

# FEMALE HOMICIDAL STRANGULATION IN URBAN SOUTH AFRICA: 2001-2005

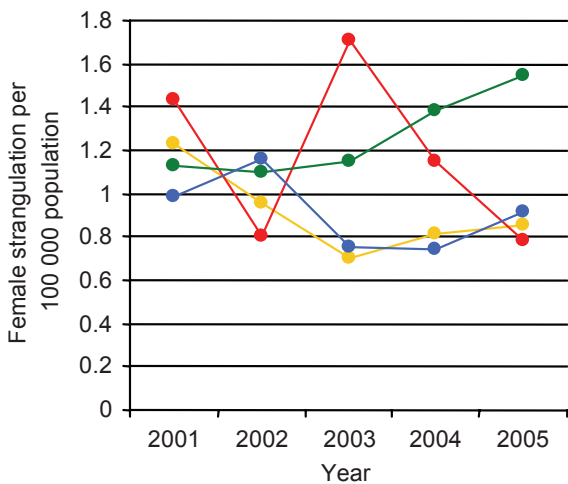
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Gender-based violence persists as a global public health problem. In 2000, there were an estimated 119 000 female homicides worldwide, for an overall age-adjusted rate of 8.8 per 100 000 population [1]. Of these, the majority of deaths occurred in low- to middle-income countries, with the highest number of female homicides reported for the African Region. South Africa is estimated to have one of the highest rates of intimate female homicide in the world, with 8.8 per 100 000 women age 14 years and older murdered by an intimate partner in 1999 [2]. In South Africa's cities, female homicide by strangulation occurs at a greater rate than that for males (1.5:1), unlike the higher male rates observed for the other major external causes of homicide death, such as firearm and sharp force injury [3]. Strangulation presents as a method favoured by assailants that are considerably physically stronger than their victims, as illustrated by this higher proportion of female deaths [4].

## DEFINITION

- Strangulation is considered to be a form of mechanical asphyxia [5].
- The term is specifically used to indicate the external pressure applied to the neck either by means of a ligature or the hands.
- Ligature strangulation refers to strangulation with a cord-like object.
- Manual strangulation refers to strangulation with the hands or forearms, or standing or kneeling on the victim's throat.
- Almost all attempted or completed homicides by strangulation involve either ligature strangulation or manual strangulation.

## EXTENT OF THE PROBLEM IN SOUTH AFRICA



- There were 320 reported female homicidal strangulation cases:
  - 99 cases in Cape Town;
  - 96 cases in Durban;

- 77 cases in Johannesburg; and
- 48 cases in Pretoria.

- In general, declining rates for female homicidal strangulation were reported for Durban, Johannesburg and Pretoria, though peaks were reported in Durban (in 2003) and Pretoria (in 2002).
- Cape Town is the only city to report an increase across the five years.

## DISTRIBUTION BY AGE AND POPULATION

- The highest rates were reported in the over 60 year age category in Durban, Cape Town and Johannesburg.
- The highest rate for Pretoria was reported in the 20-29 year age category.
- Cape Town also reported the highest occurrence for the 50-59 year age category.
- Strangulation occurrence by population group varied by city.
- For example, in Cape Town, the highest rates were sustained by black and white women<sup>1</sup>. The highest rates in Pretoria occurred amongst 'coloured' females.

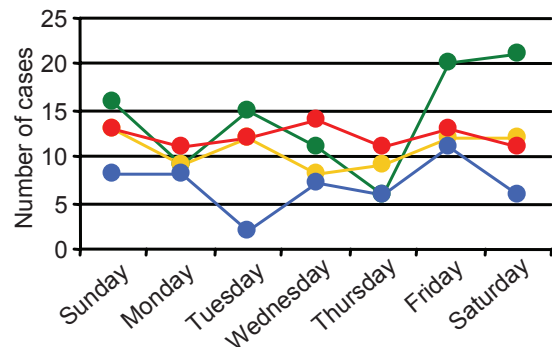
## CIRCUMSTANCES OF OCCURENCE

### Time of Occurrence

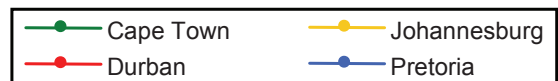
The highest occurrence for each of the cities was reported as follows:

- Cape Town and Durban for the 08h00-11h59 period; and
- Pretoria and Johannesburg for the 04h00-07h59 period.

### Female Strangulation by Day of Death



Days on which female strangulation deaths occurred



- Cape Town recorded the highest rate of occurrence over the weekend period.
- Occurrences across Durban, Johannesburg and Pretoria were more evenly spread across the day.
- Initial indications are that circumstances of occurrence in Cape Town may be more closely related to alcohol consumption and recreation patterns.

<sup>1</sup> In South Africa, the terms "White", "Black", "Coloured" (referring to mixed heritage) and "Asian" refer to various population groups. The use of these terms is contentious and does not imply acceptance of the racist assumptions on which these labels are based. It is recognised that these categories are a social construction that has served particular political purposes. It is not implied that such categories have any anthropological or scientific basis. The terms are used to reflect the differential manner in which the earlier South African policies of racial segregation, or *apartheid*, had impacted on the lives of various groups of South Africans.



**Female Strangulation by Month of Death**

The highest occurrence in each of the cities was in:

- September for Durban;
- July and October for Cape Town;
- February and August for Johannesburg; and
- November for Pretoria.

**Scene of Crime**

Across all four cities, the crime scene tends to be within the confines of the home:

- 42% in Johannesburg;
- 38% in Cape Town and Pretoria; and
- 28% in Durban.

Other significant crime scenes included:

- Residential institutes in Johannesburg and Pretoria;
- Road or highway for Cape Town; and
- Open beach or land for Durban.

**Blood Alcohol Content (BAC)**

- A legal BAC (< 0.05g/100ml) was reported in the majority of cases (76% to 82%) for Johannesburg, Durban and Pretoria.
- Cape Town is the only city to report similar legal and illegal BAC levels, with 54.8% of cases testing negative and 45.2% testing above the legal BAC limit.

- Early identification and support for victims of violence; and
- Community-level substance abuse and domestic violence prevention programmes.

**CRIME PREVENTION AND SUPPORT SERVICES**

- SAPS CRIME STOP: Tel: 08600 10111
- POLICE – EMERGENCY: Tel: 10111
- AMBULANCE – EMERGENCY: Tel: 999 / 10177
- NATIONAL NETWORK ON VIOLENCE AGAINST WOMEN: Tel: (012) 348-1231/3
- STOP GENDER VIOLENCE: Tel: 0800 150 150
- PEOPLE OPPOSING WOMEN ABUSE: Tel: (011) 642-4345/6
- STOP WOMEN ABUSE: Tel: 0800 150 150
- RAPE CRISIS: Tel: (021) 447-9762; (021) 633-9229; (021) 361-9085
- FAMSA: Tel: National Helpline - 0800 150 150

**REFERENCES**

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4. Rodge S, Hougen HP, Poulsen K: *Asphyxial homicide in two Scandinavian capitals*. The American Journal of Forensic Medicine and Pathology 2001, 22(2):128-133.
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**PREVENTION**

Current prevention initiatives that address gender-based violence need to be strengthened. Supplementary evidence-based and gender-specific initiatives also need to be developed to especially address the circumstances that instigate strangulation fatalities.

Critical prevention initiatives that require development and support at both local and national levels are:

- Formation of policing teams that specialise in intimate partner crimes;
- Stronger legislation aimed at protecting women, especially older women;
- Universal screening for strangulation injury in women assessed to be victims of intimate partner violence;

**SOURCE**

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