Studying violence in a South African city

Violence exacts an enormous cost not only in terms of personal pain and suffering, loss of income and needless expense, but also because of the huge burden it places on the health care services, diverting them from other, more fundamental concerns with people's health. The greatest social cost of violence is not economic, but rather the loss of self-respect in both the perpetrators and the victims, and the disruption it causes to family life and social norms.

This article, by members of the Health Psychology Unit at the University of South Africa, briefly examines trauma as a public health problem and explores possible explanations for violence. An approach to research into violence in South Africa is briefly described, where ways of bringing together theoretical knowledge and people's common sense ideas are explored.

Violence affects the victim and the perpetrator, as well as the family and the broader social community.

Trauma as a public health problem

In South Africa, trauma causes approximately 16% of all deaths, second only to circulatory diseases, which give rise to about 21% of deaths.(1)

An unfortunate aspect of South African health statistics is that they are specific about race, but very vague about other important variables such as income, education level, place of residence and other indicators of social class. However, since other data are unavailable, the analysis that follows is based on the "official" race classifications, which uses terms such as white, "coloured", African and Asian.

Trauma patterns

Comparing causes of non-natural deaths in African and white males reveals some interesting differences.

Cause	Population group			
	African	White	"Coloured"	Asian
Homicide	39	5	39	14
Suicide	3	20	3	13
Motor accidents	20	42	24	37
Other	38	33	34	36
Total	100	100	100	100

Causes of deaths in males as a percentage of all causes, by population group.

1. African males are nearly eight times as likely as white males to die a violent death by homicide (murder).
2. Suicide is seven times more frequent among white than among African males. This raises important questions about the quality of life of South African whites, speculatively raising the possibility that suicide is part of the price of the oppressive system in South Africa.
3. Motor vehicle accidents claim twice as many white lives as African lives. (Not reflected in these data is the fact that most African motor vehicle fatalities involve pedestrians, while most white deaths are of vehicle occupants.)

These mortality trends are strongly supported by another set of data gathered by our Unit on non-fatal traumatic brain injury in Johannesburg: 70% of white brain injuries were caused by motor vehicle accidents, but only 27% of African brain injuries. On the other hand, interpersonal violence accounted for 51% of African brain injuries, but only 10% of those in whites. Among "coloured" people, motor vehicle accidents accounted for 49% of brain injuries and interpersonal violence for 40%. (All traumatic brain injury data are for males and females combined.)

The significance of violence in South Africa

An important question for those concerned with prevention and health education is whether apartheid contributes to the exceptionally high rate of interpersonal violence among African and "coloured" people. There are many reasons to expect that this is so. There is wide agreement that racial domination and oppression create very sharp differences between the living conditions of the oppressed and the oppressor and an exceptionally high level of violence.

Franz Fanon, the famous psychiatrist, documented the violence of colonial Algeria during the 1950s and notes the differences in the level of violence in parts of the city in which the French settlers lived, and under the slum conditions of the majority of Algerians.

Fanon observed that oppressed people tend to internalise the violence of the oppressor, making the cruelty and viciousness of the system their own.

A student of Fanon, Hussein Bulhan, writes that if the oppressed person "cannot defend his personality in the larger social arena, he must defend what is left of it in his last refuge .. namely, in the circle of his family and friends," so that the slightest challenge to personhood or dignity leads to "a volcanic eruption of repressed aggression, a welling up of accumulated anger".

Structural and cultural explanations of violence

Fanon's suggestions are known as the "colonial model of violence" which combines elements of the structural and the cultural explanations of social violence.

Structural factors are poverty, poor education, police abuse, court injustices and poor living conditions, all of which are found in urban slums throughout the world and in "subcultures" in which violence flourishes. In South Africa the situation is worsened by the high level of apartheid-related violence.

Cultural factors identified by Fanon are a feeling of inferiority produced by the negation of the culture of the oppressed people and an internalisation of the oppressors'

claim that the former are a "bad lot". Another contributing factor to the violence may be that the men in such groups "lack the economic resources that are the most important conventional way of obtaining respect as a man". (Austin, 1983.)

Equality and dignity as a means of reducing violence

If the colonial model is true, one would expect violence to decrease in societies in which there is steady progress towards liberation, the achievement of equal dignity and respect for all, and the redistribution of resources so that they become available to all members of the society, and not only to those of the ruling class.

Research has pointed to a relationship between the living conditions of a community and the level of violence.

Recent work by Roy Austin of the University of Pennsylvania looks at violence rates in the Caribbean island of St. Vincent, which began its independence process from Britain in 1969, achieving full independence in 1979. Data shows that between 1969 - 1973, both imprisonment rates and prosecutions for crimes of violence declined significantly.

He also looked at the effects of the Black Power movement in the United States in the 1970s on comparative white-black arrest and victimisation trends. Again, it was found that the movement towards equality, improvement in self-image and increased political power produced a decline in the differentially high rates of violence amongst black people.

These findings suggest that progress towards a non-racial democracy and the development of a new sense of self-respect and self-worth among the oppressed people in South Africa, may in themselves lead to a reduction in the very high urban rates of interpersonal violence. However, the geographic and cultural differences between the societies studied prevent definite comparisons and conclusions.

Violence research in South Africa

Health care workers and social scientists in South Africa have become increasingly aware of the problems created in our society by violence. There is an urgent need to understand the triggers for violence, the feelings of assailants and victims and the psychological costs of violence. This understanding will allow the development of appropriate preventive measures and programmes and will enable communities to explore ways in which their organisations can come to grips with the problem and its solutions.

The Health Psychology Unit's study of violence

To find out how much trauma there is in the Johannesburg-Soweto area and the geographical and social class distributions of the trauma, the unit's field workers are concluding a long series of hospital visits and casualty watches in order to document trauma cases seen by hospitals during defined sampling periods. Using this information, the unit will be able to develop incidence rates for trauma in geographical areas and social classes.

Psychological aspects of violence

How do the victims of violence make sense of what has happened to them? How do they account for the attacks against them, often by people they know well? Answers to these questions may be useful not only in understanding the victim's world, but also that of the perpetrators of violence. There is clear evidence of a relationship between being the victim of a violent crime at one time, and being the perpetrator at others. Accordingly, victimisation is an important indicator of violent behaviour. A large number of interviews have been held with victims of violence to ascertain the triggers of interpersonal violence; the victim's explanation for the assailant's behaviour; whether drugs or alcohol played a role and whether there were socio-political reasons such as racial hatred, poverty or political "unrest".

We will then be able to see if there is a relationship between different explanations and variables such as class and place of residence. This will allow us to relate the various structural, cultural and psychosocial explanations to one another.

Conclusion

The incidence and causes of violence can be studied in a way that will help progressive scientists and community organisations to take steps to help prevent it. We believe that by understanding the common-sense explanations for violence in a South African city, as perceived by the people who experience the violence themselves, will provide a more accurate analysis and ultimately, should improve the chances of their participation in attempts to alter the conditions that put them at risk.

References

1. All mortality data come from *Review of South African Mortality*. 1984, published by the Medical Research Council in May 1987.

By Victor Nell and Alex Buchart
Health Psychology Unit
University of South Africa.

(**Note:** For space reasons the length of this article has been reduced. The complete text, together with detailed references are available on request from Critical Health, P.O. Box 16250, Doornfontein, 2028.)

A New Manual for Primary Health Care Workers

The Health Services Development Unit is a rural outreach programme of the Community Health Department of the University of the Witwatersrand. The unit is primarily involved with the training and development of mid level primary health care (PHC) workers and trains teachers of PHC workers.
This manual is especially relevant for PHC workers in Africa because:

- **These manuals are for health workers being trained to deliver primary health care within rural and developing areas of Africa.**
- **We have written the manual for health workers who do not have English as a home language.**
- **The manual contains the core medical and clinical knowledge necessary for health workers to provide safe and adequate primary health care.**
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- **The manual is written for primary health care workers who live and work in difficult and stressfull conditions.**
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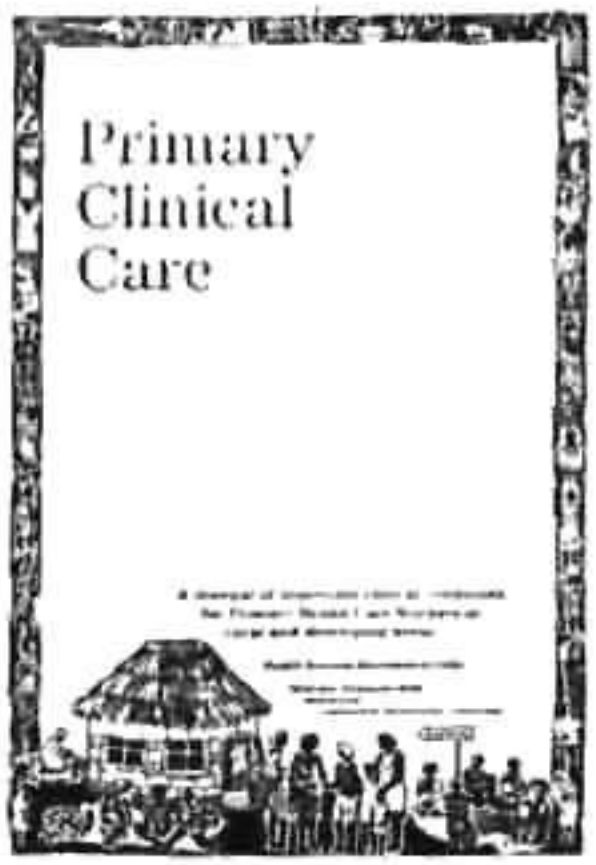

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