

PREVENTING RAPE AND VIOLENCE IN SOUTH AFRICA: CALL FOR LEADERSHIP IN A NEW AGENDA FOR ACTION

South Africa faces a globally unprecedented problem of violence against women and girls, as well as men and boys, which is undermining our national development and hindering our achievement of the Millennium Development Goals¹. With rates of homicide, rape, and childhood and domestic violence well above those of comparable other countries, the problem of violence is undermining our nation's health and economic and social development. These high levels of violence are an enduring legacy of our colonial and apartheid past, driven by social dynamics formed during the years of racial and gender oppression, with systematic impoverishment, under-education, rampant violence and destruction of normal family life². Preventing and reducing levels of violence has been a missing piece in the national transformation agenda. It needs now to be addressed vigorously as a cross-cutting national priority³.

THE SCALE OF THE PROBLEM : RESEARCH EVIDENCE

Homicide

- In 2007-8, the South African Police Service (SAPS) recorded 18 487 homicides, the great majority are deaths of young, Black men⁴
- South Africa's rate of violent death for men (113 per 100 000) is eight times the global average (8.2 per 100 000)⁵
- Whether directed against women or men, violence in South Africa is overwhelmingly perpetrated by men
- In 1999 there were nearly 3800 female homicides, giving an overall female homicide rate (24.7 per 100 000) six times higher than the global average (4.2 per 100 000)⁶
- In 2000 there were 654 homicides of children under 5, representing nearly 1 in 200 child deaths for that year, this is twice the rate for low and middle income countries⁷

Domestic Violence

- The murder of women by husbands and boyfriends is an extreme consequence of partner violence, half of women homicide victims are killed by their male intimate partners⁸
- Over 40% of men report in research interviews having been physically violent to a partner^{8,9,10} and 40-50% of women report having been victims^{11,12}
- Intimate partner violence is often also sexual and emotional, and it usually occurs in a broader context of relationships marked by controlling behaviours by men and a pervasive sense of fear among women.

Rape

- In a research study, 28% of men reported having perpetrated rape¹⁰
- Rape mostly starts in the teenage years, three quarters of men who rape do it for the first time before the age of 20¹⁰
- Men are also rape victims, about one in 30 men (3.5%) has been raped by a man^{10,13}

Violence against children

- Almost all children are subject to physical violence at home. More than one in four experience times in childhood when this occurs daily or weekly. Sticks, belts and other implements are often used. Frequently children are injured¹⁴.
- More than a third of girls have experienced sexual violence before the age of 18 (e.g. unwanted touching, forced sex or being exploited into sex by much older men)¹⁴.
- 40% of victims who report rape to the police are girls under 18, and 15% are under the age of 12¹⁵
- 15% of children report times in their lives when one or both parents were too drunk to care for them, and one in two children experience emotional abuse, neglect or witness violence against their mothers at home¹⁴

IMPACT OF VIOLENCE ON HEALTH

- The most immediate impact of violence on health is seen in our health facilities, where an estimated 1.75 million people annually seek health care for injuries resulting from violence^{16,17}
- Indirect costs are much higher. An estimated 16% of all HIV infections in women could be prevented if women did not experience domestic violence from their partners¹⁸
- Women who have been raped are at risk of unwanted pregnancy, HIV and other sexually transmitted infections. Over a third of them develop post-traumatic stress disorder (PTSD), which if untreated persists in the long term and depression, suicidality and substance abuse are common^{14,19}
- Men who have been raped have a long term increased risk of acquiring HIV and are at risk of alcohol abuse, depression and suicide^{13,14}
- Girl children who have been exposed to emotional, sexual and physical violence are at increased risk of later acquiring HIV, as well as of depression, suicide and substance abuse¹⁴.

WHY THE PROBLEM OF VIOLENCE?

- **Poverty and social inequity are key drivers of violence: South Africa is arguably the most inequitable country in the world**

Research shows that income inequality (measured in the Gini coefficient), low economic development and high levels of gender inequality are strong predictors of rates of violence across countries²⁰. South Africa has the worst income inequality and the highest level of homicide found in one study of 63 countries²⁰. Unemployment, particularly male youth unemployment, is a consistent correlate of homicide and assault^{20,21,22}.

Poverty and unemployment are barriers to men and women accessing traditional sources of well being, status and respect. Inequality in access to wealth and opportunity results in feelings of low self-esteem, which are channeled into anger and frustration, and violence is often used to gain the sought after respect and power, whether through violent robbery, rape, fighting between men, severe punishment of children or violence against partners²¹. Whilst the middle classes are often most vocal about the problem of violence, the overwhelming majority of victims are found among the working classes and the poor.

- **Dominant ideas of manhood: Emphasised gender hierarchy and competition between men**

South Africa's men from across the racial spectrum are raised to see themselves as superior to women and taught that men should be tough, brave, strong and respected^{2,23}. Heavy drinking, carrying weapons and a readiness to defend honour with a fight are often seen as markers of manhood. The violence that ensues between men often has very severe consequences. With most men perceiving that women should submit to control by men, physical and sexual violence are used against women to demonstrate male power, and thus teach women 'their place', and to enforce it through punishment^{2,9,10}. Thus gender inequality legitimates male violence over women, as well as being accentuated by the use of such violence.

- **Widespread exposure of children to violence: Promotes anti-social behaviour**

South African families are highly unusual by global norms. In South Africa, growing up as a child in a home with two biological parents is unusual^{10,14}. A majority of children are born outside marriage and there is generally no expectation of fathers having a social involvement in the lives of these children. They often also provide no financial support. Frequently children are raised by family members who are not their biological parents. Without their parent's protection, children are extremely vulnerable to abuse and neglect^{10,14}.

Whilst this is a problem in its own right, it also gives rise to intergenerational cycling of violence. Girls exposed to physical, sexual and emotional trauma as children are at increased risk of re-victimisation as adults^{24,25}. Exposure of boys to abuse, neglect or sexual violence in childhood greatly increases the chance of their being violent as adolescents and adults,

Authors: R Jewkes, N Abrahams, S Mathews, MRC Gender & Health Research Unit
M Seedat, A Van Niekerk, S Suffla, K Ratele, MRC Crime Violence & Injury Lead Programme

Enquiries to: Prof Rachel Jewkes, Director, Gender and Health Research Unit, Medical Research Council,
Private Bag X385, Pretoria 0001 Tel: 012 339 8525; Fax: 012 339 8582; Email: rjewkes@mrc.ac.za

and reduces their ability to form enduring emotional attachments. Trauma during childhood impacts on brain development, enhancing anti-social and psychopathic behaviour and reducing the ability to empathise^{9,10,26}.

• Widespread abuse of alcohol and drugs

South Africa has one of the highest per capita alcohol consumption levels per drinker in the world, social norms dictate that when we drink we consume a lot²⁷. Many of our acts of fatal and non-fatal violence occur after alcohol and drug abuse, especially fights, some types of homicide and rape¹⁰. Many victims of violence are also rendered vulnerable by alcohol^{15,28}. In a vicious cycle, victims of violence often start drinking heavily to deal with the trauma they have experienced, but their drinking makes it harder for them to escape from violence in their lives. Children are often left very vulnerable by their parents' drinking¹⁴.

• Guns: Legal and illegal guns are still widely used to threaten and kill

Guns play a major role in violence and homicide. South Africa's rate of firearm deaths is among the highest in the world²⁹, with a third of all female and male (39%) homicides committed with guns^{6,29}. The country's violent history has left an entrenched gun culture, and an enduring idea linking manliness with guns²³. The problem spans both legal and illegal guns. Whilst illegal guns are often used in crime, control guns kept at home are often used by men against women partners⁶. Existing gun control measures have failed to make a large impact on gun-related homicide.

• Social norms support and legitimise the use of violence

Social norms render the use of violence in many circumstances to be legitimate. The widespread use of violence against women partners, children and in fights between men has created a society in which these behaviours are widely viewed as normal, providing lasting injury does not occur^{30,31}. Similarly, carrying weapons is seen as normal for many men¹⁰. Many forms of sexual violence, particularly sexual harassment and forms of sexual coercion that do not involve physical force are widely viewed as normal male behaviour^{10,31}.

• Law enforcement is generally very weak

With society accepting the use of violence in many circumstances, and the community very often protecting perpetrators, it is not surprising that law enforcement is generally very weak^{32,33}. Widespread corruption and general under-resourcing within the police force, as well as challenges of transformation and restructuring in the detective services, contributes to the problem. Few perpetrators are effectively punished, with the result that laws fail to provide deterrence and victims often have little faith in the system.

• The response from Government to violence prevention has been very weak

Despite the massive problem violence poses to the country, there has been a conspicuous lack of stewardship and leadership in the area of violence prevention from Government³. The current policy of the Government which, simply put, is to 'get tough' on criminals, is unlikely to be a useful response to violence in the long term. Without widespread social and economic reforms, it fails to address the roots of violence and, equally problematically, it is both rooted in and serves to perpetuate many of the very ideas of manhood that underlie the problem of violence in society.

PREVENTING VIOLENCE: WHAT IS TO BE DONE?

• A national violence prevention strategy, with support from the highest level

The country needs a national violence prevention strategy that outlines a unified, coordinated and scientifically-informed response. This must be directed across all clusters and Departments of Government and civil society, and this requires that it is led from the highest level of Government. At the heart of the strategy must be a national commitment to achieving a systematic reduction in levels of all forms of violence and a system for monitoring its achievement.

• Violence prevention requires an evidence-based response

The dominance of the emphasis on deterrence in violence prevention reflects a failure to recognise the deep social roots of the problem of violence in the country. There needs to be a scientifically rigorous process of review of evidence on the magnitude, causes and consequences of violence, to provide the basis for the strategy. A commitment to targets for change in each of the key areas underlying violence is needed and the necessary policies, processes and interventions that must be implemented, changed and strengthened should be identified through a scientifically informed process. There needs to be rigorous monitoring of progress towards achievement of targets for interventions and outcomes. Civil society should have a special role, in partnership with Government, in this process.

• Violence prevention needs political commitment and resources

The plan needs to be driven by a programme of action that is supported by unwavering political will, adequate infrastructural arrangements, capacity and allocation of resources, which appropriately reflect the massive economic impact of violence. It needs to draw on skills and expertise across both Government and civil society, and to recognize synergies with agendas for tackling other national priorities, in particular HIV/AIDS.

• Violence prevention needs new ideas

A national strategy for violence prevention must focus on the factors underlying the very high levels of violence in the country, particularly poverty, youth unemployment, gender and other social inequity, dominant ideas about manhood, exposure of children to trauma and abuse, harmful levels of alcohol consumption, social norms on the use of violence, access to firearms, as well as the weak policing and legal responses. New ideas and new commitments are needed if this is to be successful. In particular, the importance of changing social norms and practices around manhood, violence, alcohol consumption and many aspects of parenting needs to be embraced across Government and civil society.

REFERENCES

1. Chopra M, Lawn J, Sanders D et al Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *Lancet* 2009; 374:1023-31.
2. Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: prioritising an agenda for prevention. *Lancet* 2009; 374: 1011-22.
3. Crime Information Analysis Centre: South African Police Service. Crime situation in South Africa, 1 April 2007 – 31 March 2008: trends, spatial distribution and interpretation. http://www.saps.gov.za/statistics/reports/crimestats/2008/crime_stats.htm.
4. Rosenberg ML, Butchart A, Mercy J et al (eds.) Disease control priorities in developing countries (2nd ed.). New York: Oxford University Press, 2006: 755–770.
5. Abrahams N, Jewkes R, Martin LJ et al Mortality of women from intimate partner violence in South Africa: a national epidemiological study. *Violence Victs.* 2009; 24(4): 546-556.
6. Bradshaw D, Bourne D, Nannan N. What are the leading causes of death among South African children? MRC Policy Brief, No. 3, December 2003.
7. Abrahams N, Jewkes R, Hoffman M, Laubscher R. Sexual violence against intimate partners in Cape Town: prevalence and risk factors reported by men. *Bull. World Health Organ.* 2004; 82: 330–337.
8. Jewkes R, Dunkle K, Koss MP et al. Rape perpetration by young, rural South African men: prevalence, patterns and risk factors. *Soc Sci Med* 2006; 63: 2949–61.
9. Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Understanding men's health and use of violence: interface of rape and HIV in South Africa. Technical Report. Pretoria: Medical Research Council, 2008.
10. Dunkle KL, Jewkes RK, Brown HC et al. Gender-Based Violence, Relationship Power and Risk of Prevalent HIV Infection among Women Attending Antenatal Clinics in Soweto, South Africa. *Lancet* 2004; 363: 1415–1421.
11. Jewkes R, Dunkle K, Nduna M et al. Factors associated with HIV sero-status in young rural South African women: connections between intimate partner violence and HIV. *Int. J. Epidemiol.* 2006; 35: 1461–8.
12. Jewkes R, Dunkle K, Nduna M et al. Factors associated with HIV sero-positivity in young, rural South African men. *Int. J. Epidemiol.* 2006; 35: 1455–1460.
13. Jewkes R, Dunkle K, Nduna M et al. Associations between childhood adversity and depression, substance abuse & HIV & HSV2 in rural South African youth. *Child Abuse and Neglect* (in press)
14. Vetter L, Jewkes R, Fuller R et al. Tracking Justice: The Attrition of Rape Cases Through the Criminal Justice System in Gauteng. Johannesburg: Tshwaranang Legal Advocacy Centre, 2008.
15. Peden MM, Butchart A. Chapter 24: trauma and injury. In: Crisp N, Ntuli A. *South African Health Review 1999*. Durban: Health Systems Trust, 1999: 331–344.
16. Matzopoulos R, Prinsloo M, Butchart A et al. Estimating the South African trauma caseload. *Int J Inj Contr Saf Promot.* 2006; 13: 49–51.
17. Jewkes R. Invited plenary address. "Gender & sexuality – recent data and its implications for HIV prevention, treatment & support" at 5th International AIDS Society Conference on Pathogenesis, treatment and prevention, Cape Town 19-22 July 2009.
18. Wang SH, Rowley W. (2007) Rape: How men, the community and the health sector respond. Geneva, Sexual Violence Research Initiative and the World Health Organization.
19. Wood A. Correlating violence and socio-economic inequality: an empirical analysis. In: McCarthy TE, ed. *Attacking the root causes of torture, poverty, inequality and violence*. World Organisation Against Torture, 2006.
20. Wilkinson RG, Kawachi I, Kennedy BP. Mortality, the social environment, crime and violence. *Soc Hlth Illness* 1998; 20: 578–597.
21. Gawryszewski VP, Costa LS. Social inequality and homicide rates in Sao Paulo City, Brazil. *Rev. Saúde Pública* 2005; 39.
22. Morrell R. Of boys and men: masculinity and gender in Southern African studies. *Journal of Southern African Studies* 1998; 24: 605–30.
23. Dunkle KL, Jewkes RK, Brown HC et al. Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa. *Am J Epidemiol.* 2004; 160: 230–9.
24. Koss M, Dinero TE. Discriminant analysis of risk factors for sexual victimisation among a national sample of college women. *J Consult Clin Psychol* 1989; 57: 242-250.
25. Caspi A, McClay J, Moffitt, TE, et al. Role of Genotype in the Cycle of Violence in Maltreated Children. *Science* 2002; 297: 851-854.
26. Rehm J, Rehn N, Room R et al. The global distribution of average volume of alcohol consumption and patterns of drinking. *Eur Addict Res.* 2003; 9: 147–156.
27. Mathews S, Abrahams N, Jewkes R et al Alcohol use and its role in female homicides in the Western Cape, South Africa. *J Stud Alcohol Drugs* 2009; 70(3): 321-327
28. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. *World health report on violence and health*. Geneva: World Health Organization, 2002.
29. Wood K, Lambert H, Jewkes R. 'Injuries are beyond love': young South Africans' understandings of limit and legitimacy in relation to physical violence in their sexual relationships. *Med Anthropol.* 2008; 27: 43–69.
30. Wood K, Jewkes R. 'Dangerous' love: reflections on violence among Xhosa township youth. In: Morrell R, ed. *Changing men in Southern Africa*. Pietermaritzburg/London: University of Natal Press, Zed Press, 2001: 317–36.
31. Altbecker A. *A country at war with itself*. Jeppesstown: Jonathan Ball Publishers, 2007.
32. Steinberg J. *Thin Blue Line*. Jeppesstown: Jonathan Ball Publishers, 2008.