FACT SHEET

FIREARM-RELATED HOMICIDES IN GAUTENG

MRC-UNISA Safety and Peace Promotion Research Unit

FEBRUARY 2013

INTRODUCTION

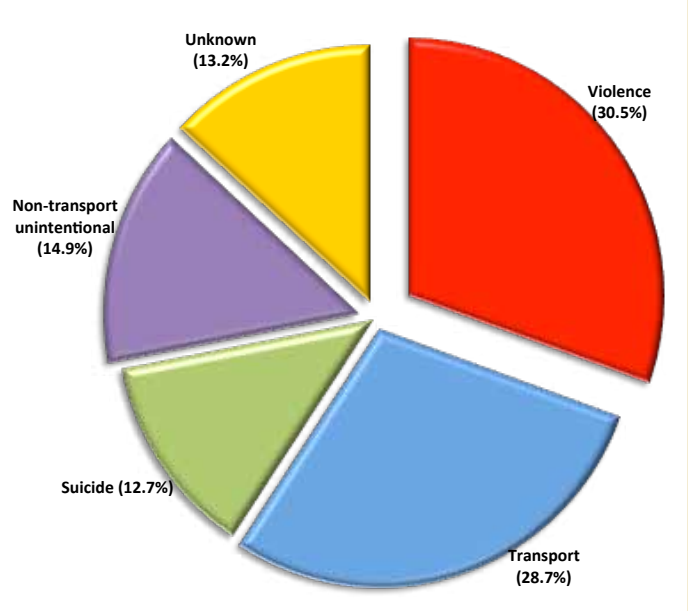
This fact sheet reports on firearm-related homicide, recorded by the National Injury Mortality Surveillance System (NIMSS), at nine forensic pathology services in the province of Gauteng for 2011, the latest year for which NIMSS data are available.

NIMSS is managed and co-ordinated by the Safety and Peace Promotion Research Unit of the Medical Research Council and University of South Africa (MRC-UNISA SAPPRU). NIMSS aims to: provide comprehensive information about deaths due to external causes, establish a permanent comprehensive automated system that will timeously register all injury deaths that occur in all nine provinces of South Africa, and inform initiatives for the prevention of non-natural fatalities. NIMSS provides information on the major causes of non-natural deaths and their related demographic, seasonal and circumstantial factors. Presently, NIMSS focuses on the provinces of Gauteng and Mpumalanga in South Africa.

MANNER OF DEATH

Violence was the leading manner of death, accounting for nearly one-third (30.5%, n=3204) of fatalities in the province. Firearm-related deaths accounted for almost a third of homicides in Gauteng.

Figure 1. Overall manner of death (N = 10 502)



VICTIM AGE AND SEX

Of those firearm-related homicide cases where the age of the victim was known (n = 3 037), more than half of the victims were 20 – 34 years of age (52.2%).

Of those cases where the sex of the victim was known (sex was unknown in only 8 cases), the fast majority of victims of firearm-related homicide were males (84.8%).

Figure 2. Age of victims

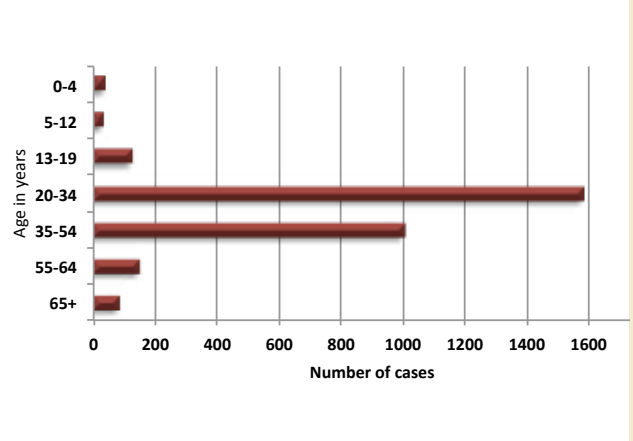
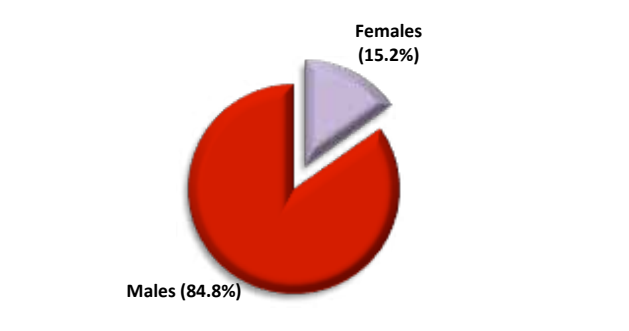


Figure 3. Sex of victims



DATE, MONTH AND TIME OF DEATH

Almost half of firearm-related fatalities (46.7%) occurred over Saturdays and Sundays. Figures 4, 5 and 6 display the frequencies of fatalities in terms of the day, month and time of death respectively. Firearm-related deaths were elevated between October and December and during the late hours of the night, approaching midnight.

Figure 4. Day of death (n = 3202)

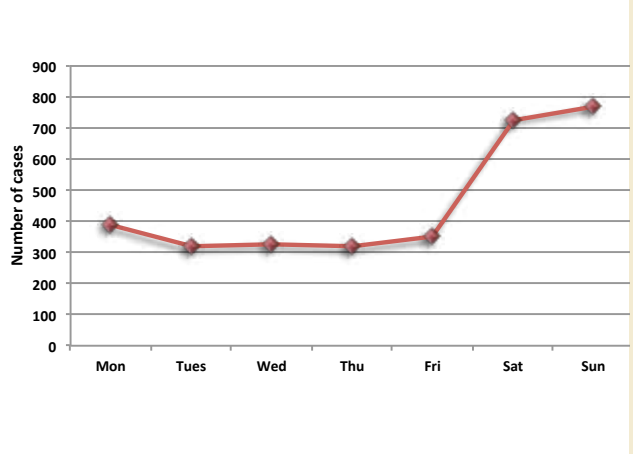


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Figure 5. Month of death (n = 3202)

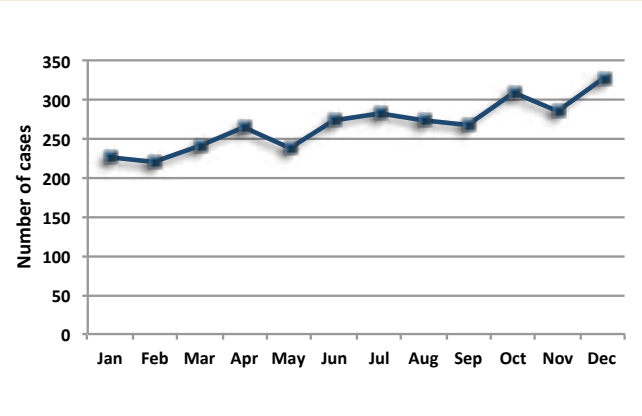
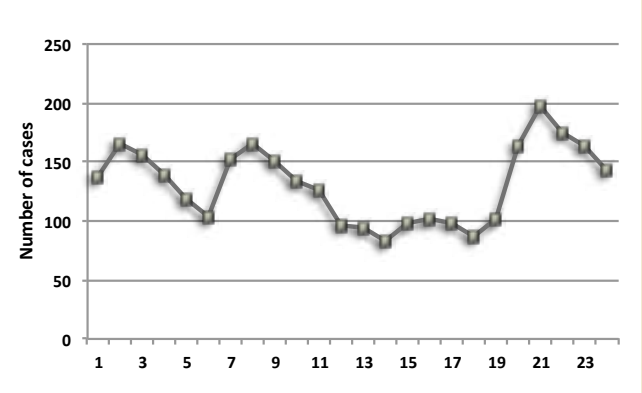


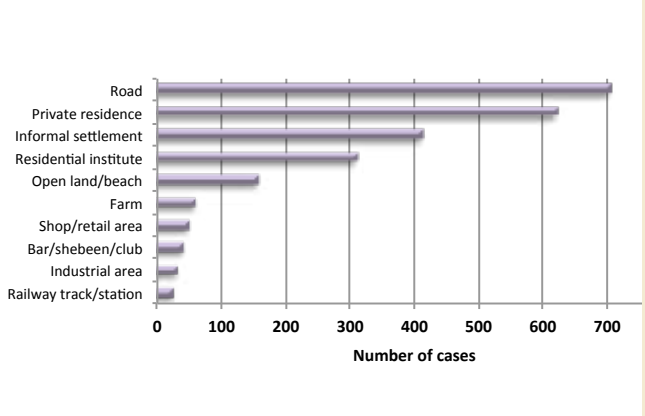
Figure 6. Time of death (n = 3155)



SCENE OF INJURY

Of those cases of firearm-related homicide where the scene was known, roads accounted for the majority (28.1%), followed by private residences (24.8%).

Figure 7. Top 10 scenes of injury (n = 3201)



CONCLUSION AND RECOMMENDATIONS

For 2011, firearm-related incidents accounted for at least one-third of all homicide deaths in the province of Gauteng in 2011. These deaths primarily involved males and those between 20-34 years as victims, and peaked over weekends and the summer months of October, November and December. Most of these deaths occurred in public spaces during the late hours of the night.

Over the past 15 years there has been much success in strengthening social and scientific responses. However, violence, especially firearm-related violence, remains unacceptably high. It is therefore important for prevention interventions to address the contributory factors of poverty, youth unemployment, gender and other social inequity, trauma arising from the intergenerational transmission of violence, excessive alcohol consumption, and uncontrolled access to firearms. South Africans need to enter into dialogues around the social norms that justify violence and legitimise gun ownership. The culture of fear and militarisation that South Africans are socialised into requires urgent redress. These dialogues also need to speak to the corrosive cultures of masculinities and forms of entertainment that place young man in particular at risk for violence victimisation and perpetration.

SAPPRU calls for a national strategy that involves all South Africans in a public contract that helps build social cohesion and trust across all levels of society, including individuals, schools, early childhood development centres, families and communities. Measures have to be undertaken to rebuild trust, efficiency and accoutability into our criminal justice and social welfare, educational and health systems. Community strengthening initiatives must be supported by empirically-tested interventions, coalitions that foster private-public partnerships, and visionary leadership that engenders political will, public trust, consensus and an authentic sense of safety, beyond an excessive reliance on firearms.

ACKNOWLEDGEMENTS

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