CRIME, VIOLENCE AND INJURY PREVENTION IN SOUTH AFRICA: DATA TO ACTION

Ashley Van Niekerk, Shahnaz Suffla, Mohamed Seedat (Editors)

Medical Research Council-University of South Africa
Crime Violence and Injury Lead Programme
CONTENTS

LIST OF CONTRIBUTORS

PREFACE
Dr MA Dhansey
South African Medical Research Council iii

PREFACE
Professor T Maluleke
University of South Africa iv

Shahnaaz Sufia, Ashley van Niekerk, Brett Bowman, Richard Matzopoulos and Mohamed Seedat 1

2. Assessing the Prevention Response to Child Road Traffic Injuries
Richard Matzopoulos, Nelma du Toit, Suraya Dawid and Sebastian van As 10

Sarah MacKenzie, Mohamed Seedat, Lu-Anne Swart and Millicent Mabunda 26

4. The Impact of an Inadequate Road Environment on the Safety of Non-Motorised Road Users
Hubrecht Ribbens, Phillip Everitt and Mongezi Noah 48

5. Adverse Driving Behaviours: The Case of Aggression, Excessive Speed and Alcohol Impairment
Anesh Sukhai and Mohamed Seedat 70

6. Current Trends and Responses to Crime in South Africa
Barbara Holtman and Carmen Domingo-Swarts 97

7. Murder and Robbery in South Africa: A Tale of Two Trends
Antony Altbeker 122

8. Caught Between Policy and Practice: Health and Justice Responses to Gender-Based Violence
Dee Smythe, Lilian Arzt, Helene Combrinck, Katherine Doolan and Lorna J. Martin 150

9. Priorities and Prevention Possibilities for Reducing Suicidal Behaviour
Stephanie Burrows and Lourens Schlebusch 173
LIST OF CONTRIBUTORS

Antony Altbekker, Independent Researcher, PO Box 1067, Auckland Park, 2006; E-mail: ipcl@iafrica.com

Lillian Artz, Gender, Health and Justice Research Unit, Entrance 2, Level 1, Falmouth Building, Faculty of Health Sciences, University of Cape Town, Observatory, 7925; E-mail: lillian.artz@uct.ac.za

Brett Bowman, Department of Psychology, School of Human and Community Development, University of the Witwatersrand, Private Bag 3, Wits, 2050; E-mail: Brett.Bowman@wits.ac.za

Stephanie Burrows, Centre for Research and Intervention on Suicide and Euthanasia, CRiSE-UQAM, C.P. 8888, Succ. Centre-Ville, Montréal, Québec, H3C 3P8, Canada; E-mail: burrows.stephanie@courrier.uqam.ca

Helene Combrinck, Gender Project, Community Law Centre, University of the Western Cape, Private Bag X17, Bellville, 7535; E-mail: hcombrinck@uwc.ac.za

Suraya Dawad, Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal Westville Campus, Private Bag X54001, Durban, 4000; E-mail: dawads1@ukzn.ac.za

Carmen Domingo-Swartz, Council for Scientific and Industrial Research, Building 44, Meiring Naudé Road, Brummeria, Pretoria, 0002; E-mail: cdomingo@csir.co.za

Katherine Doolan, Gender, Health and Justice Research Unit, Entrance 2, Level 1, Falmouth Building, Faculty of Health Sciences, University of Cape Town, Observatory, 7925; E-mail: kedoolan@yahoo.com

Nelmarie du Toit, Child Accident Prevention Foundation of Southern Africa, Red Cross Children's Hospital, PO Box 791, Rondebosch, 7701; E-mail: ndutoit@ppwc.gov.za

Philip Everitt, School of Civil Engineering, Surveying and Construction, Room 108, Centenary Building, University of KwaZulu-Natal, Durban, 4041; E-mail: everitt@ukzn.ac.za

Barbara Holtmann, Council for Scientific and Industrial Research, Building 44, Meiring Naudé Road, Brummeria, Pretoria, 0002; E-mail: BHoltmann@csir.co.za

Millicent Mabunda, Institute for Social and Health Sciences, University of South Africa, PO Box 1087, Lenasia, 1820; E-mail: swartl@unisa.ac.za

Sarah MacKenzie, Institute for Social and Health Sciences, University of South Africa, PO Box 1087, Lenasia, 1820; E-mail: sarahm@nedbank.co.za

Lorna J. Martin, Division of Forensic Medicine and Toxicology, Faculty of Health Sciences, University of Cape Town, PO Box 13914, Mowbray, 7705; E-mail: Lornaj.Martin@uct.ac.za
2

ASSESSING THE PREVENTION RESPONSE TO CHILD ROAD TRAFFIC INJURIES

Richard Matsopoulos
MRC–UNISA Crime, Violence and Injury Lead Programme

Nelmarie du Toit
Child Accident Prevention Foundation of South Africa

Sarunya Danawd
Health Economics and HIV/AIDS Research Division, University of KwaZulu-Natal

Sebastian van As
Child Accident Prevention Foundation of South Africa

ABSTRACT
In 2000, road traffic fatality rates among children in South Africa were estimated to be double the world rate. This was mainly as a result of the large number of pedestrian deaths, which accounted for 77% of child road traffic fatalities. In this chapter we discuss our response to the challenge of road traffic injuries among children in South Africa. We also discuss some of the prevention strategies that could be adopted using the public health approach as a methodological framework. Current data have revealed that pedestrians account for the bulk of child road traffic injuries, followed by motor vehicle passengers and cyclist. Most fatalities occurred in the 5–9 year and 15–19 year age groups, and male children were more at risk than females across all age groups.
Key-words: child, traffic, injuries

INTRODUCTION
In South Africa, the National Injury Mortality Surveillance System (NIMSS) revealed that in 2003, 28.4% of all injury deaths were the result of road traffic injuries. Children were particularly vulnerable road users, with 17% of all pedestrian and passenger fatalities occurring among children and young adults below the age of 20 years (Harris, Sukhai & Matzopoulos 2004). Among children aged 1–14 years, motor vehicle pedestrian collisions were the largest single cause of injury-related death, whilst for children aged 10–19, passenger deaths were the second largest cause (Harris, Sukhai & Matzopoulos 2004). In 2000, more than 4 000 children younger than 20 years lost their lives on South Africa’s roads and road traffic fatality rates among children were estimated to be double the world rate (Matzopoulos,

To whom correspondence should be addressed.
### Table 1: Leading causes of death from injury in Africa

<table>
<thead>
<tr>
<th>Year</th>
<th>0-1</th>
<th>1-4</th>
<th>5-14</th>
<th>15-29</th>
<th>30+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>15</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>2005</td>
<td>18</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>2006</td>
<td>20</td>
<td>10</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>2007</td>
<td>23</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>

**Note:** Data from 2004 to 2007 is not available for all countries.

---

### South Africa

#### Current Data on Child Road Traffic Injuries

In South Africa, the National Injury Surveillance System (NISS) is the most detailed source of data on child road traffic injuries. Although the collection and analysis of injury data is still nascent, the System provides the most comprehensive data on the number of children who suffer from road traffic injuries. The System is currently being improved to better capture the extent and nature of the problem.

The System collects data on all children under the age of 15 years who are involved in road traffic injuries. The data is collected from hospitals, police stations, and other sources. The data is then analyzed to identify patterns and trends in road traffic injuries among children.

The System has identified several key areas for improvement:

- **Data Collection:** There are limitations in the collection of data, particularly in rural areas where data is not always collected or recorded accurately.
- **Analysis:** There is a need for more detailed analysis of the data collected to better understand the causes and impacts of road traffic injuries among children.

The System is currently working to address these issues and improve the quality and accuracy of the data collected.

---

### The National Injury Mortality Surveillance System

The National Injury Mortality Surveillance System (NIMS) is a comprehensive system that collects data on all deaths due to injury. The system is designed to provide a comprehensive picture of the burden of injury mortality in South Africa.

The NIMS collects data on all deaths due to injury, including road traffic injuries, drowning, and falls. The data is collected from hospitals, police stations, and other sources. The data is then analyzed to identify patterns and trends in injury mortality.

The NIMS provides valuable information on the causes and impacts of injury mortality in South Africa. The data collected is used to inform policy and program development to address the problem of injury mortality.
Figure 5. Precedent influence felt at cross from mental children's hospital 1969-2000

The diagram illustrates the influence felt by cross from mental children's hospital 1969-2000. The bars represent the number of patients per year, with the years 1985, 1995, 2000 clearly marked. The number of patients is indicated on the y-axis, ranging from 0 to 10,000.

The data shows a decrease in the number of patients from 1969 to 2000. In 1969, the number of patients was approximately 10,000, while in 2000, it had decreased to around 2,000. The trend indicates a significant reduction in the number of patients over the period, suggesting changes in the hospital's capacity or patient demographics.

The bar graph is a useful tool for visualizing the data, providing a clear and concise representation of the trend over the 31-year period.
The number of people with CAFS, especially those under 12, is lower than in previous surveys. However, the prevalence of CAFS is still significant among children and adolescents. The factors contributing to the development of CAFS are complex and include both genetic and environmental factors. Effective intervention strategies are needed to address these factors. The importance of early intervention cannot be overstated.

**Child Protective Interventions and Examples of Effective Intervention Strategies**

Champaign County, Ohio, has developed a successful intervention model that has been widely adopted in other communities. This model includes a multi-agency approach involving schools, healthcare providers, and social service agencies. The early identification and intervention of children at risk is crucial to prevent the development of CAFS.

**Interpretation of Findings**

The results of the study indicate that the prevalence of CAFS is higher among children from lower socioeconomic backgrounds. This finding highlights the importance of targeted interventions to address the underlying factors contributing to CAFS. The study also underscores the need for collaborative efforts among stakeholders to develop and implement effective intervention strategies.
Prevention Interventions Aimed at Children

REVIEW OF CURRENT SOUTH AFRICAN INJURY

The DOT has identified the above areas as the key to education on the road. The DOT has also identified the importance of road safety education, with a focus on road users...
The only resolution report that we were able to access which described the impact of the education reform in South Africa was:

CONCLUSION

The chapter concludes by emphasizing the importance of children's exposure to risk factors and the need for more research on the implementation of the new education system in South Africa. It argues that a focus on children's educational opportunities is crucial for the success of educational reform. The need for further research on the impact of the new education system on children's educational outcomes is highlighted, and the importance of tailoring education policies to meet the needs of different communities is emphasized.
REFERENCES


