found KwaZulu-Natal had higher overall femicide and intimate partner femicide rates compared to national and the other provinces.

The two provinces with the lowest overall femicide rates were Limpopo and Mpumalanga which were significantly lower than the overall South African femicide rate. Mpumalanga also had the lowest NIPF rate while Limpopo had the lowest IPF rate.

Table 2: 2017 femicide rates across South African provinces

	Femicide	Intimate partner femicide	Non-intimate partner femicide
South Africa	11.2 (10.2; 12.2)	4.8 (4.2; 5.3)	4.4 (3.8; 4.9)
Western Cape	12.3 (6.1; 18.4)	4.9 (2.6; 7.3)	4.8 (2.4; 7.3)
Eastern Cape	22.3 (11.3; 33.3)	8.0 (3.9; 12.0)	10.0 (4.7; 15.3)
Northern Cape	11.0 (2.3; 20.0)	6.2 (1.0; 11.3)	3.1 (0.5; 5.4)
Free State	12.9 (6.1; 19.7)	5.9 (2.6; 9.2)	4.8 (2.2; 7.4)
KwaZulu-Natal	14.0 (8.4; 19.6)	5.8 (3.4; 8.3)	5.5 (3.2; 7.7)
North West	7.7 (3.3; 12.1)	3.7 (1.5; 5.9)	2.6 (0.9; 4.3)
Gauteng	8.1 (3.3; 13.0)	3.9 (1.5; 6.3)	2.7 (1.2; 4.2)
Mpumalanga	5.7 (2.8; 8.6)	3.0 (1.3; 4.7)	2.0 (0.9; 3.0)
Limpopo	4.9 (2.0; 7.9)	2.4 (0.8; 3.9)	2.4 (0.9; 3.9)

Rape and firearm related femicides

There was an overall decline in the proportion of suspected rape murders between the three studies. In 2009 we saw a substantial increase from 1999 in suspected rape murders among the NIPF but in the most recent study, the levels of suspected rape murders decreased to the same level of 1999 i.e. 13.2% in 1999 and 13.6% in 2017.

Firearm related femicide remained unchanged among the IPFs while an increase was found among the NIPFs (see Figure 4). The increase in firearm usage among the non-intimate partner femicides is possibly due to deterioration in the control of unlicensed firearms. Strengthening firearm control therefore remains critical. We saw a decline in the number of perpetrators who committed suicide after murdering their partners – this declined from 18.2% in 2009 to 12.9% in 2017 (not shown). Such murder-suicides are typically committed with a firearm.

How do our police and criminal justice respond to femicide?

Pre-murder documented history of intimate partner violence

In 1999 and in 2009 we showed that only 30% of the SAPS dockets had information on past history of partner violence among the intimate-partner femicide cases. In 2017 we found this has remained unchanged with police having information on previous intimate partner violence among 29% of the IPF cases. We found 23 of the women killed by an intimate partner had a protection order at the time of her death. Previously we highlighted the failure to include the history of previous violence as part of the investigations as a huge concern. Our concern is that many cases are unsolved and yet knowledge of a history of IPV may point toward the intimate partner (IP) as the suspect as murder is seldom the first act of violence by an IP.

Perpetrator convictions

We found no difference in the proportion of convictions among the cases where a perpetrator was identified among the IPF cases but a slight improvement in convictions among the NIPF cases (see Figure 5).

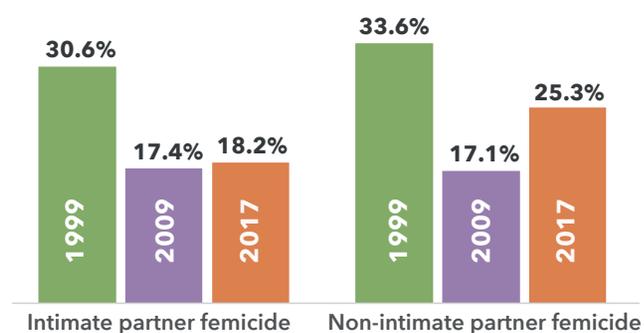


Figure 4: Firearm related femicides: 1999-2017

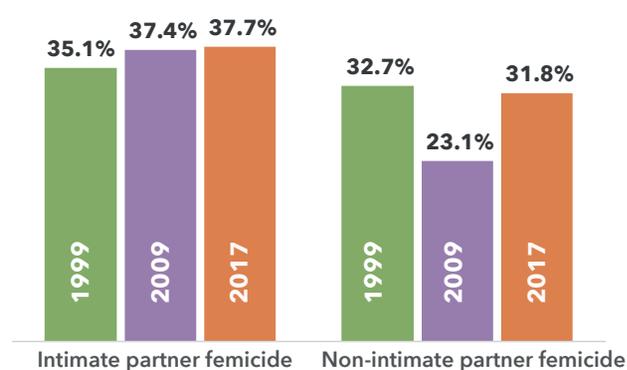


Figure 5: Convictions among femicide cases where perpetrators were identified: 1999-2017

Missing data

The availability of police data across the three studies is presented in Figure 6. There were three main ways in which information on the murders were incomplete.

- Dockets not located
- Perpetrators not identified during the investigation
- In 2017 police interviews during Covid-19 challenges resulted in police interviews not being completed

In Figure 6 we show the proportion of femicide cases where case dockets were not located during data collection, despite spending a substantial amount of time trying to locate each one. The number of missing dockets increased from 1.6% in 2009 to 9.1% in 2017. Furthermore, we found a large increase in the number of unknown perpetrators with 18.6% in 1999 to 30.1% in 2017 (Figure 6). These are cases where a suspect has not been identified.

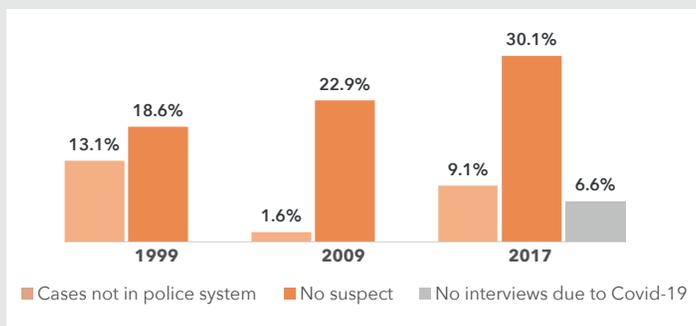


Figure 6: Distribution of missing data during police data collection: 1999-2017

Unidentified perpetrators among the investigated cases across provinces are shown in Figure 7. Cases with unidentified perpetrators were not evenly distributed across the provinces. KwaZulu-Natal, Eastern Cape and Gauteng had the largest number of missing perpetrator information.

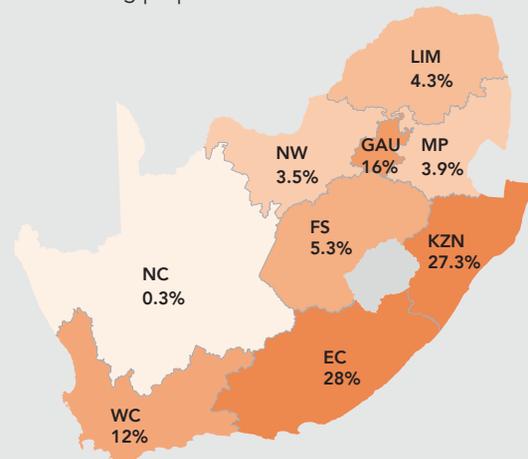


Figure 7: Provincial distribution of perpetrators not identified during investigation, 2017

Conclusion

We estimate that 2,407 women were murdered in South Africa in 2017 – almost seven women per day. Among these, we estimate that 1,029 were killed by an intimate partner, which shows that we continue to have a huge problem of IP femicide in the country. However, when compared to femicides in 2009 and 1999 we see a continued reduction in the femicide rate in the country – in other words, the number of women killed as a proportion of all adult women in the country. Most notably we have seen a greater reduction among women killed by intimate partners than by non-intimate partners.

These findings provide evidence that we are reaping the rewards from the activism of women and community-based organisations and the Government’s policy and practice measures aimed at reducing gender-based violence. It is particularly interesting, as we have shown a greater decline in intimate than non-intimate partner femicides.

However, we found evidence of diminishing quality of police case investigation, particularly in KwaZulu-Natal, the Eastern Cape and Gauteng provinces. There has been an increase in number of cases with perpetrators not identified during the investigation and no change in the basic case investigation information related to victims’ experiences of previous IPV among women killed by intimate partners. This problem cannot be explained by burgeoning caseloads, as the number of murder cases investigated per year is much lower than it was in 1999 when investigations were seemingly more successful in identifying a perpetrator.

Despite our research highlighting for almost two decades the need to ask about previous IPV as part of the case investigation, there is a continuing lack of awareness of gender-based motivations for the murder of women among police, and failure to prioritise these cases. This is of concern, given government’s efforts to improve policing and detective work. Efforts to improve case investigation over the last decade have clearly been inadequate. It is essential that this work is prioritised so that those who murder women are held accountable and appropriately punished.

Our study has shown that this model of collecting national intimate femicide data in the absence of national homicide data bases with perpetrator information and national gender-based violence studies is a reliable and valid measure. The 4th Femicide study data collection started in November 2021 and will review Femicide during COVID-19. We are uncertain if the hard lock-down conditions increased femicide, or if the trend of decreasing interpersonal violence overall will be seen for femicide in the country as well.

The GHRU has been working with the Department of Justice and Constitutional Development (DoJ&CD) in the development of a Femicide Prevention Strategy that will be incorporated into the National Strategic Plan on Gender-Based Violence and Femicide. Focussing on the five core objectives of the Femicide Prevention Strategy will ensure that we intensify efforts to prevent GBV and femicide in South Africa (see Box 2).

BOX 2: Five key objectives of the South African National Femicide Prevention Strategy

1. Strengthen legislation and develop femicide-specific policy and guidelines to prevent and respond to femicide
2. Provide leadership and accountability for femicide prevention through sustainable, multi-sectoral collaboration and action to prevent and respond to femicide
3. Prioritise femicide surveillance and build knowledge of what works to prevent femicide
4. Implement a targeted, context-specific femicide prevention programme
5. Strengthen institutional capacity to prevent femicide

Acknowledgments

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