

Violence: Some information on perpetrators

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Introduction

The World Health Organisation reports that more than a million people lose their lives annually and many more suffer non-fatal injury as a result of various types of violence (Krug et al, 2002). While information regarding criminal violence involves mostly victims, very few studies have examined the traits of perpetrators. Criminal justice studies suggest that the demographic characteristics of perpetrators are usually similar to those of their victims (Criminal victimisation in the US, 1994; Bachman & Saltzman, 1995), and that victims often become involved as perpetrators at some point (Songer et al, 2002). Studies have also shown that perpetrators are in most cases known to the victim and that many assaults take place in the home of the victim or perpetrator (Jackson, 1997). Scientific studies of perpetrators that include demographics, though, are infrequent. Studies of perpetrators are complicated by the fact that incomplete information is kept on record. Hospital-based studies show that records on, for instance, domestic violence, are inadequately kept and that critical information on perpetrators are often missing (Tata institute of social sciences, 1999).

Currently South Africa is characterised by high levels of violent crimes. South Africa has been referred to as a society which endorses and accepts violence as an acceptable and legitimate means to resolve problems and achieve goals (Vogelmann & Simpson, 1990). Statistics seem to support the view that South Africa is an extremely violent country. A 1996 study indicated that over a period of five years, almost 70 per cent of the urban population in South Africa were victimised at least once (Van Dijk, 1996).

This article reports on findings from a hospital-based survey, conducted in three rural towns in the Western Cape (Hermanus, Vredenburg and Worcester) in 1999/2000. Questions on perpetrators were included in the questionnaire.

Methodology

A rural injury surveillance study was conducted in 1999/2000 for a two-month period (a summer month and a winter month) at state and private hospitals in three rural towns in the Western Cape viz. Worcester, Hermanus and Vredenburg.

The major objective of the study was to monitor trauma trends in the rural Western Cape. The study was a cross-sectional, descriptive study of the incidence of trauma. Included were all patients who attended the trauma units of private and state medical institutions during the two-month study period, as well as all deaths recorded at the mortuaries of these towns over a nine-month period.

Only patients who attended the hospital for the first time with the particular injury were included. Patients were included even though their injury may have occurred a few days earlier. Drownings and poisonings (including attempted suicide by drugs/chemicals, etc.) were included in this project. Patients that were referred to the participating hospital from other centres if their major care was undertaken at the participating hospital, were included.

Patients excluded from the study were those referred only for radiological tests (X-rays), all medical cases; (except poisonings, drug overdoses and drowning); those attending the hospital for follow-up treatment of an injury, insect and snake bites;

those who absconded before any treatment was started; and patients referred to the participating hospital after the major medical care has been given at another hospital. Those who were certified dead on arrival (DOA's) at hospital were not included.

Each patient was interviewed by a trained nurse using a specially constructed interview questionnaire. Alcohol usage was assessed using self-report. Self-report was conducted by either asking the patient whether he/she had consumed alcohol prior to their injury or by using clinical judgement in unconscious or uncooperative patients. Self-report was also used to assess drug usage among patients. For the completion of the questionnaire, informed consent was obtained from the patient. It was therefore necessary to obtain permission by briefly explaining the purpose of the interview to the patient. The patient was assured that all the information would be handled confidentially.

Results

In the study period of two months, 2709 injuries were recorded at the state hospitals of the three towns. If the data are extrapolated, it can be assumed that they see an expected annual total of 16 254 trauma cases. Violence accounted for 9396 (57.8%) of all injuries.

In more than 70% of cases, violence victims were either injured with a sharp or blunt object or a combination of the two, i.e. sharp and blunt. A further 8% were kicked or punched.

Rape accounted for about one per cent of all violent episodes, but this figure could be higher due to under-reporting of such cases. Furthermore, this study only registered rape cases who had significant physical injuries and were treated at these hospitals (Fig 1).

Perpetrator of violence

The perpetrator of violence was not reported in 20% of the cases. Of the remaining 7476 cases, 40% was either a friend or neighbour while in more than one-quarter of cases it was a stranger. In more than 10% of the cases the perpetrator was a spouse or intimate partner. It is suspected that this variable was under-reported since some victims (largely women) were accompanied by their abusers or were hesitant to implicate their partners (Fig 2). In 87% of cases the perpetrator of violence was male.

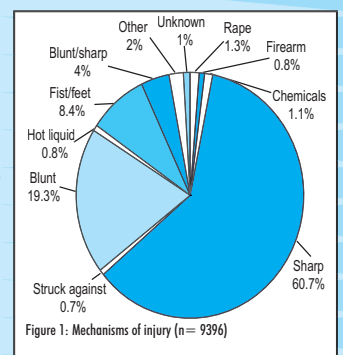


Figure 1: Mechanisms of injury (n= 9396)

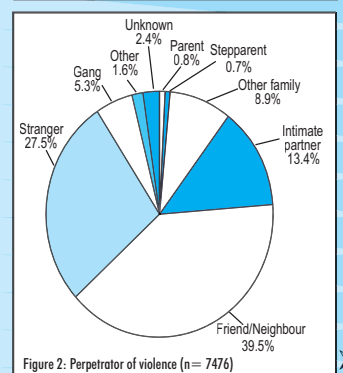


Figure 2: Perpetrator of violence (n= 7476)

Table 1: Victim gender by perpetrator gender
Table 1 shows that injuries sustained were largely due to male-on-male violence followed by male-on-female violence.

Victim gender	Perpetrator gender		Total
	Male	Female	
Male	(n=4740) 62.7%	(n=528) 7.0%	(n=5268) 69.7%
Female	(n=1824) 24.1%	(n=462) 6.1%	(n=2286) 30.3%
			(N=7554) 100%

Male-on-male violence

Figure 3 shows that more than 50% of perpetrators were known to the victim. This category included friends, neighbours, parents and other family members. In one third of cases the perpetrator was a stranger.

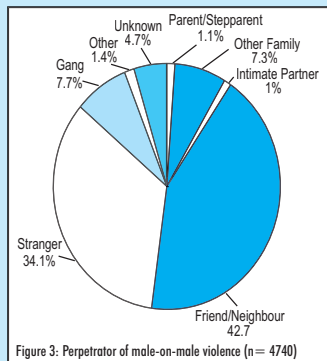
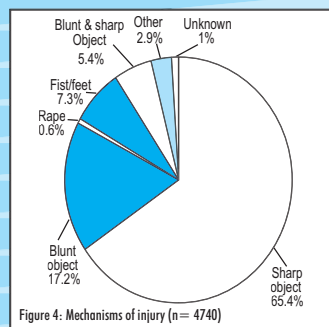


Figure 4 shows that two-thirds of injuries were due to sharp objects and that nearly 20% were due to blunt objects. Thirty cases of rape were predicted for a one year period. Most injuries occurred on the road and in and around the house.

Male-on-female violence

A high percentage of male-on-female assaults were caused by people known to the victim (73.9%), i.e. intimate partners, family, friends and neighbours. This evidence confirms findings of other studies locally and internationally. In about 20% of cases the perpetrator was not known to the victim. (Fig. 5)

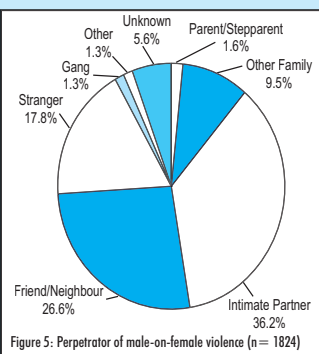
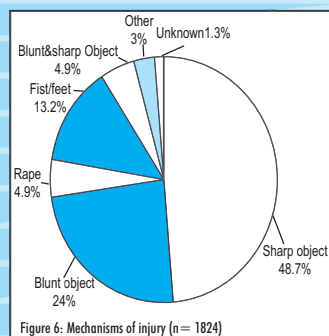


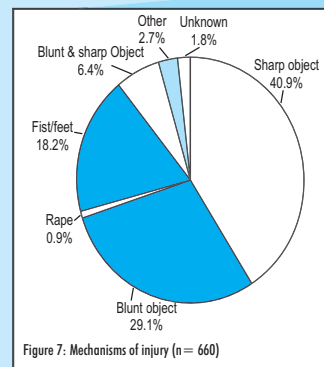
Figure 6 shows that injuries were mostly inflicted using a sharp object. Ninety cases (4.9%) were the victims of rape. Nearly 50% of these injuries occurred inside the house.

Intimate partner (male-on-female) violence

Results of intimate partner i.e. male on female violence show that:

- intimate partners accounted for 36.2% of male-on-female violence;
- injuries were largely inflicted by a sharp object (40.9%) followed by blunt force (29.1%) or the victim being kicked or punched (18.2%); and

- violent assaults by male-on-female intimate partners highlight that the home is not a safe place for women because almost 70% of assaults occurred inside the house (Fig 7).



Summary

In summary, results revealed that:

- perpetrators of violence were mostly male;
- in male-on-male violence the perpetrator was in most cases known to the victim;
- in male-on-female violence the perpetrator was in most cases the intimate partner;
- sharp objects were used in most cases of violence;
- overall, two-thirds of cases were indicated to be alcohol-related;
- three-quarters of injuries of male-on-male violence, were indicated to be alcohol-related;
- seventy per cent of injuries of intimate partner violence were indicated to be alcohol-related; and
- two-thirds of injuries of male-on-female violence were indicated to be alcohol-related.

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