Chapter 2
Violence and violence prevention in South Africa: A sociological and historical perspective*

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Violence, like any other threat to individual integrity and social order, is an emotive phenomenon easily pulled into the service of ideological and political interests. Individual instances of violence occurring for the most part beyond the public eye, it is difficult to accurately "see" the problem, and the epidemiological vacuum of violence in South Africa is filled with social fantasies that serve as surrogate realities to which the public, the police and politicians alike respond. This can be illustrated in the first instance by the middle-class callers to a May 1998 talk radio programme who seriously debated expert evidence that there was more crime and violence in impoverished "township" settings than in moneyed suburbia. Second, although violence is pre-eminently a masculine phenomenon involving male perpetrators and male victims, it is violence against women that takes centre stage and receives the greatest public and political coverage. Third, and although there is little evidence for their preventive value, "victim empowerment" programmes targeted at the psychosocial counselling of individuals after they have been hijacked, raped or assaulted are seen as the royal road to prevention and prioritised over interventions aimed at stopping attacks from happening at all. Fourth, is the belief, repeatedly challenged by the local and international evidence led in this report, that violence is a purely criminal problem most effectively understood through the lens of police statistics and most effectively controlled through criminal justice measures aimed at deterrence, incapacitation and revenge.

Together, these and other myths about crime and violence in South Africa sustain a growing security industry in which the concept of prevention is reduced to the idea of protection (higher walls, increased firepower, escalating insurance and security fees). Instead of socio-environmental interventions to reduce the number of violent attacks, fortunes are built around a vicious circle where target hardening stimulates an escalation in the intensity of violence, which necessitates further target hardening and, most importantly, further increases the gulf between the rich and the poor. Already, the late twentieth-century version of the medieval walled city is a reality of our urban landscape, Household insurance coverage is made conditional on properties being subject to 24-hour "armed response" monitoring, and "arming-up" in respect of private weapons bought from shady township and inner-city dealers in the name of personal protection outstrips calls to make the country gun free. Against the high visibility accorded middle-class victims and potential victims of violence, impoverished populations manifesting the highest incidence of assault, homicide and sexual violence are almost invisible, their lives relegated to the growing low-income and informal townships that surround all our major cities.

This socially implosive state of affairs is in part sustained by the sociologically uninformed assumptions that fuel the violence control industry, and which it is the aim of this chapter critically to reflect upon. First, the social role of violence and analyses of violence will be explicated in terms of Michel Foucault's (1977) well-known distinction between sovereign and disciplinary power. Second, these concepts will be applied to a historical review of violence and violence prevention in twentieth-century South Africa. Third, the findings of this socio-historical review will be used to argue that, unless South Africa is to revert to a situation of militarised governance
based on violently enforced social partitioning, the public health approach to violence prevention is the only one consistent with social democracy and a power system that fosters positive social control in the individual, the family, and the community.

**Violence in twentieth-century South Africa: A Foucauldian perspective**

According to Foucault, a productive relationship exists between power and knowledge at any particular time, with the result that an apparently objective phenomenon such as violence is in fact fabricated in historically contingent ways as an outcome of this relationship. *In Discipline and Punish* Foucault (1977) explicitly examined the role of violence in relation to power. He argued that over the past 300 years a shift has occurred in the power-knowledge relationship in the West from sovereign power, where social control emanates from a central nexus of authority, to disciplinary power, whereby social control is dispersed throughout society and down to the finest grain of individual and sub-individual determinants of behaviour. Under sovereign power, knowledge of the state and respect for its might are inculcated through highly visible displays of the state's capacity to command obedience, the most prominent of these being actual and symbolic shows of force and the capacity to inflict violence on the citizenry (e.g. public executions, military parades, chain gangs, news footage of police or army action). Disciplinary power, by contrast, works by directing attention onto the individual subjects of the state, and through such individualising and subjectifying technologies as the survey, clinical medicine, the psychological interview, the public opinion poll, and training in the ways of physical and mental health, operates to recruit them into becoming their own overseers, exercising power over, and against themselves. Sovereignty produces both the "memorable man" as the custodian of power and the oppressed masses who sporadically try to wrest it from him; discipline produces the "calculable man", this being the modern individual who believes in individual autonomy and who directs his or her agency to caring for and enhancing that agency in ways that conform to the greater good of society.

Although sovereign power in all but its symbolic form has disappeared from most Western countries, the dynamics of South African society and politics in the twentieth century can be interpreted in terms of both sovereign and disciplinary power, local policies and practices in relation to violence having been conditioned by both these modalities of power. Violence first became a target for socio-medical investigation in the late 1890s, and from then until around 1960 was understood in predominantly psycho-dynamic and ethno-psychiatric terms. In South Africa (Butchart, 1998), as elsewhere in Africa (McCulloch, 1995; Vaughan, 1991), the "African mind" was thus envisaged as a calculable object of intervention, the government at once pathologising violence and sustaining attempts to prevent it through the manipulation of traditional tribal structures and values. In the 1960s, this ethno-psychiatric vision of violence began to fade within a new era of sovereign power where violence (both as symbol and act) was wielded as a legitimate tactic of political struggle by the apartheid state and its opponents. From being a sign of psychopathology, violence became a signal of political might, the "moral orthopaedic" practices of socio-medical analysis and intervention being overshadowed by the sciences of war and revolution to install a reign of terror.

A third important shift in how violence was understood and responded to commenced in the late 1980s. With the collapse of apartheid and moves towards democracy, the use of violence for sovereign ends was deligitimised. Now the concern was not the spectacle of violence as a means to political power, but rather the consequences of violence - for the individual, the family, the community and society. Propelled to a heightened visibility by the vigilant attention of the socio-medical sciences and the guardians of human rights, the victim of violence now became the dominant focus.
within a new disciplinary regime preoccupied with documenting and healing the physical, psychological and social wounds inflicted by the political violence of the past. While in 1996 the response to violence continued to be mainly reactive and dominated by the cult of the victim, it has been possible over the last five years to discern the beginnings of a new and distinct disciplinary recognition of violence. This is the public health approach informing this report, which, as repeatedly stressed, is fundamentally concerned with prevention rather than protection, control or punishment. Accordingly, it constructs violence as the product of a complex of socio-ecological relationships and risk factors that impinge upon people to increase or decrease their proclivity for violence, and which, following adequate identification by way of epidemiological and social research, can be manipulated to prevent the problem.

**Basic instincts and moral orthopaedics: Violence as a psycho-dynamic phenomenon**

The late nineteenth-century rise of industrialisation in South Africa brought together large numbers of Africans and Europeans in the confined urban spaces of the mine, the factory, the shop and the home, and it was in response to these problems of proximity that the problem of violence first became an object of concern for the human sciences in South Africa. From the 1600s violence, had, of course, been systematically applied both as a tactic of colonial expansion and as a weapon of African resistance, as exemplified in accounts of life on "the frontier", that boundary zone between European "civilisation" and African "barbarism" in which battles were fought and the spectacle of the gallows played out (see De Kock, 1950; MacCrone, 1957). By the 1890s, however, the new social configuration imposed by industrialisation demanded a radical transformation in the discourse of violence. For the old ways in which it had been used as a weapon of sovereign command through terror were no longer practicable, their efficiency undermined by a great swelling in the size and density of the population living in towns and cities.

This transformation required a more efficient method of controlling people, in the form of a power that worked less *upon* the body, than *into* and *through* it by analysing the body's inner dynamics and transforming its previously irrelevant urges and desires into malleable objects of a management strategy directed toward the manufacture of "docile" bodies. In broad terms, this marked the dawn of modernity and a shift in South Africa to what Foucault termed "disciplinary power". Now, violence for the first time entered the domain of the human sciences, this point of transition from the memorable man to the calculable man somewhat dramatically marked by a new fear in the hearts of Europeans as to the dangerous "instincts" and "passions" that lurked in the dark of the newly invented African mind.

In 1893 a Johannesburg morning newspaper could thus carry the following somewhat dire warning to its readers: "Beware of your houseboy, for under the innocent front may be lurking and lying latent the passions of a panther, or worse!" (cited in Van Onselen, 1982:49). This response to the attempted rape by a black male servant of his white "madam" catalysed the first of a series of "black peril" scares that traversed the Witwatersrand between then and 1912, and in the shape of the "swart gevaar" and the "rooi gevaar" would resurface at times of tension well into the 1980s. As Van Onselen (1982:50-53) has shown, the majority of actual incidents of violence around which the 1893 episode crystallised had clustered among economically less stable working and middle-class households, suggesting that as a collective phenomenon the "curse of the black peril" was driven by "periods of stress and acute tension within the political economy ... as a whole" (p. 51).
With the Lunacy Amendment Act of 1908, the "basic instincts" underlying the curse of the black peril found their first formal inscription in a policy document that distinguished between "Governor's pleasure", "criminal" and "ordinary lunatics" (Transvaal Archives Depot (TAD), CS 863/14966), to delineate all those who fell into the intersection between madness and badness as "dangerous individuals", a category of deviance that in this colonial context was to express itself with particular clarity in relation to violence and the African. Thus, by 1910 the impulsive African as a dangerous individual found further formalisation in the Secretary for Native Affairs' suggestion that asylum superintendents endorse the passes of all native lunatics as to the fact of and duration of their detention in the asylum, and ensure that they were repatriated to their own kraals, not only to purify the white community of their threat, but also "so that the patients may have a complete rest ... to strengthen their recovery" (TAD, 202/10 LD 1786).

Two years later, this rapidly consolidating psycho-dynamic discourse on violence found further confirmation in a 1912 editorial in the South African Medical Record which called for "the curse of the black peril" to be dealt with through "a scientific treatment of this social evil on exactly the same lines as if it were a human disease" (Editorial, South Africa Medical Record). Locating the cause of "the black peril" to the removal of Africans from their tribal environment, it observed how:

We have taken enormous hordes of young adult savages or semi-savages, eminently virile in more senses than one, from their own environment, and have placed them in an environment absolutely teeming with every possible stimulus to the sexual impulse at the same time that they are, necessarily, kept celibates ... We have not even tried to put them m the social mosquito-proof house of a reproduction of a native community, but, on the contrary, have freely exposed them to all the stings of a class of human mosquitoes whose interest is to inoculate them with every kind of human vice, and, as regards some forty thousand of them at least, have permitted their employment in duties of all other most calculated to raise the sexual impulse (Editorial, South African Medical Record).

Consolidated in the 1920s by the burgeoning of academic disciplines (e.g. anthropology, ethnology, psychology, sociology) concerned with human and in particular African thought and behaviour (see Dubow,1987; Foster, 1991), and by the infamous analyses of the Carnegie Commission into the poor white problem (see Albertyn, 1932), the discourse of violence as a psycho-dynamic problem had by the 1930s embraced the African in a web of infra-policies aimed at preventing violence - both among Africans and by Africans towards Europeans. Confirming that violence was somehow related to madness, and madness in turn to urbanisation, Sachs' Black Hamlet (1937) and Laubscher's Sex, Custom and Psychopathology (1937) demonstrated the problem of violence to be especially prevalent in the towns and cities. Hence a system of moral orthopaedics focused on remedying the urban African's lack of super-ego control by recreating carefully selected aspects of tribal culture in the urban native location.

As Laubscher noted "the commission of sadistic sexual acts on European women by detribalised natives living in towns led me to enquire into the frequency of the occurrences of sexual offences in the native territories" (Laubscher, 1937:257). Finding such offences rare among rural Africans, Laubscher concluded that their prevention in urban settings could be achieved through manipulation of the tribal rites relating to African masculinity. Thus, because neglect of the circumcision rite created "a marked instability ... in behaviour and attitude to practical things", Laubscher felt that it should not only be permitted but actively encouraged among urban Africans (p. 134). In contrast to this stabilising and therefore desirable rite was
the "racial characteristic of sharing and mutual assistance" (Laubscher, 1937:135). In the rural areas this was an admirable attribute. In the towns, however, it "facilitates his comprehension of communistic ideals ... and makes the native prone to the influence of agitators" (pp.196-197). Such altruism was therefore to be met with the antidote of education, carefully calculated to engender a desire for private property within the framework of those racial and tribal traditions consistent with "capitalistic administration" (Laubscher, 1937:197).

Elaboration of this psycho-dynamic approach to violence would continue well into the 1970s when, building on the psychometric tradition of moral and personality surveillance established by Biesheuvel (1953;1955;1957), Sherwood (1957) and De Ridder (1961), the last psychometric device explicitly designed to monitor the individual's tendencies to violence was published by the Human Sciences Research Council as the "Zulu TAT" (Erasmus, 1975). However, the disciplinary thrust to monitor violence through such psychological surveillance and the screening out of dangerous individuals (Editorial, South African Medical Journal) was by the 1960s subordinate to a new sovereignty in which the use of violence by the state and by its opponents eclipsed the contribution of the psychological sciences to its control, all but obliterating the visibility of ordinary individuals as victims and perpetrators of violence.

**The new sovereignty: State violence and the armed struggle**

Foucault's famous description of the 1757 execution of Damiens the regicide (1977:3) was a reminder that the mark of a society in the grip of sovereign power is the strategic deployment - both by the state and by its opponents - of violence as a mechanism by which the formal centres of control and resistance display themselves to the public eye, asserting and confirming their might through their capacity to create spectacles of death and destruction. The first great rupture in twentieth-century South Africa's discourse on violence occurred in 1960. For it was then that intensification of the armed struggle as a strategy of African resistance against the oppressive policies of apartheid called forth an escalation in the state's use of visible violence, to set in place a new regime of sovereign power that would last out the next 30 years.

Within the previous regime, violence had extended the eye of disciplinary surveillance into the depths of the mind and pervaded the spaces between bodies to mark out the interstices of tribe, culture, tradition, and interracial contact, which were then targeted by "native policy". Now, the new sovereignty meant that violence operated to curtail this individuating and illuminating tendency, installing in its place a great binary division between "the blacks" and "the whites". As a 1961 Pan Africanist Congress pamphlet put it: "We are starting again Africans ... we die once. Africa will be free on 1 January. The white people shall suffer, the black people will rule. Freedom comes after bloodshed. Poqo has started. (cited in Reader's Digest, 1988:411)

This, then, marked the beginning of a time of bombs, guns, bulldozers and brutal tortures, a time when violence was only nominally a crime in violation of the law. Any criminal justice pretensions to the contrary were constantly contradicted by daily displays of state violence beating down on African bodies, while those very bodies fought back with the self-same weapons of sovereign power (see Karis & Carter, 1977, for an historical analysis of this swing to violence). The apartheid state thus operated in the first instance through overt political violence - conventional and counter-insurgency warfare, forced removals, assassinations, "disappearances", ...
detention and torture - as well as through myriad forms of "structural" violence. In response, the "armed struggle" began around the same time as the 1960 massacres at Sharpeville and Langa, and throughout the next two decades acts of violence increased exponentially, culminating in the dark years of the 1980s.

Under the weight of this oppression, the gaze of psychosocial surveillance that previously had pathologised the African mind as an object of white consciousness was reversed. In the 1970s, and as the single most prominent disciplinary counterpoint to the destructive power of sovereign violence, Biko's Fanon-inspired Black Consciousness (BC) emerged to invent an African personality that was a mirror image of that produced by ethno-psychiatry. Essentially an inward-looking process, the effect of BC was to expand the meaning of violence to include sociological and ideological factors, which it identified as destroying the authenticity of black people and undermining the African's pride and dignity. Hence the appeal of BC for the black man (sic) to... come to himself; to pump back life into his empty shell; to infuse him with pride and dignity; to remind him of his complicity in the crime of allowing himself to be misused and therefore letting evil reign supreme in the country of his birth. (Biko, 1988/1970:43)

While acknowledging that not all oppressed persons were equally subject to the alienating effects of apartheid, the BC focus on how it insinuated itself into subjectivity meant that black persons themselves constituted the pathology, and therefore that their cure demanded rehabilitation of the entire individual and social body. This was emphasised by Manganyi's characterisation of the ordinary African as a "psychological paraplegic":

... in the African experience there was over time developed a sociological schema of the black body prescribed by white standards. The prescribed attributes of this sociological schema have, as we should know by now, been entirely negative. It should be considered natural under these circumstances for an individual black person to conceive of his body image as something entirely undesirable, something which paradoxically must be kept at a distance outside of one's self so to speak. (Manganyi, 1973:51)

By problematising the sociological and ideological conduits through which apartheid oppression internalised itself in the minds and bodies of the oppressed, the effect of BC was to expand the variety of sites that were regarded as valid targets for violent resistance, resulting in the spread of violence beyond military installations and personnel to civilians and other non-military groups as the actual and perceived representatives of the apartheid state. Prominent among these non-military targets was the state system of "Bantu education". A pamphlet circulated to Soweto parents during the June 1976 protests against Afrikaans as a medium of education stated: "... you should rejoice for having given birth to this type of child ... a child who prefers to die from a bullet rather than swallow a poisonous education which relegates him and his parents to a position of perpetual insubordination (cited in Reader's Digest, 1988:444).

In 1977, a year after the Soweto protests, Steven Biko, the driving force of Black Consciousness, was himself murdered in an instance of political brutality that sensationalised world attention upon the political use of violence by the South African state.

The frequency of politically motivated attacks against the apartheid state and those seen as its members continued to increase after 1977, and these attacks were mostly regarded as legitimate by the majority of South Africans who saw no alternative, Posel writing that "from the early 1980s, mass resistance against apartheid erupted
with unprecedented tenacity and ferocity" (1990:154). By the mid-1980s it was as if the long-established pattern of violence and counter-violence was spiralling out of control. Guerrilla attacks increased by 304 percent between 1984 and 1985 (Weekly Mail, 17-24 January 1986 cited in Vogelman, 1995), and in 1986 and 1987 there were 230 and 240 guerrilla attacks respectively (Weekly Mail, 8-14 July 1988 cited in Vogelman, 1995). As these attacks grew in frequency and state repression increased, so the idea of the armed struggle was increasingly popularised. The social acceptability of violence as a form of resistance was further boosted by the African National Congress' (ANC) call to make townships ungovernable through any means possible (Vogelman, 1995) and by the declaration of 1986 as the year of the "people's army" (South African Institute of Race Relations, 1986).

Similarly, and as it had for many years, the state continued to claim a legitimate right to use violent repression. Television viewers, for instance, were repeatedly told in 1986 that "we have a total revolutionary onslaught against us ... we experience it every day" (cited in Posel, 1990:167). Such depictions of the state's integrity under siege were a way of legitimating its use of violence, for they allowed academics such as Van der Merwe (cited in Hoffman & McKendrick, 1990:17) to argue that all nations validate and enforce violence in "the pursuit or protection of national interests", and National Party politicians to pontificate about the "total onslaught" and the threat of communism. These political and ideological positions found their tactical expression in the establishment of a "National Security Management System", which from the State Security Council downwards gave the military direct influence, through some 500 secret committees, over decision making down to the level of local government (Cock, 1989; 1994). This systematic "security" approach and the "low-intensity conflict" or counter-insurgency operations of the state exerted their pressure over the entire society, including the media and educational institutions, and soon polarised all into pro- and anti-apartheid camps.

By 1990, however, it was evident that the apartheid regime was collapsing under the combined force of internal destabilisation and external pressure (e.g. trade embargoes and other socio-economic sanctions). As democratic reform appeared imminent, attempts to delegitimate the use of violence for political ends escalated. Thus, and amidst ongoing township violence at the inter-community level, the ANC denounced the armed struggle, while the state (despite continuing to sponsor numerous "third force" actions) started moving towards the negotiated settlement that culminated in the historic April 1994 elections when sovereign power was formally passed from white to black hands. In post-apartheid South Africa the "legitimate" aspect of violence lingers in the form of sporadic flare-ups between ANC and Inkatha Freedom Party supporters in KwaZulu-Natal, which have resulted in 9300 deaths and 61 reported massacres between 1990 and 1993 (Bronkhorst, 1995).

The New Discipline I: Caring for victims of violence

The re-emergence of sovereign power in South Africa during the apartheid years (as evidenced in spectacular displays of direct force by both oppressor and oppressed) constituted a hiatus in the extension of the more "synaptic" forms of disciplinary power characteristic of the modern industrial nation. It was thus not only state-sanctioned racial discrimination, but also the crude methods of its enforcement that constituted a scandal to more progressive political sensibilities locally and internationally, and rather than respond solely with direct counter-force, many attempted to draw South African political practices back into a modernist, disciplinary configuration. Among such groups were the socio-medical sciences, which owe their very existence to the modernist power regime that has as its object and effect the individual. Consequently, mental health professionals attempted to counter the state's preoccupation with strategies of sovereign domination, and replace these with
a progressive-humanist alternative that emphasised the individual, liberation, and empowerment, thrusting to prominence not the sources of violence but rather its victims.

Conditioned by this new regime of disciplinary power, the individual as the victim of violence emerged in two distinct but related forms. On the one hand, as a victim of ideological and structural violence who, viewed through the application by local scholars of Bulhan’s (1985) interpretation of Fanon (1967), recalled the African personality that had been fabricated by BC nearly 20 years earlier. For instance, in attempting to explain the highly elevated rates of homicide and assault observed among blacks in comparison to whites, Nell and Brown wrote:

Apartheid is a successor to colonialism, preserving the colonial structures of power and privilege. If Bulhan’s hypothesis that “vertical” institutional violence in colonial and neo-colonial societies spreads horizontally among the victims of oppression is correct, it offers an explanation for the high homicide and assault rates among Africans (Nell & Brown, 1991, p. 295).

In comparison, the victim of violence as harmed by a traumatic event was by far the more prominent object of concern within this regime and the outcome of a somewhat different set of practices. These practices constituted the work done by (mainly white) psychiatrists, psychologists and medical practitioners, who in treating the victims of torture, detention and injury resulting from police action (see Perkel, 1990; Rayner, 1990; Solomons, 1988; Spitz, Eastwood & Verryn, 1990), risked decontextualising the origins and outcomes of violence by reducing it to a discrete event with discrete consequences for the individual. Accordingly, this form of victimology was characterised by its own, self-reflexive critique, which tried to show that violence was an ongoing phenomenon (Straker, 1987); that detention “does not only produce negative psychological effects but is also a site and a source ... of active human transformation towards a more just social order” (Foster & Skinner, 1990:229), and that the uncritical definition of persons as victims could be counter-productive (Swartz & Levett, 1989; Levett, 1989).

While certainly having somewhat different emphases, both these strands within the new discipline of the victim aimed to simultaneously illuminate the excesses and intensity of state violence, and to repair the damage this caused. Despite the extent of these confessional activities from the 1980s onwards, it was only in the mid 1990s - when the wider political arena started to shift back towards a disciplinary configuration - that their import began to filter upwards from the infra-policy level and into formal policy documents.

Early indications that this victim-oriented discourse was becoming formalised appeared in several draft documents produced by national and regional ANC health forums in the early 1990s. Within these documents mental health was continually tied to the socio-political context and violence began to be outlined as a mental health problem, requiring that those affected by it be treated through systematic intervention programmes. However, these oforts to redraw violence as a disciplinary problem for the health and social sciences met with little immediate success. The initial ANC Policy Guidelines (1992) for health omitted any mention of violence as a mental health concern. By 1994, however, violence was articulated as a key issue requiring urgent mental health attention. This was clearly documented in the ANC Health Plan (1994), the Reconstruction and Development Programme (1994), and subsequent policy documents including the Mental Health and Substance Abuse Committee Report (1995), and the Strategic Management Team Task Group Gauteng Report on Mental Health (Zwi, Radebe, Ratemane, Freeman & Harris, 1995). Now, violence was constructed as a destructive heritage of past policies and practices that continued to exert a deleterious influence on communities and individuals. These
documents also began to present a more fine-grained taxonomy of violence, discerning such acts as child abuse, women abuse, assault and other forms of criminal violence as discrete subcategories. Their conclusion was that violence posed a major threat to the social and economic development of the country (Zwi et al., 1995), and it was argued that reconstruction and development were contingent on a safe society that assured physical and mental health.

Where previously the curative goal had been to return victims of violence to their activist positions on the front line of the anti-apartheid struggle, the focus now was on restoring to victims of violence their capacity to serve as productive citizens.

Accordingly, the documents prioritised "victims of violence" for mental health interventions. These victims were portrayed as psychologically wounded individuals in need of adequate care through the establishment and support of crisis centres and counselling services (ANC Health Plan, 1994; Zwi et al., 1995). Elsewhere, in a section that discussed policy frameworks for health care, the Reconstruction and Development Programme stated: "The RDP must aim to promote mental health and increase the quality, quantity and accessibility of mental health support and counselling services, particularly for those affected by domestic or other violence" (Reconstruction and Development Programme, 1994:2.12.7.3).

Repeated mention was made of the need for specialised programmes for victims of violence, including victims of child abuse, women abuse and people at risk for violence owing to substance abuse. Complementing this curative approach within the mental health sphere was an equally reactive stance on the part of the criminal justice and policing sectors, which in emphasising a need for improved detection and punishment of violent perpetrators reinforced the post event focus of mental health, and with it the idea that violence and its consequences could not be prevented, but only controlled.

**The New Discipline II: Violence prevention**

The burgeoning of victim-oriented practices in respect of violence marked the beginning of its translation from a mechanism of sovereign power into a conduit for the productive power of discipline. By the mid-1990s, this was being complemented by an increasing recognition that a curative approach was insufficient, and with it a realisation of the preventive possibilities of epidemiological and risk-factor research into the causes of violence. Thus, while such research had already commenced in the late 1980s (see Nell & Butchart,1989; Knottenbelt,1989; Van der Spuy,1989), it was only four to five years later that it began to attract the attention of the criminal justice, policing and health sectors as a key component in what had become a drive to make violence the object of a preventive regime that aimed to draw everyone into its web of surveillance.

This epidemiological renaissance extended the statistical surveillance of violence from the police perspective into the health sector, and from the victim of violence as purely in need of care, to the victim of violence as being at the same time a resource for information relevant to prevention. As this occurred, so hospital casualty wards, clinics and mortuaries began to serve as observatories for monitoring the demographic, personal and situational determinants of violence, alongside the earlier established human rights monitoring groups, police stations and state statistical services. This expansion in the sites from which violence could be scrutinised was to have a number of implications for formal policy. First, in extending the eye of epidemiology through the hospitals, it raised to visibility all those victims of violence who previously had not existed for a regime concerned only with high-profile cases of political violence, revealing (at least for Cape Town and Johannesburg) that of every 10 victims of violence treated in hospital emergency rooms, only one was injured in
explicitly political conflict (Butchart et al., 1991b; Van der Spuy, 1993). Second, it
problematised the perception that because violence was according to the law a
criminal act, the best point from which to view it was through the police and court
statistics of the criminal justice system. Now, it could be recognised that not all
incidents of violence were processed through the criminal justice system, and that for
many victims of violence (in South Africa as elsewhere), the health sector was the
first and only point of contact, treating at least six times the number of victims who
entered the criminal justice system (Butchart, Seedat & Nell, in press; National
Committee for Injury Prevention and Control, 1989; Shepherd, Shopland, Pearce &

Although these recognitions coincided with the emergence of a number of non
governmental organisations that applied epidemiological insights in community
based approaches to violence prevention (for a review, see Butchart, 1996), they did
not find rapid translation into formal policy. While the 1994 ANC Health Plan noted
that only 15% of violence was political, it failed to elaborate on where the causes of
the remaining 85% might lie, or to develop the concept of violence prevention
beyond noting the need for preventive programmes. Similarly, the Gauteng Strategic
Management Team Report (Zwi et al., 1995) highlighted violence as an important
health care problem, but discussed it under secondary and tertiary modalities of care
only, underlining the need for more staff to cope with the mental health problems
associated with violence and the development of mobile trauma counsellors, but
failing to mention violence at the primary health care level. All the policy documents
studied failed to develop a comprehensive violence prevention programme that
offered a broad analysis of violence incorporating domestic, criminal and community
development issues.

Despite these failings, the documents did convey an implicit sense of violence as a
preventable problem. By continually linking the state of health care to the social
context, improvements in all aspects of social life (e.g., housing, employment and
social development) were presented as prerequisites for the prevention of violence
and promotion of a mentally healthy society. There was an emphasis on restructuring
various institutions (e.g., security forces, correctional services) that in the past were
instrumental in the creation and maintenance of systematic violence, and through
this to cultivate the growth of a human rights culture that would discourage violence
(see Mental Health and Substance Abuse Committee, 1995; RDP, 1994, Zwi et al,
1995). Cognitively, at least, violence had by 1995 been radically transformed from a
political and criminal issue into a sociological and public health problem, a collective
pathology that originated not merely from the formal centres of political power and
resistance, but which was caused by the very fabric of society of which it could now
be seen as an integral component - the violence in and of everyday life.

As a result, the new discourse defined violence as an intersectoral problem, a
challenge not for the police, criminal justice, educational or health sectors acting
independently, but one that could only be solved through their joint efforts, and,
most importantly, through recruitment of the very individuals and communities most
affected by it to undertake the task of prevention and control. The 1994 ANC health
guidelines advocated a single mental health dispensation. Founded on a primary
health care approach, these guidelines emphasised collaboration, community
participation, community orientation of services, empowerment of individuals and
cost effectiveness. Preventive, promotive, curative and rehabilitative forms of service
were to be provided alongside each other on a rational and cost-effectiveness basis
(ANC, 1994; RDP, 1994; Mental Health and Substance Abuse Committee, 1995; Zwi
et al., 1995), and violence was isolated as one of the most pressing problems
requiring the involvement of more than one ministry (see Mental Health and
Substance Abuse Committee, 1995; RDP, 1994, Zwi et al., 1995). intersectoral
planning committees were envisaged as being made up of government departments, non-governmental organisations, consumers, and other mental health care role players, the chief responsibility of these bodies being to enable co-operation and ensure that fragmentation and duplication of services were minimised (Zwi et al., 1995). In May 1996, this vision found further elaboration in the National Crime Prevention Strategy document (National Crime Prevention Strategy Team, 1996), which identified violence as among the top priorities for crime prevention, attributed its occurrence to a broad range of political, social, economic and environmental causes, and stated that the fundamental challenge was to establish a multi-agency preventive task force.

The relationship between crime, violence and development necessitates the engagement of the Reconstruction and Development Programme and of developmental agencies. The imperative of delivering comprehensive victim empowerment strategies and services implies the involvement of the Social Welfare and Health departments. The impact of economic deregulation and the need for some forms of regulation to control criminal markets appears to require the participation of the Department of Trade and Industry in any crime prevention strategies. The problems of regional security and illegal immigration necessitate the focused attention of the SANDF, SASS and the Department of Home Affairs respectively (National Crime Prevention Strategy Team, 1996:44).

This rhetorical commitment to intersectoriality is only now, as of mid-1998, beginning to be matched by any equivalent shift in practice, with significant portions of the 1997 DACST-funded science council projects focusing on public health interventions in respect of developing information systems for violence and injury surveillance, examining risk factors for violence towards women and children, implementing and evaluating community based demonstration programmes, and preparing the current report on the best local and international practices in respect of violence prevention. However, the approximately five million rand apportioned to these projects pales against the lion’s share of research and development movies that continues to be pumped into the criminal justice system and into “hi-tech” detection and investigation systems, such as those being developed by the Council for Scientific and Industrial Research. Thus, although it certainly does appear that South Africa has started to make the transition from a purely criminal justice orientation to a more broad-based public health approach to violence prevention, there remains much to be done in consolidating this shift.

Conclusion

Because it is only ever equivalent to what our methods of recording and analysis make it to be, the problem of violence is always a fragile and volatile one, which in the absence of sustained epidemiological surveillance and risk factor analysis will revert to an unanalysed and therefore unmanageable mass that cannot be prevented, only controlled. Contemporary public health technologies, with their emphasis on evidence-led interventions aimed at altering the relationships between people, products and environments that produce violence, provide the quintessential framework in which a scientifically validated set of social realities can serve to fuel a drive toward prevention that is consistent with the conditions of social democracy. For, while historical examples of how public health was exploited in the service of colonial oppression warn us that its power can be abused, they also enable us to learn from the past and so avoid repeating similar errors in the present. In the final analysis, the question must be: If not public health and the preventive sciences of Social medicine, then what? The alternative is already with us in rapidly crystallising form: Society split and fracturing along lines of class and social competence, where the only interests counted are those of the rich, while the poor sink further below the
line of visibility to become once again the anonymous crowd of a new sovereignty symbolised by high-rise apartments, cluster housing estates, armed neighbourhood patrols and streets that are empty of all but the poor and the police.

References

AFRICAN NATIONAL CONGRESS, 1992. Ready to Govern. ANC Policy Guidelines for a Democratic South Africa. Adopted at the National Conference. Published by the Policy Unit of the African National Congress.


TRANSVAAL ARCHIVES DEPOT. (CS 863/14966). *Lunacy Amendment Act 1908.*


**Footnote**

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