



# VIOLENCE



## The situation in South Africa

- There were more than 27 000 violence-related deaths in South Africa in 2000.
- The South African death rate due to violence was more than six times higher than the global rate.

## Gender

- In 2004, men were more than six times as likely as women to die as a result of violence. However, for victims of both genders the perpetrators were usually male.
- Firearms (42%), followed by sharp force injuries (27%), blunt force injuries (18%) and strangulation (9%) were the leading external causes of violent death among women.
- Non-fatal injuries affected men and women more equally.

### Danger zones for men and women

- Time of day: Early morning (6–9 am) and evening (6–11 pm).
- Day of the week: Over weekends.
- Places: Private homes, especially for women

## Age

- In 2004, the highest rates of fatal violence were recorded in the 25–44-year age category. This was mainly due to the sharp increase in male deaths from the age of fifteen years.
- The average age of women who died as a result of violence was 33,8 years. For men it was 31,8 years.
- The incidence of fatal violence among children was comparatively low, but children were far more likely than adults to be affected by sex-related crimes. Of the cases reported to the police in 2004, children

were over-represented:

- 22 486 children were raped – more than 40% of all rapes.
- 2 829 children were indecently assaulted – nearly half of all indecent assaults

## Firearms

- The leading cause of violence-related deaths in South Africa is gunshot injuries (46%).
- Of the 6 167 firearm deaths recorded in 2004, 86% were violence-related, 13% were suicides and less than 1% were unintentional (or accidental).
- There were more firearm-related violent deaths in the 25–29-year age group than in any other.

## The good news

From 2001, the National Injury Mortality Surveillance System data have shown a steady decrease in rates of fatal violence in Cape Town, Durban, Johannesburg and Pretoria/Tshwane, mainly attributable to a decrease in firearm deaths.

However, despite these decreases, rates of fatal violence in South Africa are considerably higher than in most other countries.



Contact Details: Crime, Violence and Injury Lead Programme,  
Medical Research Council  
Tel: 021-9380216  
Fax: 021-9380381  
<http://www.mrc.ac.za/crime/crime.htm>  
<http://www.safety2006.info>

## Prevention

As violence is the result of the complex interchange of individual, relationship, social, cultural and environmental factors, we need to employ a range of different strategies. It is also important to understand and study the impact of interventions to reduce levels of violence as they relate to the South African social milieu. Male youths and young men should be the focus of any violence prevention activities, as these are both the perpetrators and victims of most incidents.

Underpinning an effective response to violence in South Africa are two central questions:

- Why are men in South Africa prone to violent actions?
- Why are our recreational activities so closely related to the excessive use and abuse of alcohol and drugs?

Internationally, violence prevention programmes target the individual, relationship, community and societal spheres:

- The individual sphere can be targeted through social development programmes, skills training and firearm control. We need to address the specific factors that turn disagreements into violent confrontations and mundane domestic disputes into domestic abuse. It is clear that men have not kept pace with their changing role in South African society: as fathers, breadwinners, caregivers, and partners. We recommend that educational resources are allocated to the development of conflict resolution skills.
- The relationship sphere can be targeted through training in parenting, home visitation, mentoring programmes and family therapy. Social support systems should be developed so that people can access formal and informal support systems to mediate conflict.

- The community sphere is typically targeted through adult recreational programmes, as well as child-care facilities, pre-school enrichment programmes and extra-curricular activities for children. For alcohol related violence, we need to focus on replacing typical weekend alcohol-related recreation with other, less harmful or hedonistic, forms of social activity.
- Effective measures in the societal sphere are the reduction of poverty, improved income equality, reducing media violence, reforming the educational system, and strengthening and improving police and judicial systems. To reduce alcohol-related violence, we suggest that existing alcohol by-laws be rigorously enforced. We also suggest that more resources be dedicated to effective and competent weekend policing.

We envisage formal collaborative partnerships utilising the programmes outlined above and a centralised, policy-driven injury prevention programme to be implemented at the city level. Care should be taken to document and evaluate programmes to establish their effectiveness and to enable their replication.

It is also clear that this approach needs to be underpinned by the type of political and moral authority that oversaw the systematic demise of apartheid. Part of the miracle of South Africa's transition to a non-racial democracy was the commitment to a peaceful outcome. South African history has already been blessed with two international champions of non-violence in Mohandas Gandhi and Nelson Mandela. It is time for the same type of commitment and resolve against other forms of violence (domestic, gender-based and interpersonal) to re-establish South Africa's role as a champion of peace.

### 8th World Conference on Injury Prevention and Safety Promotion

ICC, Durban  
South Africa  
2 – 5 April 2006



**Secretariat Office**  
PO Box 74790  
Lynnwood Ridge  
Pretoria, South Africa

T: +27-12-4812094  
F: +27-12-4812112  
E: [sec@safety2006.info](mailto:sec@safety2006.info)  
W: [www.safety2006.info](http://www.safety2006.info)