

The incidence and severity of community assault in Khayelitsha, South Africa

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South Africa has among the highest burdens of interpersonal violence injury in the world (1). Since many of the poorer, black, rural or urban informal settlements within South Africa are poorly designed without proper roads, streetlights or maintained pathways, state police are often loathe or afraid to patrol such areas. The legacy of apartheid has also left a deep mistrust of the police as public-order policing under this regime was often associated with the use of force (2). As a result, communities have sought out alternative means of establishing law and order and implementing justice by taking the law into their own hands and meting out punishment using violence. This phenomenon, referred to globally as vigilantism, is not unique to developing countries (3). In South Africa, the terms community assault (CA), community justice, people's courts and kangaroo courts are used (4).

Community assault is widespread in the township of Khayelitsha, Cape Town, South Africa. Anecdotal evidence suggests that victims of CA are worse off than other assault cases, but scientific data on the rate and severity of CA cases are lacking for SA. We therefore conducted a case count study to estimate the rate of CA among adults in Khayelitsha and comparing the injury severity and survival probability between cases of CA and other assault (non-CA) cases.

A consecutive case series was conducted in four healthcare centres in Khayelitsha during July - December 2012 to capture all CA cases during this period. A retrospective folder review was performed on all cases of CA and on a control group of non-CA cases to compare injury severity and estimate survival probability.

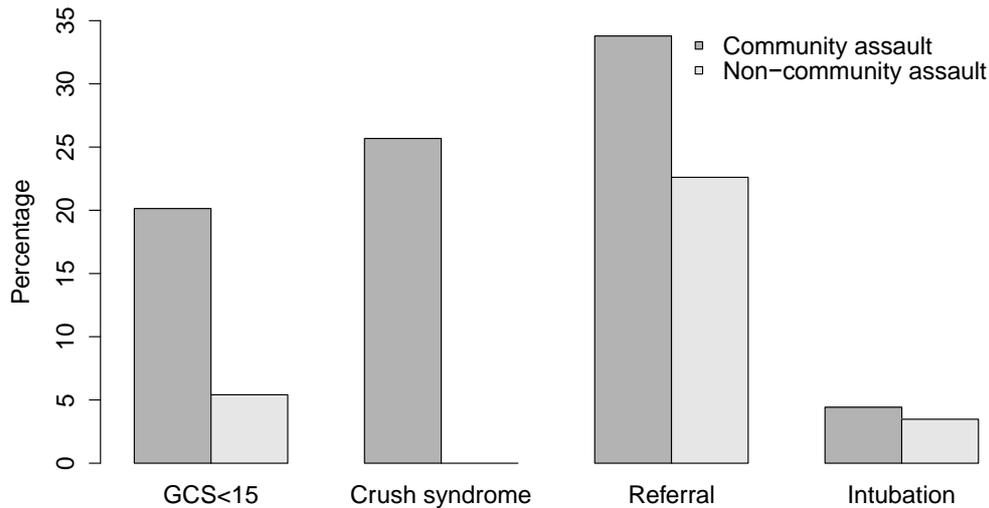


Figure 1. Binary injury severity indicators in Community Assault (CA) and non-Community Assault (Non-CA) cases.

A total of 148 adult cases of CA occurred over the study period. Based on an estimated population of 275 300 adults in Khayelitsha of ≥ 18 years, the rate of adult cases of CA that received healthcare in Khayelitsha was 1.1/1 000 person-years. For non-CA, the estimated rate was 19/1 000 person-years. The Injury Severity Scores in the CA group were significantly higher than in the non-CA group, with a median Injury Severity Score of 3 in CA cases versus 1 in non-CA cases. As evident from Figure 1, comparison between the CA and non-CA groups showed that a Glasgow Coma Scale < 15 , referral to the tertiary hospital, and crush syndrome were all more common in CA cases. Survival probabilities were similar in both groups (99.2% in CA cases versus 99.3% in non-CA cases).

This study confirms that the rate of CA among adults in Khayelitsha is high, and the severity of injuries sustained by CA victims is substantially higher than in other assault cases. To our knowledge, our study is the first ever to provide objective estimates of the incidence and severity of CA cases.

Vigilantism is a complex phenomenon for which there is no quick-fix solution. Emergency medical care only addresses the symptoms, but not the root causes of this social disease. Our findings beg for multi-sectoral action to curb the medical and social consequences of assault in South Africa. Intersectoral collaborations between family physicians, community elders, community forums, the police and policymakers are required to develop and implement various solutions. Strategies include promoting community cohesion and equity, and improving community-police relations (2).

Furthermore, social science research is needed to improve our understanding of the psychology and

sociology behind CAs and to develop evidence-led prevention strategies, the feasibility and effectiveness of which also require further investigation.

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