



EVERY EIGHT HOURS:

Intimate femicide in South Africa 10 years later!

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Findings in Brief

The killing of a woman by her partner is the most extreme consequence of intimate partner violence. Monitoring such violence provides insights on the impact of laws, policies and programs for gender-based violence prevention. In this research brief we compare the results of two South African national studies that described prevalence and patterns of female homicide and intimate femicide in 1999 and 2009.

The study showed a decrease of female homicides overall as well as for intimate femicides but the decrease for intimates was at a lower rate. A significant difference in suspected rape homicide was found with more rapes perpetrated by non-intimate in 2009 compared to 1999. A significant overall reduction of gun murders was also found between the two years. Convictions of perpetrators decreased and was most significant among non-intimate femicides.

The study show that homicide in South Africa is declining, but gender-based homicides are disproportionately resistant to the change while rape homicides have proportionately increased. We need to increase our prevention efforts and it is also essential for health, police and justice departments to prioritise such cases so that those who kill women are held accountable and punished.

Introduction

August is women's month in South Africa: a time of activism to improve the position of women, drawing inspiration from the role of women in the struggle against apartheid and for gender equality. One of the key questions asked at this time is whether our campaigning efforts are having impact – are we doing enough of the right things to be able to show progress on the march to reduce violence against women and build gender equity?

To answer this the Gender & Health Research Unit of the Medical Research Council has undertaken research comparing female homicides in 2009 with the situation in 1999. The murder of women by intimate partners is the most extreme consequence of intimate partner violence and the 1999 study showed that a woman died every 6 hours at the hands of her husband or boyfriend (Mathews et al., 2004, Abrahams et al.,2009)

In this research brief we summarise the findings and address the key questions: what evidence is there that we have made progress in reducing fatalities from intimate partner violence and rape in the 10 years after the first study?

Study methods

The 2009 study had the same study design as the 1999 study using a national mortuary based sample of deceased females aged 14 years and older who presented at mortuaries between 1 January 2009 and 31st December 2009. We drew a random sample of 38 mortuaries (25 mortuaries were sampled for 1999) using proportional allocation from a stratified sampling frame with mortuaries stratified into three groups based on the number of autopsies performed per year. Stratification was similar for both studies but restructuring in medico-legal services meant only 123 mortuaries operated in 2009 compared to the 225 in 1999.

Definition of Terms

Intimate femicide: The killing of a female person by an intimate partner (i.e. her current or ex-husband or boyfriend, same sex partner or a rejected would-be lover)

Non-intimate femicide: The killing of a woman by someone other than an intimate partner.

Female homicide: Intimate and non-intimate femicide

Suspected rape homicide: Homicides occurring with a sexual component

As for 1999 we identified cases from mortuary registers and abstracted data from the autopsy reports. This was followed up with interviews with police investigators to verify the cause of death, to identify relationship with perpetrator and to collect other crime investigation data. The data for the 1999 study was collected in 2002-3 (3-4 years post homicide) and the 2009 police interviews started late in 2010 and were concluded in 2011. The shorter delay in data collection in the second study did not appear to adversely influence the availability of data since there was less incomplete data in 2009 compared to 1999 (17 cases not traced in the police system in 2009 compared to 147 in 1999 – non-weighted data) see Figure 1.

Ethical approval for the study was granted by the Ethics Committee of the South African Medical Research Council and further approval and access to data was obtained from the National Department of Health and the South African Police Service.

During the comparative analysis we considered the 1999 and 2009 surveys as two independent surveys due to the time separation and the independent samples. The survey design allowed for the data to be weighted to provide national estimates. We used the same process in the calculation of rates across the two surveys including the same source of population data (Census data). We compared the mortality rates for all female homicides, intimate femicide, age and race groups, gun deaths and rape homicides.

Results

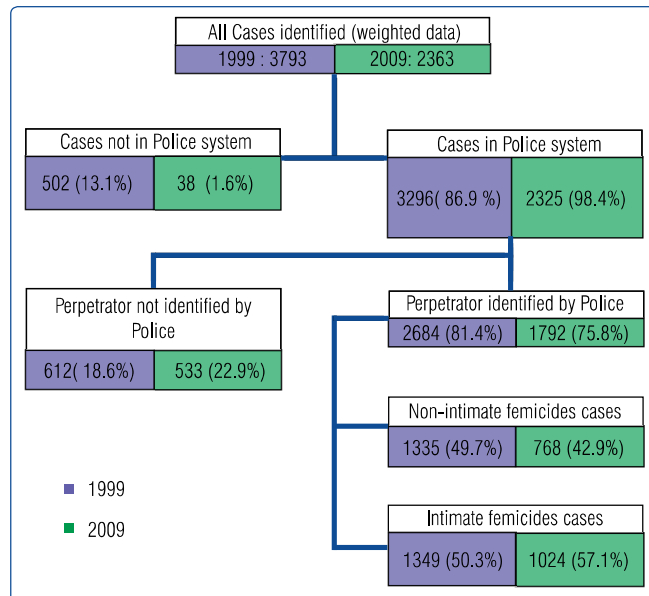


Figure 1: Flow chart of 1999 and 2009 samples (weighted data)

We found 2 363 women 14 years and older were murdered in South Africa in 2009 compared to 3 793 in 1999 i.e. 37.7% (1430) fewer female homicides. South African Police Service (SAPS) statistics shows a similar trend, but an even greater decrease. There were 44% fewer homicides reported in South Africa in the last 7 years from 2003/2004 to 2010/2011 (police reporting year April to March) (Burger, 2009).

Nearly all (98.4%) of the cases from 2009 identified at the mortuaries had police cases opened. This contrasted with 1999 when only 86.9% had cases open. Yet in 2009 in nearly a quarter of cases no perpetrator had been identified. This proportion was not statistically significantly different from that of 1999 (22.9% in 2009 vs 18.5% in 1999 ($p = .22$)).

In keeping with the trend of an overall reduction in homicide, there were fewer intimate femicides in 2009. There were 1024 compared to 1349 in 1999, a reduction of 24.1% (Figure 2). This means that in 2009 one woman was killed by a partner every eight hours in South Africa compared to one woman killed by a partner every six hours in 1999.

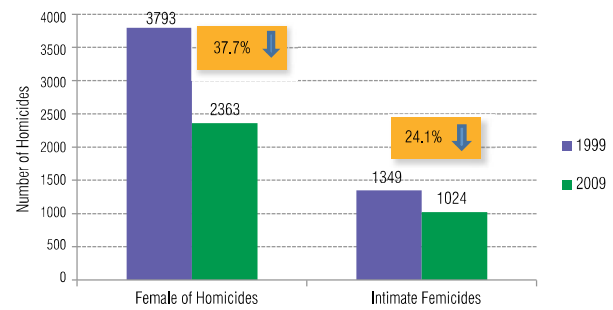


Figure 2: Number of female homicides and intimate femicides in 1999 & 2009

In order to take into account changes in population size it is necessary to compare homicide rates. The total female (14 years and older) homicide rate in 2009 was 12.9/100 000 population, nearly half the estimated rate for 1999 of 24.7/100 000 (see Table 1). The intimate femicide rate was 5.6/100 000 in 2009 compared to 8.8/100 000 in 1999.

Table 1: Female homicide rates between 1999 & 2009 (per 100 000 population)

	1999 Rate/100 000 (95% CI)	2009 Rate/100 000 (95% CI)
Overall female homicide	24.7 (17.7-31.6)	12.9 (9.3-16.5)
Intimate femicide	8.8 (6.2-11.2)	5.6 (4.0-7.2)
Non-intimate femicide	8.6 (6.2-11.1)	4.2 (3.0-5.5)

When comparing the proportion of all female homicides that were intimate femicides in the two study years, a greater proportion of cases (57.1%) are seen to be intimate femicide in 2009 than in 1999 (50.3%) (Figure 3). This means that intimate femicide has become the leading cause of female homicide in South Africa.

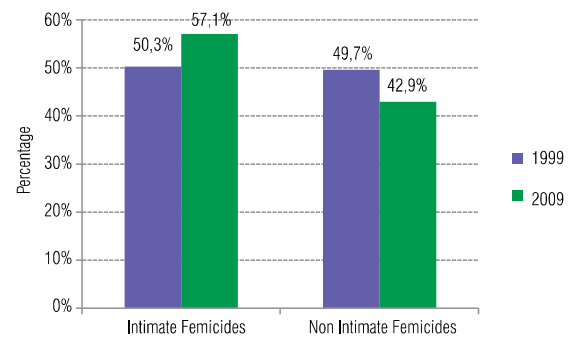


Figure 3: Distribution of intimate and non-intimate femicides: 1999 & 2009

Suspected Rape Homicides

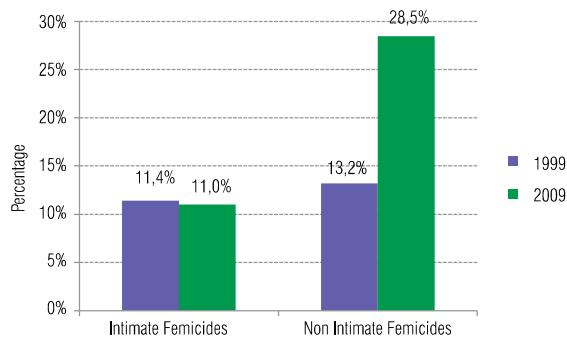


Figure 4: Proportion of suspected rape homicides: 1999 & 2009

There was a difference in the proportion of cases that were suspected rape homicides between the two years, with more rapes reported among non-intimate femicides in 2009 than 1999 ($p < 0.001$) while no difference was found in the proportion of intimate femicide rapes across the two years ($p = 0.38$). This means rape was suspected in more than 1 in 4 of the non-intimate femicide cases in 2009 (Figure 4).

Gun related homicides

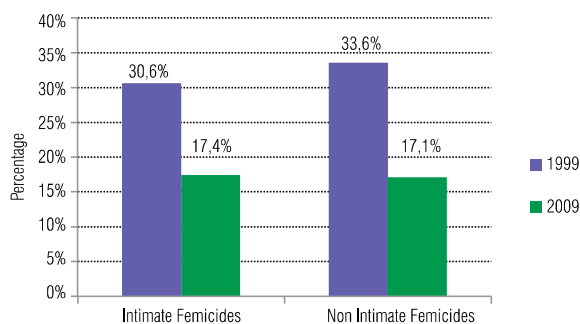


Figure 5: Proportion of gun homicides by intimate and non-intimate femicide: 2009 & 1999

There was a significant decrease ($p = 0.04$) in gun related homicides across both intimate and non-intimate femicides (Figure 5). This is most likely due to the Gun Control Legislation, a policy driven intervention implemented in South Africa since 2000. There were 529 fewer women killed by gunshot in 2009 compared to 1999 (estimated numbers being 461 v 1147).

Perpetrator Convictions

We found no difference in the proportion of intimate femicides in which the perpetrator was convicted between the two years ($p = 0.95$), but a significant decrease was found in the proportion of non-intimate femicide cases in which there was a conviction ($p = 0.04$) (Figure 6).

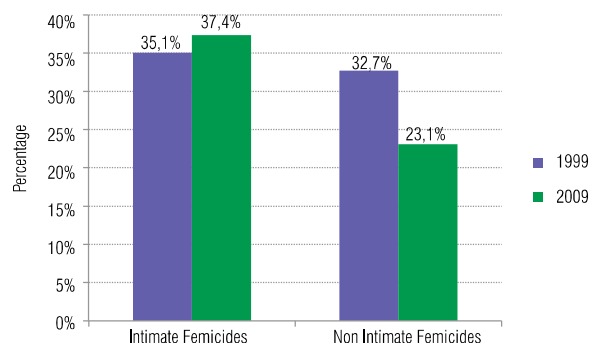


Figure 6: proportion of perpetrator convictions by intimate and non-intimate femicide: 2009 & 1999

History of intimate partner violence

In 1999 we showed that in most cases of intimate femicide SAPS dockets had not recorded past history of partner violence, despite research showing that this is very common and valuable in securing a conviction. Having highlighted the failure to ask about prior violence after the 1999 research we hoped to see this recorded much more often, but in 2009 we found no difference in the identification of prior partner violence during the investigation of the intimate femicides cases ($p = .80$) (Figure 7). This is of concern since it is seldom that the first act of violence against a intimate partners is fatal.

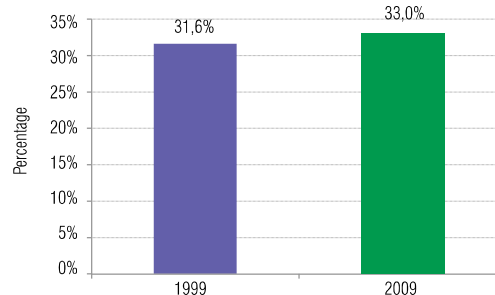


Figure 7: Proportion intimate femicides with documented history of prior intimate partner violence: 2009 & 1999

Conclusion

Our study found a reduction in female homicide which is consistent with a decline in overall homicides in South Africa, but the decline was less among intimate femicides. Intimate partner violence is now the leading cause of death of women homicide victims with 56% of female homicides being committed by an intimate partner. Despite the decline, South Africa's intimate femicide rate in 2009 is more than double the rate in the United States (2.0/100,000) (Logan et al., 2011). Furthermore our intimate femicide rate is most likely an under-estimate because in over 20% of murders no perpetrator was identified.

Our findings show no evidence of the impact of interventions or national efforts to prevent gender-based violence. If these had been effective we would have expected a larger reduction in intimate femicide than in non-intimate femicide. Furthermore rape homicide has proportionately increased, notably in instances of homicide perpetrated by non-partners (i.e. strangers or acquaintances). Our findings are entirely in keeping

with SAPS on the number of rape cases reported to them, which have not declined over this ten year period, as well as those of population-based research on intimate partner violence prevalence. These findings point to an urgent need to re-examine national programming to prevent rape and intimate partner violence.

We found no evidence of improvement in police investigation of cases. This is of concern given the substantial decrease in homicide case loads and efforts to improve policing and detective work (e.g. expansion of police force and modernising of forensic science laboratories). The high and unchanged number of cases with no perpetrator data and no change in the proportion of cases in which a prior history of IPV was ascertained shows that case investigation is inadequate. There is a continuing lack of awareness of gender based motivations for the murder of women among police, and failure to prioritise these cases. Evidence of poor investigation of cases is further shown in the decline in conviction rates in non-intimate homicide cases. Efforts to improve case investigation over the last decade have clearly been inadequate. It is essential that this work is prioritised so that those who kill women are held accountable and appropriately punished.

The large and significant decrease in gun related homicides in 2009 compared to 1999 provides very strong evidence of the impact of the gun control legislation that has been implemented since 2000.

Our study has limitations. We excluded cases that were highly decomposed or only identified as female skeletons and where cause and mechanism of death could not be established. Such cases are seldom successfully investigated unless a perpetrator reveals the crime. Police dockets also often had missing data for perpetrators, although no more perpetrators were unidentified in the 2009 study compared to 1999.

Recommendations

Preventing gender-based violence

Gender-based violence prevention is failing. South Africa needs a comprehensive, scientific evidence-based approach to prevention of gender-based violence. There needs to be a focus on primary prevention rather than reliance on the use of criminal justice mechanisms and it is essential that it is adequately resourced and secures levels of coverage that are sufficient to demonstrate future reductions in violence perpetrated.

Improving police investigations and criminal justice systems

Female homicide needs to be given much higher priority as a crime by the South African Police Service (SAPS). SAPS together with the criminal justice system needs to review the investigation of these cases and put in place measures to improve investigations and conviction rates.

Use intimate femicide data as a monitoring tool

We require on-going monitoring of trends in the level of gender based violence in our country to measure the effectiveness of the many prevention programs and to determine how we are responding to building gender equity as one of the Millennium Development Goals embraced by the South African Government. Our study has shown that this model of collecting national intimate femicide data in the absence of national homicide data bases with perpetrator information and national gender based violence studies is a reliable and valid measure. We have also demonstrated that this research method can be easily applied and should be continued to be used as a monitoring tool.

Strengthening our gun control legislation

This study has shown the effectiveness of the Firearm Control Act in the reduction of crime and violence overall in our country. There should be continued efforts to further strengthen the Act to ensure a safe society for women, children and all other South Africans.

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