

Annual Report 2001

MRC-UNISA

Crime, Violence & Injury
Lead Programme
and
UNISA Institute for
Social and Health Sciences

CRIME, VIOLENCE
& INJURY

LEAD
PROGRAMME



**MRC-UNISA
Crime, Violence and Injury Lead
Programme**

&

**UNISA Institute for Social and Health
Sciences**

Annual Report 2001

Executive summary

This document represents the 2001 progress report of the Institute for Social and Health Sciences (hereafter the Institute) and the MRC-UNISA Crime, Violence and Injury Lead Programme (hereafter the Lead Programme). The 2001 research programme of the Institute and the Lead Programme centred around two areas, vis-à-vis crime, violence and injury prevention; and inequality, difference and knowledge production. In the first half of the report the Lead Programme activities for 2001 are detailed.

The Lead Programme seeks to advance on the two respective groups' (i.e. the MRC and the UNISA Institute) expertise and experience in conducting applied public health research in the area of crime, violence and injury prevention. The Lead Programme is designed to improve the population's health status, safety and quality of life through public health-oriented research aimed at preventing death, disability and suffering arising from crime, violence and unintentional incidents of injury. Accordingly, 2001 activities were centred around four strands: *injury epidemiology, surveillance and costing; studies into best practice examples for primary prevention and intervention costs; studies on injury control; and training, capacity building and information dissemination.*

These four strands provide the overarching framework for the direction of the projects summarised in this report. The outcomes for 2001 include the strengthening of a fatal injury surveillance system, involving at least 34 participating forensic laboratories and mortuaries, producing some 35 reports; a utility study tracing the outcome of surveillance reports produced by the Lead Programme and several successfully completed data collection drives. In addition, through the Institute's inputs a great deal of attention has been accorded to the study of primary prevention and injury control measures within the Lead Programme. The audit of medico-legal services serving rape survivors in Gauteng is a case in point. Other outcomes include training, participation in national and international conferences, journal and popular publications and the ongoing facilitation of a growing research coalition. Most significantly, in October 2001 the Programme was formally

launched with the formal co-signing of a memorandum of agreement between UNISA and the MRC, thereby enhancing its public profile and consolidating the long-standing partnership between the two institutions.

Throughout 2001 the Lead Programme's activities were supported through collaboration with several intra- and extra-mural groups including NGOs, government departments, CBOs, secondary and tertiary institutions, and research departments and units. During the second semester of 2001 the Lead Programme held a series of briefing sessions in the three major cities of Durban, Johannesburg and Cape Town in an attempt to extend collaboration and institutionalise the public health-oriented multi-disciplinary approach to injury prevention and control in South Africa. The Lead Programme actively fostered constructive and critical academic co-operation, and multi-disciplinary and cross-sectoral research partnerships with groups such as the WHO, Karolinska Institute, PASASA, CAPFSA, NICRO as well as various academic departments at WITS, RAU, UDW and UNISA. Whereas the directorship is located primarily in Johannesburg, several organisational measures were adopted to ensure efficient management, co-ordination, and regular and rapid communication, all of which are vital to foster coherence, co-operation and productivity among MRC and UNISA Lead Programme staff.

In the second part of the report, activities within the inequality, difference and knowledge production area are presented. Within this area the Institute has aimed to reflexively explore research and other knowledge production processes within historically oppressive contexts such as South Africa, and to contribute to capacitation through corrective measures that assist in redressing these 'racially' skewed patterns. Furthermore, through these activities the Institute has repeatedly argued for alternative understandings of knowledge, science and research that are more inclusive of indigenous meaning systems and that are equally valued and integrated into our research and praxis. A recent book co-edited by Duncan, Van Niekerk, De la Rey and Seedat entitled *Race, Racism, Knowledge Production and Psychology in South Africa* encapsulates the Institute's efforts in this area.



Executive Summary

Finally, the report concludes with a listing of all research outputs for 2001, as well as a brief synopsis of all projects that will represent

the Lead Programme and Institute's strategic priorities and new directions during 2002 year and beyond.



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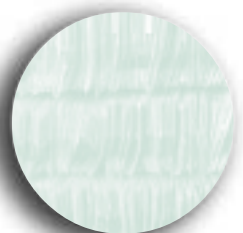
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Message from the Director



The safety promotion and injury prevention agenda that has characterised the development of the UNISA Institute for Social and Health Sciences over the last 8 years was consolidated around the Institute and Medical Research Council partnership's commitment to the co-direction of the Presidential Crime, Violence and Injury Lead Programme during 2001. This partnership witnesses the creation of a veritable platform for a programmatic and evidence-led research approach to the vastly underdeveloped areas of safety promotion and injury prevention in South Africa and the rest of the continent. A combination of the injury prevention and control expertise of the Institute with the epidemiological, administrative and geographical muscle of the Medical Research Council heralds a new era of public health based-research initiatives for the country as a whole.

Notably, during 2001 baseline measures of the costs of injuries and morbidity to the South African economy were integrated into the 2-year-old surveillance project to form the first programmatic strand of the Lead Programme. This strand, focusing on *Epidemiology, Surveillance and Costing*, is a welcome macro-surveillance strategy that aims to redress the

poor-quality biostatistical and epidemiological data generated prior to 1994. Strands 2 and 3 intend to stimulate and produce good practices for *Injury Prevention and Control*. In addition to generating empirical data and knowledge-driven products, the Lead Programme actively fosters *Training, Capacity Building and Information Dissemination* with a view to encouraging the professionalisation of the discipline of injury prevention.

The Lead Programme, formally inaugurated in October 2001, realises the many years of challenging and variegated initiatives of the Institute and the Medical Research Council. The mission of the Institute has in 2001 gained deserved and added momentum through its work in the field of inequality, difference and knowledge production. A major achievement was an authorship development initiative, which culminated in an edited book published by Nova on the subject of race, racism and knowledge production in South African psychology. Throughout 2002 and beyond the Institute and Lead Programme will continue exploring the injury-social inequality nexus, encourage the development of representative and innovative modes of knowledge production, and promote capacitation so as to ensure representivity at all levels of research, teaching and community service.

I take this opportunity to thank the dedicated members of the MRC-UNISA Lead Programme, members of the Institute, members of the governing board and all the many colleagues in the sector who continue to work tirelessly in the interest of making safety promotion a reality for all humanity.

Mohamed Seedat

Director: UNISA Institute for Social and Health Sciences Crime, Violence and Injury Lead Programme
January 2002



MRC-UNISA Crime, Violence and Injury Lead Programme

Introduction

The objectives of the Lead Programme are to:

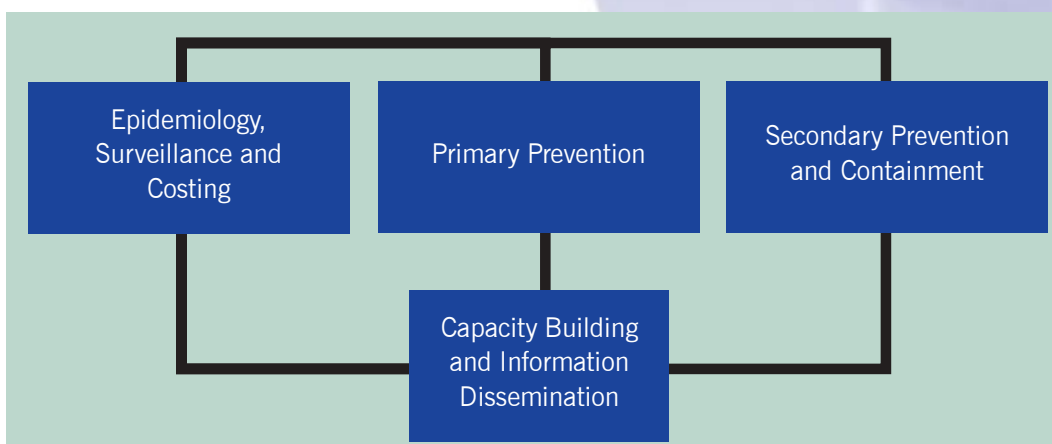
- Conduct and disseminate public health-oriented research into the extent, nature, causes and consequences of injuries due to crime, violence and accidents in South Africa;
- Conduct and encourage research that will serve to identify, support and develop best practice examples for primary prevention and injury control;
- Demonstrate and document how research may be applied to facilitate, influence, support and develop best practice examples for primary prevention and injury control at the levels of service delivery, planning, health and social policy;
- Build capacity among South African researchers, including historically marginalised groups, to conduct research into the extent, nature, causes, consequences and prevention of injuries arising from crime, violence and accidents; and

- Establish a global reputation as a Lead Programme of excellence in the field of crime, violence and injury prevention research and policy.

Core research areas

Core research areas span across three interrelated strands and a fourth cross-cutting strand. The **first strand**, representing a continuation of the Medical Research Council's (MRC) and the Institute's historical and existing surveillance work, includes **injury epidemiology, surveillance and costing**. The **second strand**, which represents a continuation of the Institute's Centre for Peace Action's (CPA) community-based injury prevention work, includes research on **best-practice examples for safety promotion**. The **third strand**, which also embodies a continuation of the CPA's secondary containment initiative, involves the study of **best practices** for the **control of injuries** and associated psychic trauma. The **fourth cross-cutting strand** focuses on **conceptual development, information dissemination, training, and capacity building**.

The Programmatic Strands of the Lead Programme



Part 1

TABLE 1 SUMMARY OF SOME KEY PROJECTS INITIATED AND UNDERTAKEN BY THE LEAD PROGRAMME DURING 2001

National Fatal Injury Surveillance System (NIMSS)	Home Survey Tool for Quantitative and Qualitative Risk Identification (Home Visitation Study)		Implementation, Interventions and Measure Prevention Effectiveness <ul style="list-style-type: none"> •Community Intervention/ Demonstration Programmes •Training •Public Awareness
National Non-Fatal Injury Surveillance System (NANFISS)	Case-Control Study of Teenage Risk for Relationship Violence (with Baltimore and Rio de Janeiro) (Love without Violence Study)	Develop and Test Interventions <ul style="list-style-type: none"> • Evaluation Research 	Centre for Peace Action (Safe Community Demonstration Programme and Affiliate Support Centre)
Surveillance approaches for special problems (rape, in-school violence, trauma and drug monitoring, circumcision injuries) (Circumcision Rites) (TADSS) (WHO Alcohol/Injury Study) (Learner Injury Surveillance)	Developing Tools for Assessing Individual and Community Risk and Resiliency (Childhood Burns Study)	Neighbourhood Safety Promotion Programmes in Johannesburg and Cape Town (Volunteers and Safety Promotion)	Collaboration with National Safety and Health Promotion Networks (e.g. Soul City, NICRO, CAPFSA, PASASA, Criminal Justice Initiative) (Evaluation of NICRO Projects)
Injury Costing and Social Burden (National Injury Costing Project)	Identify Causes <ul style="list-style-type: none"> • Risk/Resilience Factor Identification 	Development of Best Practice Models for Violence Prevention in Low-Income Contexts (e.g. home visitations, safe schools) (Safe Schools Project) (Home Visitation Study) (Pedestrian Visibility Campaign)	Dissemination of Surveillance Information and Ongoing Evaluation of the System; Dissemination of Best Practice Examples (Best Practices Handbooks) (African Safety Promotion Journal) (CVLP Seminar Series) (Assessing Research Utilisation Patterns in Stimulating Prevention)
Emerging Priorities and Strategic Focus (e.g. indigenous knowledge systems, occupational injuries among farm workers including child labourers, impact of violence on health care workers, victim-perpetrator relationship patterns, the urban-rural injury divide, the substance abuse-injury nexus) (Child Labour Study) (Farmworkers and Injuries) (Violence and Health Workers)		Social Experiments (e.g. assessing impact of housing/infrastructural development) (Impact of Housing on Injury Patterns)	Collaborative Programme Development in sub-Saharan Africa (Uganda, Zimbabwe, Mozambique) (Injury Control Courses) (Surveillance in Mozambique)
Define the problem <ul style="list-style-type: none"> • Data Collection / Surveillance 		Evaluation for best practices (e.g. evaluation of medico-legal services in Gauteng, evaluation of volunteer safety promotion initiatives in Johannesburg and the Western Cape, national audit of women's leadership projects) (Medico-Legal Evaluation)	Assessing Strategies for Strengthening the Research-Policy Nexus; Ongoing Education of Local and National Authorities, Students, Researchers and Citizens on Injury Prevention and Safety Promotion (Masters Module in Safety Promotion Research and Practice)

PROBLEM



RESPONSE

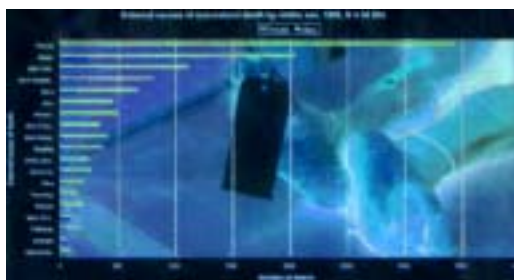


Part 1

Strand 1: Epidemiology, Surveillance and Costing

Overview

The core research areas in this strand for the 2001 period represent a continuation of existing violence and injury surveillance and risk factor identification research, together with new areas of research examining the costs of injuries, macro-social determinants of injuries, as well as emerging problems and strategic priorities.



Current Projects

The National Injury Surveillance System

Summary

Recognising the need for a concerted response to injuries in South Africa, the Violence and Injury Surveillance Consortium has designed and implemented a system to realise the prevention potential of this quality injury mortality and morbidity data. The Consortium consists of the Medical Research Council (MRC), the UNISA Institute for Social and Health Sciences (UNISA ISHS) and during 1999-2000, the Geographical Information Systems (GIS) Department of the Council for Scientific and Industrial Research (CSIR). The system has three components; a national non-natural injury mortality surveillance system (NIMSS), a national non-fatal injury surveillance system (NANFISS) and the trauma and drug surveillance system (TADSS). **NIMSS** was introduced into 10 mortuaries around the country in 1999, and into an additional 27 mortuaries in 2000. Extension to other mortuaries is ongoing for as long as funding is received. About 80 000 postmortem investigations are conducted on non-natural deaths in South Africa annually. The 38 mortuaries (in six different provinces) currently contributing their data to the system represent about 34% of all these cases. **NANFISS** research and fieldwork tasks included site visits

to Cradock Hospital (Eastern Cape) and GF Jooste Hospital (Cape Town), motivational sessions with doctors and nursing staff at GF Jooste Hospital to encourage correct completion of forms, and ongoing monitoring.

TADSS research and fieldwork tasks included data capturing for 1 month at Groote Schuur Trauma Unit (Cape Town), data capturing for 1 month at GF Jooste Hospital (Cape Town), entering and cleaning of data, and preparation for data capturing at King Edward Hospital (Durban). Outputs from the projects included several reports (advocacy and technical), academic publications, public information dissemination sessions and conference presentations.

Surveillance in Mozambique

Summary

In 2001 and as part of the programme to develop a public health response to the prevention of land mine injuries, Institute and Lead Programme staff assisted WHO in developing the Mozambique country plan for injury surveillance. This initiative represents the Lead Programme's ongoing commitment to developing national and Southern African networks and expert capacity in the injury prevention sector.

Injury Surveillance by Household Interview

Summary

The survey experience and findings generated by the Institute and the Uganda Injury Control Centre in Kampala were pooled and consolidated with a view to producing a manual describing the method and specifying the criteria for the application of injury surveillance by household interview.

Rural Injury Surveillance Study

Summary

Following the 1992 MRC Rural Injury Surveillance Study, follow-up data capturing has been completed in three specific Western Cape rural towns, i.e. Worcester, Vredenburg and Hermanus and their districts. Both state and private hospital injury data were captured. At the time of the completion of this report the data were being cleaned and customised reports will be completed shortly for dissemination to appropriate authorities and stakeholders.

The Influence of Violence on the Delivery of Health Services

Summary

A joint study with the Institute of Criminology at the University of Cape Town is currently capturing the diverse effects of violence on service delivery in the health sector at institutional, interpersonal and individual level. Initial publications and public presentations have been completed utilising the preliminary results of the study.

The National Injury Costing Project

Summary



The direct costs associated with medical treatment, rehabilitation and administration of injury victims runs into millions of Rands, which could be more productively spent on primary prevention to reduce the number of new cases and improve overall life quality. By measuring the social burden of injury in terms of economic costs and human value losses, the project aims to improve inter-sectoral policies and practices for the primary prevention of violence and injury in South Africa. The economic costs and consequences of morbidity and mortality in South Africa have already informed a current study sponsored under the South Africa-Sweden Bi-National Agreement. The resultant research consortium includes the UNISA Institute, the University of Natal (NU), the Medical Research Council (MRC), the University of the Transkei (UNITRA) and the Red Cross Children's Hospital. Together the research partners aim to:

- Present an example of how rationalisation gains in trauma care resulting from injury prevention can be calculated;
- Demonstrate how this information can be used to influence health policy and planning for the primary prevention of injuries; and
- Build capacity among South African

researchers in the field of injury prevention and specifically in the calculation of the burden of injuries.

The injury type and site selections for the project were addressed in a costing workshop held at Technikon SA on the 2 and 3 April 2001. Due to funding constraints the South African consortia unanimously agreed to reconceptualise the project as a pilot study that would require modification of the methodology and scope of the original project. At present, direct medical costing methods, with the assistance of private health cost centres are being pursued. Transportation costs, together with information relevant to the calculation of indirect costs (e.g. occupation, income levels, time off from work, education, etc.) will provide other composite costs to be added to the basic direct costing data generated by the basic questionnaire. Predefined social costs related to funerals, policing and legal matters will be investigated separately, and then merged with the data collected at the hospitals to derive a final direct and indirect cost aggregate. Finally, WTP (Willingness-to-Pay) and other social costs will be qualitatively investigated and will be utilised to augment the initial results and process evaluation of the pilot. International conference presentations and publishable articles have been generated during 2001 and the National Injury Costing Project will generate provisional results based on its comprehensive pilot study by the concluding months of 2002.

Completed Projects

The Use of Public Health Research in Stimulating Prevention

Summary

Inherent in the public health approach is the assumption that quality data may constitute empirical evidence for purposes of informing violence and injury prevention policies and practices. However there is a paucity of academic work examining the research-policy-practice nexus. Drawing on experiences from two South African case examples the study explored the utility of injury surveillance and epidemiological data and reviewed the contextual, content, and process related factors that influence prevention policy reform and practices. The role of strategically placed social actors was also analysed. The study raised concerns about South Africa's ability to maintain its equity-driven health reform process in the context of its macro-economic

policies and the global shift towards the privatisation and marketisation of social services.

Injuries among Farmworkers

Summary

A pilot project examined the feasibility of having occupational and other injuries occurring on Western Cape farms recorded by selected farm labourer wives, trained to do basic first aid, and referred to as Health Care Workers. This project created meaningful capacity development and has strong potential as an ongoing surveillance tool for injuries among farm labourers and their families.

MRC/WHO Collaborative Study on Alcohol and Injury in Cape Town

Summary

The MRC in South Africa represents one of 12 other agencies (mostly from the low-income world) participating in a collaborative study with the WHO. The study seeks to develop a relevant and effective data collection system, to define the nature and extent of alcohol involvement in non-fatal injuries among emergency room attendees, and to test the ability of emergency room staff to assess and record the degree of alcohol intoxication in patients using the ICD-10 Y91 coding. The data collection component of the study is complete. The analysis and feedback aspects of the project are earmarked for completion by the early months of 2002.

Strand 2: Primary Prevention Overview



The overall objective of the Strand is the identification, development, evaluation and costing of best practices and/or benchmarks for injury prevention activities. The Strand focuses on five strategic sub-areas, namely the:

- identification and reinforcement of both macro- and micro-level best practices;
- Development of safety strategies for vulnerable groups and priority injury problems;
- Development of programme evaluation and monitoring methodologies;
- Examination of the links between research data to action and policy; and
- Costing of safety promotion activities.

In 2001 the Strand pursued these objectives via a number of programmes. These included a national Safe Schools Project (including an international collaboration in the *Love without Violence Project*); a Neighbourhood-Based Safety Promotion Initiative; a Pedestrian Visibility Campaign; and the piloting of a Home Visitation Project. Many of the associated project activities were housed within the Centre for Peace Action (CPA) as part of an ongoing attempt to strengthen the Centre's injury prevention work and status as a Safe Community Demonstration Programme and Affiliate Support Centre. The 2001 progress of these initiatives is detailed below.

Current Projects

The Safe Schools Project

Summary

As reflected in our 2000 review and strategic planning documentation, the Institute's youth services streamlined and consolidated its project work into a single overarching intervention called the *Safe Schools Project*. Currently, this 5-year project continues to be piloted at 2 schools in the Western Cape Province and 7 schools in the Gauteng Province. The *Safe Schools Project* is a comprehensive approach to promoting health and safety among school-going youth through the prevention, reduction and control of violence and injury. During 2000, the first phase of this project was robustly implemented at all the identified sites in both provinces, with a focus on mapping, accessing and re-insertion; violence and injury surveillance; the implementation of an international public health intervention examining teenage sexuality and risks for violence and HIV/AIDS; and the

implementation of psychosocial interventions such as the TALK TABOO drug intervention and the RESPECT interpersonal and relational intervention.

2001 saw significant outputs realised based on our investment in this project during 2000, as well as a further entrenchment of the project within the identified sites in both provinces. In Gauteng, injury surveillance and preventative interventions dominated our activities, with associated research outputs among staff. In the Western Cape, our work emphasised injury surveillance in primary and senior secondary schools but also greater partnership development with the Strand cluster of schools, as well as the Western Cape Education Department.

In a related activity the Lead Programme has been involved in an assessment of injuries in primary schools in the Western Cape. While this study had initially intended to focus on the epidemiology of unintentional injuries within 80 schools, the study has subsequently been streamlined to a pilot level and focuses on 17 schools. Reports detailing schools-based injury are to be produced throughout the 2002-5 period.

Evaluation of NICRO Crime Prevention Programmes

Summary

The National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) has initiated several crime prevention programmes at schools engaging at-risk youth and first-time offenders. Currently the Lead Programme is contracted to evaluate the overall internal organisation, external impact, and efficacy of these crime containment initiatives with a view to discerning lessons for good practices.

Neighbourhood-Based Safety Promotion

Summary

This project was first implemented in 1996 when a survey on risk was conducted in low-income communities of Eldorado Park and Slovo Park in Johannesburg. In 1998, a similar survey, but which focused on both risk and resiliency was conducted in Thembelihle, Johannesburg and three low-income neighbourhoods in the Strand, Western Cape. Project partners include local municipalities, service-based NGOs, research institutes, local

businesses and several safety promotion agencies. Analysis and recommendations via feedback gave priority to traffic injuries, violence, falls and burns, with women and youth being the most vulnerable. Injury data and recommendations were also presented to the relevant public health authorities in the two provinces. The data were subsequently used to pilot and evaluate several interventions across the participating communities, with a view to developing generic good practices for injury prevention that are sensitive to the complexities in low-to-middle-income contexts. Each of these is described in turn below.

Nomzamo-Erijaville: Safety Promotion Volunteers

Still in its infancy this intervention, recognising the absence of professionals and resources, focuses on mobilising and capacitating local residents to serve as safety promotion volunteers and advocates. The volunteers are trained to use injury data in lobbying health and municipal authorities to introduce environmental prevention measures targeting priority injuries arising from traffic-related incidents, violence, burns and falls. Over the last two years (2000-1) much effort has been invested in monitoring the processes involved in utilising volunteers to promote safety in under-served communities (e.g. are there injury prevention benefits in using volunteers who are often socially marginalised in society?).

Pedestrian Visibility Campaign: Eldorado Park Safety Promotion Volunteers

The Eldorado Park Health and Safety Promotion Team has been actively involved in a Traffic Visibility Campaign, which is a collaborative venture between the Institute, 3M, Drive Alive and the Centre for the Study of Scientific and Industrial Relations (CSIR). The volunteer workers were trained in the administration of questionnaires to scholars regarding the use of reflective clothing. This information was subsequently incorporated into an advocacy campaign lobbying the introduction of reflective material into the school uniforms. International presentations and publications were generated by the consortium during 2001 and we envisage completion of the project and information dissemination in 2002. The national Minister of Transport formally launched the project in September 2001 and his office is carefully monitoring the legislative/

policy implications of this initiative, which seeks to evaluate the impact of reflective clothing on traffic-related injuries among school children.

Home Visitation Project

The Institute has been planning the development and implementation of a home visitation programme (HVP) for injury control and risk factor identification over several years. The development of the initiative is based on identified best practices for HVPs elsewhere. During a pilot phase (2000-1) the focus was on developing a costing matrix that includes all relevant cost categories, according to the low-income context and the training of community volunteers. Literature studies in the field of home visitation were also conducted. In collaboration with the Karolinska Institutet and a grant from SIDA-NRF the project will be extended (2002-4) to assess the impact and cost of home visitations on household injuries in selected informal settlements.



Thembelihle: Safety Promotion Volunteers

The Thembelihle Safety Promotion Team, operating since 1998, includes a group of unemployed volunteers living in Thembelihle, an informal settlement in Johannesburg south. Like their Western Cape counterparts they are capacitated to promote safety through environmental engineering, education, information dissemination and lobbying. All their activities are informed by injury data gathered through a household survey conducted in 1998. During 2001 a process evaluation was conducted to examine the initiation, maintenance and outcome of the Thembelihle and Eldorado Park volunteer projects. Findings suggest that the opportunity to serve as volunteers is highly valued in that it allows for social inclusion and interaction with university-based and other professional groups that are viewed as resourceful and

prestigious. Volunteer activities in the catchment communities, the establishment of relationships and networks, and skills development exercises are also considered highly beneficial by volunteers and project staff alike.

Challenges center around the planning and implementation of activities, the relationship between the volunteers and the host organisation, the broader community response to volunteers, the lack of financial resources and concerns about livelihood.

The process evaluation was concluded with recommendations for improved management, support, and incentivisation of volunteer programmes in the safety promotion sector. Where there are scarce resources and a lack of professionalised expertise, volunteers can play many constructive roles within safety and health promotion initiatives. Aside from the indirect financial investment volunteers bring to such initiatives, they add significant value in that they are indigenous, accessible, responsive, and proactive to the communities in which they function. There is also increasing recognition of the significant contribution that volunteers make to a nation's Gross Domestic Product.

Strand 3: Secondary Prevention and Containment Overview

The effective secondary prevention of injuries and associated psychic trauma reduces the disability burden in the population and thus contains health care costs. Such prevention requires effective treatments that in turn require early and accurate diagnosis, and accessible, quality and culturally appropriate services, which includes pre-hospital and emergency medical care and post-traumatic psychosocial and medical treatment.

This Lead Programme strand represents a continuation of the Institute's mental health systems research and rape surveillance project and embraces three main sub-areas. The Institute has a strong knowledge base in this area, going back to its work in the 1980s that involved the development of appropriate diagnostic instruments for South African neuropsychologists and counselling services for marginalised populations exposed to violence.



Current Projects

Mental Health Promotion

Summary

Throughout this reporting period a modest attempt was made at encouraging mental health systems research with particular reference to South Africa. Despite the repeated calls for the logical inclusion of psychological services into Primary Health Care (PHC) and trauma care in low to middle-income countries, such services remain absent or at best peripheral. One such study, conducted by the Centre (1999–2001) drew on the records of a township-based counselling service with a view to investigating the strategic need for sound record management. Data on client service utilisation patterns, client demographics and presentation problems are instructive in considerations about the structure, management and funding of psychological services within trauma care facilities. Despite methodological limitations of the study, the researchers conclude with a broad motivation for further health systems research and a specific call for the establishment of a mental health information system that can provide routine quality data, which may be used for multiple purposes.

Completed Projects

Evaluation of Medico-Legal Services in Gauteng

Summary

This project was initiated in 1999 following recommendations that emerged from the Rape Surveillance Project, which was conducted in collaboration with the Gauteng Health Department's Directorate of Medico-Legal Services from 1994-2000. The scope of the evaluation project included an assessment of the structure (resources/input) and process (activities) of after-care services for adult rape survivors at 26 medico-legal centres in Gauteng. A multi-method approach

was adopted to evaluate the medico-legal clinics.

Although the medico-legal system is increasingly engaged in developing and improving service provision at district and regional levels, these reform efforts have not been consistently applied across the province. Consequently, minimum standards of care are not being met, with problems of access, charges of insensitive treatment of rape survivors, incompetent documentation of medico-legal evidence, lack of resources, inadequate training, disparities across clinics and weak inter-sectoral collaboration being the leading concerns affecting the quality of care provided to rape survivors. The identified challenges to effective service delivery appear to predominate in historically disadvantaged and rural communities. This project has produced two academic publications, which are currently in press and an advocacy document for use by policy makers and public health practitioners. The findings have already informed the strategic restructuring of medico-legal services in the province.

Strand 4: Information Dissemination and Capacity Building Overview

Strand 4 focuses on rapid and consistent dissemination of information and data emerging from the research initiatives housed in the collaborating centre. Activities in this strand promote diffusion of good practices through training, capacity building and information dissemination.

Current Projects

African Safety Promotion (Journal Incorporating the ISHS Monograph Series)

Summary

As a research-driven organisation, the Institute has for several years developed a range of publications focusing on safety promotion and injury prevention within a public health and development framework in low-income contexts. These publications have generally maintained a low-to-medium level of circulation and in an attempt to broaden their value, conversion to a more formalised journal that extends to other practitioners and

researchers in Africa, was embarked upon. The aim of the journal is:

- To foster the exchange of ideas among safety promotion practitioners and injury preventionists in Africa (and similar low-income contexts).
- To facilitate the development of a network and movement that addresses the unique needs of Africans as we attempt to generate a continent-wide safety promotion agenda and strategy.

Funding was obtained from the National Research Foundation to drive this process and during 2001 the necessary infrastructural and academic basis for the journal was finalised (e.g. internationally recognised editorial staff, internationally recognised peer review board, technical and conceptual format and scope). The first issue of this journal was initiated in 2001, and will be finalised and circulated at the beginning of 2002. In addition, the second and third issues are due to be completed by the end of 2002.

Injury and Safety Monitor *(Incorporating the Trauma Review and the African Safecom News)*

Summary

The MRC's National Trauma Research Programme regularly disseminated its key research findings related to injury patterns and profiles through its *Trauma Review* publication. This publication was directed at researcher-practitioners who would be able to access critical findings relevant to their work in relatively short periods of time. The format of rapid dissemination allowed for important, 'cutting edge' and preliminary findings to be located in the public domain, without the temporal lag that often accompanies peer-reviewed journals. With the closure of this programme and the incorporation of much of its work into the Crime, Violence and Injury Lead Programme, this publication has been retained, but with a slightly different scope. In addition to short articles highlighting empirical research findings related to injury patterns, trends and profiles, it now also includes a focus on prevention programmes, their efficacy and impact. This linkage between research and its direct application to safety promotion interventions is also encapsulated in its renaming and allows for a focus on problem definition as well as proactive interventions.

The retention of the rapid dissemination format facilitates the publication of multiple issues in each year. During 2001, 2 issues were completed and we envisage 4 issues per year from 2002 onwards.

Seminar Series and Electronic Information Dissemination

Summary

As an integral component of its information dissemination, capacity building and profiling, the Institute hosts several public seminars each year. These seminars often include a mixture of staff and notable speakers in the area of safety promotion and injury prevention and attract a range of participants. Since the launch of the Lead Programme, this seminar series has also been incorporated into the Programme. Even though the format will broadly be retained, the national nature of the Programme will be mirrored in the seminar series as well. Six seminars will be hosted each year in different cities in South Africa. Topics discussed will be of national importance in the sector, but with an emphasis on its applied value in a range of contexts. High-level international and national speakers and discussants are likely to be utilised as we target a broad range of researchers, practitioners and decision-makers. The seminar series will also consistently link the existing work of the Lead Programme to national crime, violence and injury priorities. During 2001, the following 3 seminars were hosted:

May - Launch of the Evaluation Report on Medico-Legal Services in Gauteng Part 1: Implications for the Development of Best Practices in the After-Care of Rape Survivors.

October - The Impact of Crime, Violence and Injury in South Africa.

November - An Audit of Women's Leadership Programmes in South Africa.

In addition, electronic media have become an increasingly integral part of the information dissemination and profiling process within both the MRC and the Institute. At present, there are three newly updated and refreshing sites available on which to review the Crime, Violence and Injury Lead Programme, and these are constantly being streamlined and augmented with additional resource materials for end users. By the beginning of 2002, these

sites will all be fully integrated and hyper-linked for end-user ease. They can be found on the following addresses:

<http://www.unisa.ac.za/dept/ishs>
<http://www.sahealthinfo.org>
<http://www.mrc.ac.za/crime/crime.htm>

Conferences, Networking & Public Dissemination of Information

Summary

One imperative of the programme is to ensure representation at major and relevant national and international conferences or meetings as this contributes to dissemination of information, as well as to the strategic profiling of the Lead Programme. Similarly, convening pivotal national and international conferences (e.g. 2nd African Regional Safe Communities Conference, 2001; 8th International Injury Prevention and Control Conference, 2006) assists in these processes. Furthermore, engaging in public dissemination of information beyond generalised organisational mechanisms (e.g. engaging with print or visual media, public launches, etc.) remains a critical profiling strategy that has been identified within the Lead Programme. Finally, forging ongoing linkages with national and international groups that may facilitate the work of the Lead Programme (e.g. WHO Units, IPIFA, Safe Communities Movement, WHO Collaborating Centres for Violence and Injury Prevention Research and Training) strengthens the strategic national and international position of the Lead Programme as it begins to influence and shape the national, continental and international safety promotion agenda. In 2001, the following are examples of some of these activities:

- **4-5 April** - 2nd African Regional Safe Communities Conference.
- **9 May** - Open Day Presentation at UNISA.
- **29 August** - An evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors. Findings presented at the *University of Natal*.
- **27 August** - Briefing session with forensic pathologists and healthcare practitioners using on the preliminary 2000 National Injury Mortality Surveillance System (NIMSS) data.
- **9 September** - 1999 National Injury

Mortality Surveillance System (NIMSS) Report and Purpose of the Crime, Violence and Injury Lead Programme. Presented at National Forensic Services Annual Meeting.

- **4 October** - Launch of MRC-UNISA Crime, Violence and Injury Lead Programme.

Training Courses, Teaching & Supervision

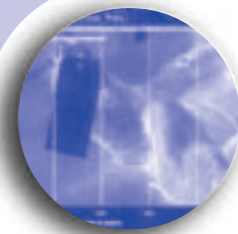
Summary

Both the Institute and the MRC have consistently promoted capacity development by offering various training courses and initiatives to both its staff and interested parties. Some of the courses offered directly by the Lead Programme during 2001 have included:

- qualitative (ecological) methodologies and analysis,
- quantitative (statistical) methodologies and analysis,
- an introduction to community based research,
- Epi Info training with CAPFSA,
- an Injury Control and Traffic Safety Course (in collaboration with the Indian Institute of Technology in New Delhi, India), and
- a comprehensive masters level module on community psychology and public health in safety promotion.

These are all certified courses, and at present the masters level module is being developed into a fully-fledged masters course in public health research, safety promotion and community psychology. For the non-degree training courses mentioned above, applications are being processed to have them formally accredited with the University of South Africa (UNISA).

During 2001, Masters students in Public Health or Community Psychology from UNISA, RAU and Wits were involved in the module, with various staff members participating in the research supervision of masters level students. A total of 5 masters level dissertations were either supervised to completion during 2001 or are still in progress at present. In addition, the Institute is registered with the Health Professions Council of South Africa as an internship-training site for research and community-counselling psychologists, and accommodated 3 interns during 2001.



With regard to staff skilling and capacitation, this continued to be emphasised as a central development imperative within the Lead Programme. Other than formal conference

attendance and participation in various public forums by staff, the Lead Programme encouraged active participation in a diverse range of training courses.

TABLE 2 EXAMPLES OF COURSES AND OTHER SKILLS ACQUISITION OR ADVANCEMENT ACTIVITIES UNDERTAKEN BY STAFF DURING 2001.

Staff Member	Course Attended	Affiliation	Course Duration	Provided by
Royal Lekoba Johannes Moabi Lyndsey Lourie	HIV/Aids training	UNISA	4 days	Township Aids Project
Royal Lekoba Farzana Sader	Effective Volunteer Management	UNISA	2 days	Volunteer Centre
Babsy Mathebula Victor Peteke Lyndsey Lourie Royal Lekoba	Computer Training	UNISA	15 days 6 days 4 days 5 days	Teachers Training Centre UNISA Computer Department
Johannes Moabi	Small Business Training	UNISA	5 days	YEDEP
Sandra Marais Hilton Donson	UCT Summer School: Forensic Research and Laboratory Work	MRC	5 days	
Sandra Marais Hilton Donson Mzimkhulu Maziko Megan Prinsloo	Data Management with MS Access & SPSS	MRC	1 day	
Hilton Donson Anneke du Toit	Introduction to MS Access	MRC	1 day	
Hilton Donson	MS Access	MRC	1 day	
Mzimkhulu Maziko	MS Project Course	MRC	1 day	
Midred Dreyer Shahnaaz Suffla	Partnership Workshop	UNISA	5 days	Norwegian People's Aid
Mildred Dreyer Victor Peteke	Academic Management System	UNISA	1 day	UNISA
Shahnaaz Suffla Richard Matzopoulos	IPIFA Injury Epidemiology Course	UNISA MRC	5 days	IPIFA
Shahnaaz Suffla	Media Workshop	UNISA	2 days	MRC
Ashley van Niekerk	IPIFA Injury Epidemiology Course	UNISA	5 days	IPIFA
Garth Stevens Mohamed Seedat	Research Exchange - George Washington University School of Public Health, USA	UNISA	8 days	George Washington University School of Public Health
Garth Stevens	Research Exchange - University of Lyon Institute for Psychology, France	UNISA	14 days	University of Lyon Institute for Psychology, France
Garth Stevens Brett Bowman Susanne Bender Ashley van Niekerk Shahnaaz Suffla Richard Matzopoulos Mohamed Seedat	Costing Workshop	UNISA UNISA UNISA UNISA MRC UNISA	2 days	SIDA-NRF
Mildred Dreyer	Gender Assessment	UNISA	3 days	Norwegian People's Aid



Inequality, Difference and Knowledge Production

Overview

With regard to its secondary research area, the Institute has historically maintained a critical perspective in the ongoing assessment of formal and less formal knowledge production processes in South Africa and in Africa more broadly. Several Institute staff have been involved in a range of initiatives aimed at examining and exploring issues related to social inequality, social difference and knowledge production. These studies have included highlighting the 'racially' polarised processes surrounding research and knowledge production, practical authorship development enterprises focussing on the advancement of emerging black and women authors, and the generation of numerous journal publications and books examining specific topics and their interface with 'race', racism and knowledge production.

In each instance, the Institute has aimed to reflexively explore research and other knowledge production processes within historically oppressive contexts such as South Africa, and to contribute to capacitation through corrective measures that assist in redressing these socially skewed patterns. Furthermore, through these activities the Institute has repeatedly argued for alternative understandings of knowledge, science and research that are more inclusive of indigenous meaning systems and that are equally valued and integrated into our research and praxis. During 2001 several initiatives were completed within this research area.

Completed Projects

'Race' and Intercultural Relations Symposium

Summary

Several Institute staff were invited to participate in an international conference as part of a symposium examining the status of 'race' across various sectors of post-apartheid South

Africa. The symposium made a notable contribution to the conference that was held in Oxford, Mississippi, USA and was hosted by the Croft Institute at the University of Mississippi and the International Academy for Intercultural Research.

Special Issue of the International Journal of Intercultural Relations

Summary

As a direct result of the Institute's participation in the above symposium, participants were requested to generate a special issue of the *International Journal of Intercultural Relations*. This issue was completed in 2001 and will be in print in early 2002.

Authorship Initiative

Summary

During 2001, Institute staff contributed to the completion of a book focusing on the 'racially' skewed patterns that have characterised knowledge production and practice within South African psychology. The text, entitled *Race, racism, knowledge production and psychology in South Africa*, was co-edited by Institute staff and provides a critical contribution to the history and contemporary debates within South Africa's mental health sector.

Research Exchanges and Presentations

Summary

Research exchanges and presentations directed specifically at the development of this research area also occurred during 2001. Not only were papers presented in France and Mexico on the importance of engaging the phenomenon of racism at the research and intervention levels, but also on the value of indigenous knowledge systems in redressing the varied social inequities arising from racism. Furthermore, a formal research collaboration between researchers at the University of Lyons and Institute staff is in the process of being finalised around this topic area for 2002.

Strategic Priorities and New Projects for 2002

Overview

Following a range of socio-political and research imperatives, the MRC-UNISA Crime, Violence and Injury Lead Programme will operate to consolidate its research agenda during 2002. Particular attention will be accorded to institutionalising the public health approach to injury prevention through the facilitation of coalitions, capacitation of Programme members through formally directed graduate programmes, and the initiation of various new projects.

In the difference, discrimination and knowledge production area, the Institute will encourage closer examination of the injury-social inequality nexus. The director will also utilise his Research and Development leave (June 2002 – May 2003) to initiate a study on indigenous approaches to safety promotion.

New Projects

Indigenisation and Safety Promotion

Summary

Following the traditions established by the 'indigenisation of knowledge' movement, the proposed study contains two broad aims. First, it aims to contribute to the emerging indigenous perspective to safety promotion and injury prevention. Second, through an appropriation of indigenous traditions and a close study of associated classical, religious and contemporary texts, the study will highlight the value of indigenous safety promotion ideas and practices. The study, which is a sabbatical project, will ultimately aim to generate an indigenous theoretical framework for safety promotion so as to address the distinctions provoked by the secular-spiritual polarity.

The study will include collaboration with colleagues from the Indian Institute for Technology and the Jawaharul Nehru University in New Delhi, India. A major anticipated outcome is a violence prevention module to be presented at a Karolinska Institutet-initiated course in Estonia in August 2002.

Crime, Violence and Injury Review

Summary

This is a two yearly publication, similar in format to other annual reviews in the social and health sector in South Africa. The Lead

Programme will commission groups and individuals to write specific chapters on topics such as injury surveillance trends, the injury-alcohol-HIV/AIDS nexus, good practices for gun-control, etc. The publication is meant as a resource for policy makers, funders and service providers.

Handbook for the Documentation of Good Practices for the Prevention of Interpersonal Violence

Summary

This is a collaborative initiative involving the London School of Tropical Medicine, the Lead Programme and the WHO Violence Prevention Office (Geneva). It is intended to document criteria and process for the identification, classification and evaluation of good practices for the prevention of interpersonal violence. The envisaged handbook will address issues relating to contextual fit, cultural congruence, inclusion and exclusion criteria for prevention and social mobilisation.

The Mortality Validation Study

Summary

Estimates for the annual number of non-natural deaths in South Africa range from 65 000 to 80 000. The mortality validation study will review non-natural mortality data collected by the National Injury Mortality Surveillance System, and the Departments of Safety and Security, Home Affairs and Transport. The study will investigate under-reporting and inaccuracies within each system and will assess whether the data sets can be linked to ensure reliable, comprehensive and consistent reporting of injury mortality. The ultimate aim is to introduce a multi-agency mortality data entry protocol.

Burn Injuries in Early Childhood: Studies on Household, Familial and Developmental Risk Factors

Summary

In recent years burn injuries have been reported as a grave concern among young children in a number of low-income countries, including South Africa. However, despite the increasing recognition of burn injuries, there is a conspicuous absence of information on the risk and trigger factors to these injuries. It is currently recognised that a complex interaction between individual, social, environmental, and injury-inducing agent factors may contribute to the occurrence of burn injuries. The aim of

this study is to determine the key household, familial and individual risk factors to thermal injuries sustained by South African children aged 10 years and younger. During 2002 the study will examine caregivers' perceptions of the risk factors and associated triggers for childhood burns.

The Three City Study

Summary

The non-natural mortality data collected by the National Injury Mortality Surveillance System will be used to pioneer a community-based intervention programme in the three cities where full coverage has been achieved, namely Cape Town, Port Elizabeth and Pretoria. The study will trace the utility of its envisaged customised reports and develop evaluation methodologies for the outcome and impact of policy decisions intended to promote safety at city level.

Youth Risk Behaviour Study

Summary

This new study has been commissioned and funded by the National Department of Health and is a collaboration between the MRC, Lead Programme, University of Natal and University of Cape Town. The primary aim of the study is to assess youth risk behaviours nationally across all 9 provinces. The resultant findings are likely to feed into national health policy,

but will also contribute to the global knowledge base in the area of youth risk behaviours.

Traditional Male Circumcision

Summary

The aims and objectives of the proposed study are to investigate and define the current initiation practices and the complications in relation to ritual circumcision in order to make the procedure and the process safer and to prevent the related loss of life, morbidity and disability as far as possible; to define behaviours that need to be changed in the process and to establish the practicality of such changes and the compatibility with the nature of the initiation ceremony; to describe the extent of the problem; to define how best to introduce safer practices compatible with the traditional nature of the initiation ceremony and to determine priorities for circumcision injury treatment and prevention. The anticipated outcomes of the project include capturing, strengthening and protecting indigenous knowledge systems, the development of injury control and prevention based on community-based prevention strategies and research capacity development for underdeveloped institutions like the University of Fort Hare (UFH) and the University of Transkei (UNITRA). The planned path of the project sees 2002 being used primarily for data collection and intervention planning.

MRC-UNISA Crime, Violence and Injury Lead Programme & UNISA Institute for Social and Health Sciences Personnel Listing, 2001

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Part 3

MRC-UNISA Crime Violence and Injury Lead Programme Staff (Cape Town 2001)



Back Row from Left to Right: Abdulsamed Bulbulia, Stephanie Burrows, Christine Harris, Sandra Marais, Megan Prinsloo, Annelise Krige, Anneke du Toit, Susanne Bender, Richard Matzopoulos **Front Row from Left to Right:** Mohamed Seedat, Garth Stevens, Anesh Sukhai, Hilton Donson, Mzimkhulu Mazikho, Ashley van Niekerk

MRC-UNISA Crime, Violence and Injury Lead Programme Staff (Johannesburg 2001)



Back Row from Left to Right: Stephanie Burrows, Farzana Sader, Susanne Bender, Mildred Dreyer, Brett Bowman, Lu-Anne Swart, Lindsey Lourie, Samed Bulbulia, Sandra Gertze.

Sitting From Left to Right: Garth Stevens, Mohamed Seedat, Victor Peteke, Ashley van Niekerk, Jemina Senyane.

Front Row from Left to Right: Royal Lekoba, Babsy Mathebula.

Institute for Social and Health Sciences Governing Board Members 2002

Name	Title and Affiliation
Prof. Dorette van Ede	Deputy Dean, UNISA Social Sciences Faculty
Dr Ahmed Vally	Psychiatric Registrar (Tara Hospital)
Mrs Anne Duiker	South African Revenue Services
Prof. F.J. A. Snyders	Head: UNISA Psychology Department
Prof. L. King	Head: UNISA Advanced Nursing Science Department
Prof. M. de Jongh	Head: UNISA Anthropology and Archaeology Department
Mr Johan Muller	Head: UNISA Finance Department
Prof. M. Seedat	Ex-Officio ISHS Representative

During 2002, the Institute's Governing Board will be augmented by an advisory panel that will also provide strategic input to the MRC-UNISA Crime, Violence and Injury Lead Programme.

Patrons

Name	Title and Occupational Description
Dr Ram Saloojee	Medical Practitioner and National Assembly Parliamentarian
Mrs Nandi Mayathula-Khoza	Speaker of the House, JHB Metropolitan Council

The Governing Board, which includes specialists co-opted on an annual basis, reviews the progress and quality of the Institute's work and associated research outputs. Serving as an advisory group, the Board provides intellectual and policy direction to the Institute.

2001 Research Outputs

Journal Articles

Ahmed, R., Seedat, M., van Niekerk, A. & Bulbulia, S. (2001). Preliminary findings on community resilience from three per-urban neighbourhoods in the Western Cape. *ISHS Monograph Series*, 2(1).

Butchart, A., Peden, M., Matzopoulos, R., Phillips, R., Burrows, S., Bhagwandin, N., Saayman, G., Cooper, A. & participating Forensic Pathologists (2001). The South African national non-natural mortality surveillance system - rationale, pilot results and evaluation. *South African Medical Journal*, 91.

Lerer, L. & Matzopoulos, R. (2001). "The worst of both worlds" - The management reform of the World Health Organisation. *International Journal of Health Services*, 31(2).

Lerer, L. & Matzopoulos, R. (2001). The European E-Health opportunity - A context for pharmaceutical marketing. *International Journal of Medical Marketing*, 1(2).

Marais, S. & Prinsloo, M. (2001). Childhood injury mortality data in the Cape Town metropolitan area, 1999/2000. *MRC Urban Health & Development Bulletin*.

Stevens, G. & Mohamed, F. (2001). Beating the battered: The psychology of secondary victimisation. *Theta*, 2.

Stevens, G., van Niekerk, A. & Wyngaard, G.C. (2001). The safe schools model: An antidote to school violence? *Perspectives in Education*, 19(2).

Suffla, S., Seedat, M., van Niekerk, A. & Bulbulia, S. (2001). Community responses to select injury related behaviours: Retreating or bouncing back? *ISHS Monograph Series*, 2(1).

Suffla, S. & Seedat, M. (2001). The role of political leadership and organised psychology in South African reconciliation: Echoes of accommodation and dissent. *ISHS Monograph Series*, 2(2).

Swart, L., Seedat, M. & Stevens, G. (2001). The prevalence of violence in teenage dating relationships and associated factors. *ISHS Monograph Series*, 2(3).

Swart, T.M., Stevens, G., van der Walt, C. & Mohamed, F. (2001). Institute for Social and Health Sciences/Centre for Peace Action youth safety and health promotion programme: A case study of public

safety initiatives in Eldorado Park. *ISHS Monograph Series*, 2(4).

van Niekerk, A., Seedat, M., Bulbulia, S. & Kruger, D.J. (2001). Childhood injury in selected low-income South African neighbourhoods. *ISHS Monograph Series*, 2(3).

Books

Duncan, N., van Niekerk, A., de la Rey, C. & Seedat, M. (Eds)(2001). *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Seedat, M. with (Duncan, N. & Lazarus, S.) (Eds)(2001). *Theory, method and practice in community psychology. South African and other perspectives*. Johannesburg: Oxford University Press.

Book Chapters

Duncan, N. & van Niekerk, A. (2001). Investing in the young for a better future: A programme of intervention. In M. Seedat, N. Duncan and S. Lazarus (Eds.), *Theory, method and practice in community psychology: South African and other Perspectives*. Oxford University Press: Johannesburg.

Seedat, M., Duncan, N. & Lazarus, S. (2001). Community psychology in South Africa: Theory, method and practice. In M. Seedat with (N. Duncan & S. Lazarus) (Eds.), *Theory, Method and Practice in Community Psychology. South African and other Perspectives*. Johannesburg: Oxford University Press.

Seedat, M. (2001). Invisibility in South African psychology (1948-1988): A trend analysis. In N. Duncan, A. van Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Seedat, M. (2001). A comparative characterisation of South African psychology (1948-1988): Discerning ideological and academic strands. In N. Duncan, A. van Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Stevens, G. (2001). Racism and cultural imperialism in the training of black psychologists in South Africa: Identity, ambiguity and dilemmas of praxis. In N. Duncan, A. van Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Suffla, S, Stevens, G. & Seedat, M. (2001). Mirror reflections: The evolution of organised professional psychology in South Africa. In N. Duncan, A. van

Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Terre Blanche, M. & Seedat, M. (2001). Martian landscapes: The social construction of race and gender at South Africa's National Institute for Personnel Research, 1946-1984. In N. Duncan, A. van Niekerk, C. de la Rey & M. Seedat (Eds.), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

van Niekerk, A. & Shefer, T. (2001). Challenging racism in authorship and publication in South Africa. In N. Duncan, A. van Niekerk, C. de la Rey, and M. Seedat (Eds), *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Editorials

Duncan, N., van Niekerk, A., de la Rey, C., & Seedat, M. (Eds)(2001). *Race, racism, knowledge production and psychology in South Africa*. New York: Nova Science Publishers.

Stevens, G. (Ed)(2001). Psychology, transformation and reconciliation. *ISHS Monograph Series*, 2(2).

Stevens, G. (Ed)(2001). Childhood and adolescent injuries. *ISHS Monograph Series*, 2(3).

Stevens, G. (Ed)(2001). Macro-considerations and community-based practices in safety promotion. *ISHS Monograph Series*, 2(4).

Suffla, S. & Stevens, G. (Eds)(2001). Considering community resilience and social assets in safety promotion. *ISHS Monograph Series*, 2(1).

van Niekerk, A., Stevens, G., Seedat, M., Suffla, S., & Butchart, A.(Eds)(2001). *2nd Regional African Safe Communities Conference: Selection of Conference Papers*. UNISA: ISHS: Johannesburg.

Conference/Public Forum Participation and Presentations

Bender, S. (2001). *Cost-calculation and cost-effectiveness in injury prevention and safety promotion*, Costing Workshop, Johannesburg, South Africa, 3-4 April 2001.

Bender, S. (2001). *Cost calculation and cost-effectiveness in injury prevention and safety promotion*, 1st Safe Community Conference on Cost-Calculation and Cost-Effectiveness in Injury Prevention and Safety Promotion, Viborg County, Denmark, 30 September–3 October 2001.

Bowman, B. (2001). *Towards a comprehensive cost-calculation model for South Africa*. Costing Workshop, Johannesburg, South Africa, 3-4 April 2001.

Bowman, B. (2001). *Towards a South African injury costing model: Informing provisional process and structure through a review of the literature in three dimensions*. 1st Safe Community Conference on Cost-Calculation and Cost-Effectiveness in Injury Prevention and Safety Promotion, Viborg County, Denmark, 30 September–3 October 2001.

Bowman, B. & Plüddemann, A. (2001). *Alcohol-related mortality in Gauteng (2000)*. SACENDU Report Back Meeting, Pretoria, October 2001.

Bhagwandin, N., Donson, H., Maziko, M., Prinsloo, M., Bopape, J., Matzopoulos, R., Marais, S., Burrows, S., Potgieter, M., Butchart, A. & Peden, M. (2001). *Injury mortality surveillance*. 3rd Eastern Cape Health Research Conference, August 2001, East London.

Donson, H. (2001). *Sentinel surveillance of substance abuse and trauma at Livingstone and provincial hospitals*. 3rd Eastern Cape Health Research Conference, East London, 17 August 2001.

Donson, H. (2001). *Alcohol and mortality data*. SACENDU Report Back Meeting, Cape Town, 9 April 2001.

Donson, H. (2001). *Trauma and drug study in Port Elizabeth*. SACENDU Report Back Meeting, Port Elizabeth, 10 April 2001.

Donson, H. (2001). *Alcohol-related mortality in Cape Town*. Sensible Drinking Workshop, GF Jooste Hospital, 4 May 2001.

Donson, H. (2001). *Alcohol-related injury in Cape Town*. Sensible Drinking Workshop, UWC, Cape Town, 16 July 2001.

Donson, H. (2001). *Sentinel surveillance of substance abuse in Port Elizabeth*. 3rd Eastern Cape Health Research Conference, East London, 17 August 2001.

Donson, H. (2001). *Trauma and drug study in Cape Town for 3 years*. SACENDU Report Back Meeting, Cape Town, 16 October 2001.

Harris, C. & Sukhai, A. (2001). *Trauma and drug study in Durban*. SACENDU Report Back Meeting, Durban, April 2001.

Marais, S. & Matzopoulos, R. (2001). *Non-fatal injury surveillance and Injury prevention in South Africa*. 2nd Regional African Safe Communities Conference, Midrand, South Africa, 4-5 April 2001.

Marais, S. (2001). *Childhood injury mortality data in the Cape Town metropolitan area, 1999/2000*. Building Research Capacity for Children, Environment and Health in South Africa, MRC/USA Workshop, May 2001.

Marais, S. (2001). *Injury prevention*. Lecture to UCT Master of Philosophy Degree in Emergency Medicine Students, Cape Town, 30 October 2001.

Marais, S. (2001). *The impact of crime and violence on the delivery of state health care services in the Western Cape*. Seminar at MRC-UNISA Crime, Violence and Injury Lead Programme, Lenasia, 18 October 2001.

Marais, S. (2001). *Findings on alcohol and injury survey in Cape Town*. Meeting of Principal Investigators of the WHO Collaborative Study on Alcohol and Injuries, Mexico City, 26-28 November 2001.

Matzopoulos, R., Donson, H. (2001). *The non-fatal injury surveillance system (poster)*. Traumex 2001 - Emergency Medicine & Trauma Conference and Expo, 16-18 October 2001, Gallagher Estate, Midrand, South Africa.

Matzopoulos, R., Donson, H., Prinsloo, M., Marais, S., Peden, M., Bopape, J., Potgieter, M. & Butchart, A. (2001). *The national non-fatal injury surveillance system (poster)*. MRC/UNISA Crime, Violence and Injury Lead Programme Launch, Tygerberg, 4 October 2001.

Matzopoulos, R. (2001). *The national injury mortality surveillance system summary results 2000*. Department of Health Annual Meeting of Forensic Pathologists, Cape Town, 11 September 2001.

Matzopoulos, R. (2001). *A profile of fatal injuries in South Africa 2000*. Presentation at the MRC-UNISA Crime, Violence and Injury Lead Programme Launch, Tygerberg, 4 October 2001.

Matzopoulos, R. (2001). *The national injury mortality surveillance system summary results 2000*. UNISA Institute for Social and Health Studies Seminar Series, Lenasia, 18 October 2001.

Maziko, M. (2001). *Initiation rites in crisis*. 3rd Eastern Cape Health Research Conference, East London, 17 August 2001.

Ricardo, I.B., Ruzany, M.H., Seedat, M., Taquette, S., Swart, L., Meirelles, Z., Stevens, G., & de Oliveira, R. (2001). *Intimate partner violence and risky sexual behaviours: A study of youth in Rio de Janeiro and Johannesburg*. Poster Presentation delivered at the Society for Adolescent Medicine, San Francisco, USA, March 2001.

Seedat, M. (2001). Convenor of the 2nd Regional African Safe Communities Conference, Midrand, South Africa, 4-5 April 2001.

Seedat, M. & Matzopoulos, R. (2001). *2000 injury surveillance report and purpose of MRC-UNISA Crime, Violence and Injury Lead Programme*. Presented at National Forensic Services Annual Meeting, 9 September 2001.

Seedat, M. (2001). *The use of scientific research in stimulating violence-prevention practices and policies: Reflections and questions from South African experiences*. Paper presented at the Global Forum for Health Research, Geneva, 9-12 October 2001.

Stevens, G. (2001). *Critically reviewing academic discourses on 'race' and racism in post-apartheid South Africa: Contributions from within the discipline of psychology*. Paper presented at the International Perspectives on Race, Ethnicity and Intercultural Relations, Oxford, Mississippi, USA, 18-22 April, 2001.

Stevens, G. (2001). *Ontological, epistemological and methodological issues in understanding and addressing the phenomenon of urban violence from a psychological perspective*. Presentation at the Institut de Psychologie, Universite Lumiere, Lyon 2, Lyon, France, 13 November 2001.

Stevens, G. (2001). *Humanitarian work in intercultural contexts: Problematics, pragmatics and positionality*. Presentation at the Institut de Psychologie, Universite Lumiere, Lyon 2, Lyon, France, 20 November 2001.

Stevens, G. (2001). Co-Convenor of the 2nd Regional African Safe Communities Conference, Midrand, South Africa, 4-5 April 2001.

Stevens, G., Bowman, B., Butchart, A., Bhana, A., Daffhala, A., Matzopoulos, R., Dada, M. & du Toit, N. (2001). *The national injury costing project*. Poster presentation delivered at the Launch of the MRC-UNISA Crime, Violence and Injury Lead Programme, Cape Town, South Africa, 4 October 2001.

Stevens, G., Wyngaard, G., Swart, T., van der Walt, C., Donson, H. & van Niekerk, A. (2001). *Violence and injury prevention among South African youth*. Poster presentation delivered at the Launch of the MRC-UNISA Crime, Violence and Injury Lead Programme, Cape Town, South Africa, 4 October 2001.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *An evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors*. Paper presented at the 2nd Regional African Safe Communities Conference, 4-5 April 2001, Midrand, South Africa.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *Medico-legal services in Gauteng, South Africa: Implications for the secondary prevention of injury*. Paper presented at the 10th International Conference on Safe Communities, 21-23 May 2001, Anchorage, Alaska.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *Launch of the evaluation report on medico-legal services in Gauteng (part 1): Implications for the*

development of best practices in the after-care of rape survivors, 10 May 2001, Johannesburg.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *An evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors*. Findings presented at the University of Natal, 29 August 2001, Durban.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *An evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors*. Poster presentation delivered at the Launch of the MRC-UNISA Crime, Violence and Injury Lead Programme, Cape Town, South Africa, 4 October 2001.

Suffla, S. (2001). *Feedback on the Safe Communities criteria*. Presented on behalf of the Institute for Social and Health Sciences at the Special Seminar on Indicators of a Safe Community, 24 May 2001, Anchorage, Alaska.

Suffla, S. & Seedat, M. (2001). *Indigenous knowledge systems: Their contribution to cultures of peace and violence*. Paper presented at the 24th Annual Meeting of the International Society for Political Psychology, 15-18 July 2001, Cuernavaca, Mexico.

Reports

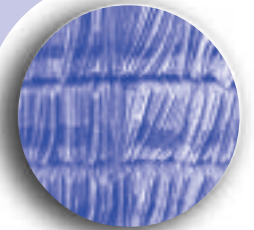
Burrows, S., Bowman, B., Matzopoulos, R., van Niekerk, A. (Eds)(2001). *A profile of fatal injuries in South Africa 2000*. MRC-UNISA Crime, Violence and Injury Lead Programme Technical Report, Tygerberg, October 2001.

Matzopoulos, R., Bowman, B., Sukhai, A., van Niekerk, A., Burrows, S., Dada, M., Donson, H., Prinsloo, M., Harris, C., Potgieter, M. & Bhagwandin (2001). *National injury mortality surveillance system summary report 2000*. MRC-UNISA Crime, Violence and Injury Lead Programme Brochure, Tygerberg, October 2001.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *An evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors*. Unpublished report, MRC-UNISA Lead Programme on Crime, Violence and Injury, Johannesburg.

Suffla, S., Seedat, M. & Nascimento, A. (2001). *Evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors*. MRC-UNISA Crime, Violence and Injury Lead Programme Policy Brief, Tygerberg, December 2001.

van Niekerk, A., Bulbulia, S., Seedat, M. and Wyngaard, G. (2001). *Nomzamo safety promotion factbook*. UNISA ISHS: Community Technical Report Series. UNISA ISHS: Johannesburg.



van Niekerk, A. & Stevens, G. (2001). *Conference proceedings report on the 2nd Regional African Safe Communities Conference*, Midrand, South Africa, 4-5 April 2001. Johannesburg: Institute for Social and Health Sciences.

Current Post-graduate Research Projects

Bulbulia, S. (preliminary doctoral work). *The impact of housing infrastructure and social transition on injuries in low-income communities*.

Donson, H. (in progress masters dissertation). *Red light jumping*.

Stevens, G. (preliminary doctoral work). *Social exclusion and homicide*.

Suffla, S. (preliminary doctoral work). *Quality of health care: Studies of the South African medico-legal system*.

Sukhai, A. (preliminary masters work). *Road rage in South Africa*.

Van Niekerk, A. (preliminary doctoral work). *Studies of burn injuries in childhood: Household, familial and developmental risk factors*.





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