

# Age and AIDS: a Lethal Mix for South Africa's Crime Rate

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*Martin Schönteich*

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## INTRODUCTION

Age and AIDS will be significant contributors to an increase in the rate of crime in South Africa over the next 10 to 20 years. In less than a decade's time every fourth South African will be aged between 15 and 24. It is at this age group that a person's propensity to commit crime is at its highest. At about the same time there will be a boom in South Africa's orphan population as the AIDS epidemic takes its toll. Growing up without parents, and badly supervised by relatives and welfare organisations, this growing pool of orphans will be at greater than average risk to engage in criminal activity.

The state is devoting considerable resources to the criminal justice system in an attempt to bolster its fight against crime. Some 10.8% of the 1999/2000 budget is devoted to the three core departments which make up the South African criminal justice system (Safety and Security, Justice and Correctional Services), up from 9.7% in 1994/95, and 5.7% in 1989/90. Between 1989/90 and 1998/99 state spending on the criminal justice system increased by 456%. Over a similar period the consumer price index increased by 184%.<sup>1</sup>

Increased state spending on the criminal justice system has, however, not had much of a positive effect on the crime rate. Neither has it substantially improved the overall performance of the criminal justice system. For example, between 1991/92 and 1995/96 (the latest period for which figures are available) the number of prosecutions dropped by 40%, and the number of convictions by 42%. Over a similar period the number of serious crimes reported increased by 32%.<sup>2</sup>

A badly functioning criminal justice system, or a poorly performing police service, do not cause crime. An untrained police officer may fail to prevent a crime which a trained police officer could have prevented. Nonetheless, the cause of crime – the decision by the criminal to commit a crime – does not lie with the police.

There are many causes of crime. Some of them, such as high levels of poverty and unemployment, a badly educated populace and badly designed towns and cities, can be addressed through appropriate state responses. Other causes, such as large numbers of juveniles in the general population, and a high proportion of children brought up without adequate parental supervision, are beyond the control of the state.

South Africa's increasingly youthful population, and the AIDS pandemic, are likely to be important contributors to South Africa's crime rate over the next two decades. No amount of state spending on the criminal justice system will be able to counter this harsh reality. Neither will draconian laws nor better policing. The coming decades are likely to witness an increase in the crime rate, irrespective of the state's response. It is likely that such a response will merely impact on the extent of the increase, not on the increase itself.

## 1. AGE AND CRIME

The relationship between age and crime has been the subject of considerable criminological analysis. It has been suggested that "probably the most important single fact about crime is that it is committed mainly by teenagers and young adults".<sup>3</sup> According to a National

Institute for Justice paper on violent crime by young people, "age is so fundamental to crime rates that its relationship to offending is usually designated as the 'age-crime curve'. This curve, which for individuals typically peaks in the late teen years, highlights the tendency for crime to be committed during the offender's younger years and to decline as age advances."<sup>4</sup>

Conviction, offending and arrest rates, as well as other information on criminal offenders, show that throughout the world juveniles tend to commit crimes far in excess of their proportion of the general population. That is, teenagers and young adults are more likely to engage in criminal activity than older adults and children.

According to a 1995 British Home Office report, at least one-quarter of all recorded crime committed in England and Wales is committed by 10- to 17-year-olds, and over two-fifths is committed by those under 21.<sup>5</sup> The number of known offenders per 100 000 males was 1920 for those aged 12. This increased to 6264 for those aged 15, and 8376 for those aged 18, at which point the rate declines rapidly. For those aged 21 to 24 it was 4675, and only 3162 for those aged 25 to 29 (see Table 1).<sup>6</sup>

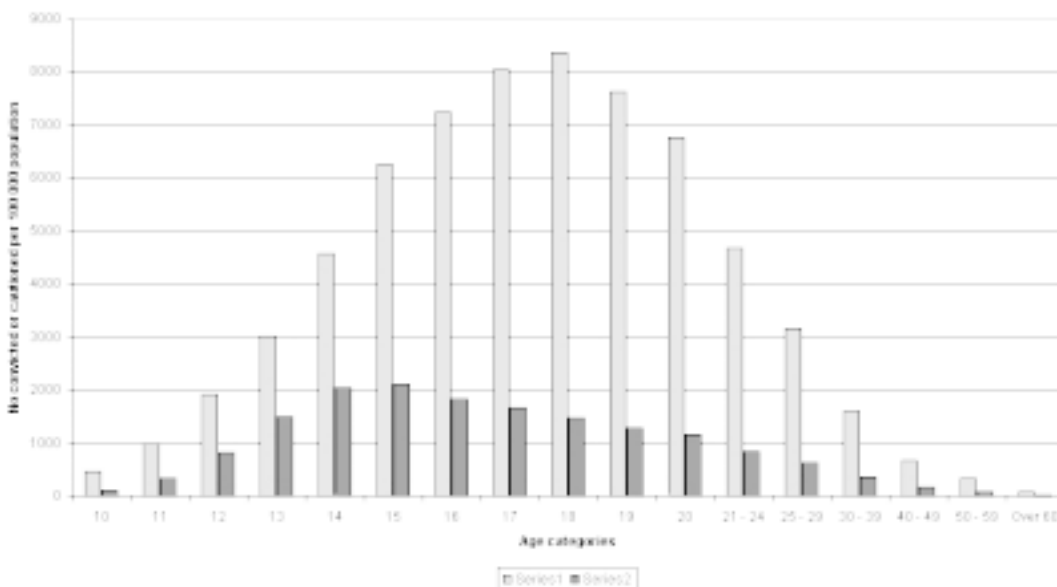
While the peak age of offending for males in England and Wales is 18, for females it is 15.

(The ratio of males to females convicted of all indictable offences by young offenders is 3.3:1. For housebreaking, malicious injury to property and drug offences, the ratio is over 10:1.)<sup>7</sup> The peak age of offending varies by crime type, however. In England and Wales the peak age of offending for males is 14 for property offences, 16 for violent offences, 17 for serious offences, and 20 for drug offences. Among females, the peak age of offending is 15 for property and serious offences, 16 for violent offences, and 17 for drug offences.<sup>8</sup>

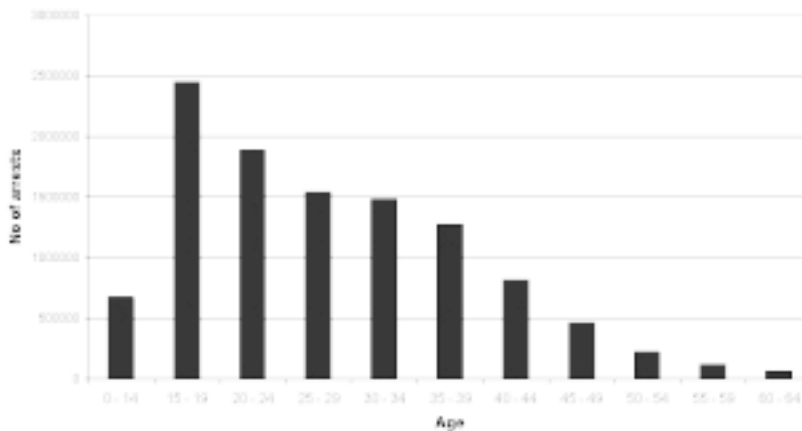
Graham and Bowling summarise these findings as follows:

"Among males, the rate of participation in offending does not change dramatically between the ages of 14 and 25, but it does change markedly in character. Expressive behaviour directed against property – such as vandalism and arson – is most common in the mid-teens but all but ceases in the early twenties. Violent behaviour – ranging in seriousness from fighting to wounding – increases during the teenage years then drops off sharply in the twenties. Property offending remains relatively constant throughout this period, but as the most visible forms (such as shoplifting and burglary) decrease during the early twenties, less detectable forms of offending such as fraud and theft from work start to increase."<sup>9</sup>

Table 1: Number per 100 000 population found guilty or cautioned (England and Wales), 1995



**Table 2: Number of arrests by age category, United States, 1996**



In the United States (US) the situation is similar. According to 1996 US Department of Justice figures the most common age at which people were charged for committing a crime was 18. Young people in the 15 to 19 age group are the most likely to be charged and arrested in the US (see Table 2).<sup>10</sup>

Persons most likely to commit murder in the US are aged between 18 and 24. A person in this age group is almost three times as likely to commit a murder than a person in the 25 to 34 age group, and more than six times as likely than a person aged 35 to 49.<sup>11</sup>

No national figures are available on the number of crimes committed by young people in South Africa. Conviction figures, however, show that young males are considerably more at risk of being convicted for a wide range of crimes than older males or females of any age group.<sup>12</sup> During 1995/96 (the latest period for which figures are available from Statistics South Africa), 2283 out of every 100 000 males aged 18 to 20 were convicted of committing a crime.<sup>13</sup>

For males aged 7 to 17 the corresponding ratio was 318 per 100 000, and for males aged 21 and over it was 1481 per 100 000. For women the rate was considerably lower – their chances of being convicted was about an eighth of that of males (see Table 3).

For serious crimes the per capita conviction rate for males aged 18 to 20 is considerably higher compared to that of older men and women of all ages.

For example, during 1995/96 just under 42 out of every 100 000 males aged 18 to 20 were convicted of murder. For males aged 7 to 17 the corresponding ratio was about 5 per 100 000, and for males aged 21 and older it was 26.9 per 100 000.

For robbery the discrepancy in conviction ratios was even greater between the age groups. Thus about 109 out of every 100 000 males aged 18 to 20 were convicted of robbery. Less than a third, or 30.4, out of every 100 000 males aged over 20, were convicted of robbery. On average, less than one out of every 100 000

**Table 3: Conviction rate (all offences) per 100 000 of the population, 1995/96**

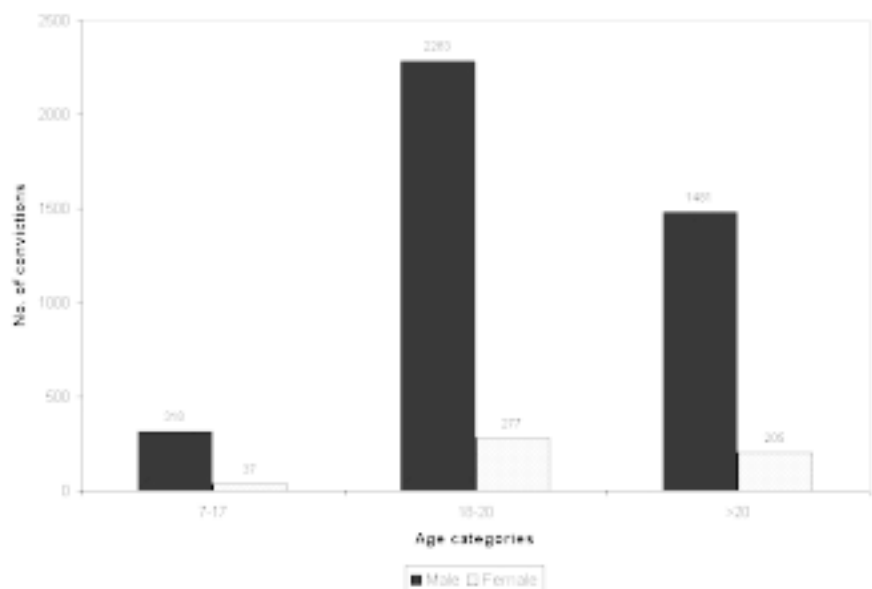
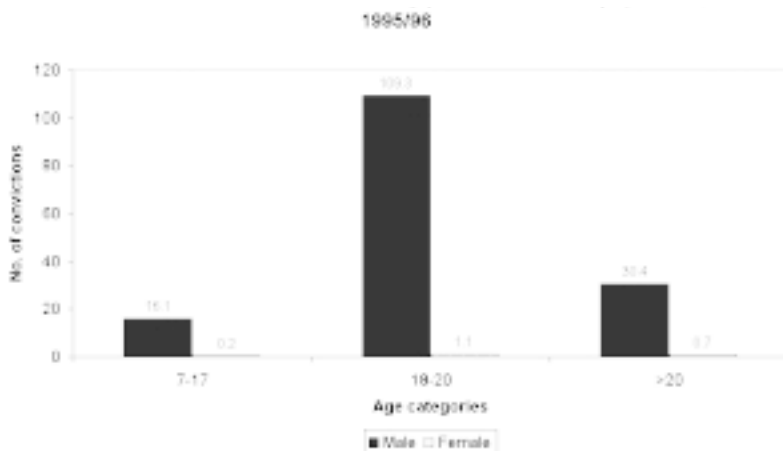


Table 4: Conviction rate for robbery per 100 000 of the population, 1995/96



females (across all age groups) was convicted of robbery (see Table 4).

In 1993 the Institute for Criminology at the University of South Africa (Unisa) analysed a random sample of criminal records of some 4800 offenders who had a previous conviction and were convicted again during 1993.<sup>14</sup> Of the sampled offenders most received their first conviction while they fell in the age group 17 to 19 (both male and female). This was the case for all race groups except whites who were most likely to receive their first conviction aged 20 to 22. Some 60% of the research group had already been convicted of criminal activity by the age of 19, and 82% by the age of 25.<sup>15</sup>

From the available information it is apparent that the higher than average propensity of juveniles and young adults to engage in criminal activity is the same in South Africa as it is in the rest of the world. However, in comparison to many other countries – especially developed countries – South Africa has a relatively youthful population. According to the latest census results 34% of the South African population was under the age of 15 in 1996. The numerically largest population segments are those aged 5

to 9 and 10 to 14, each of which made up 11.5% of the total population in 1996 (see Table 5).<sup>16</sup>

Given international and South African offender data, in terms of which young people are responsible for the vast proportion of all crimes, it is likely that the number of crimes committed in South Africa per year will increase over the next two decades. That is,

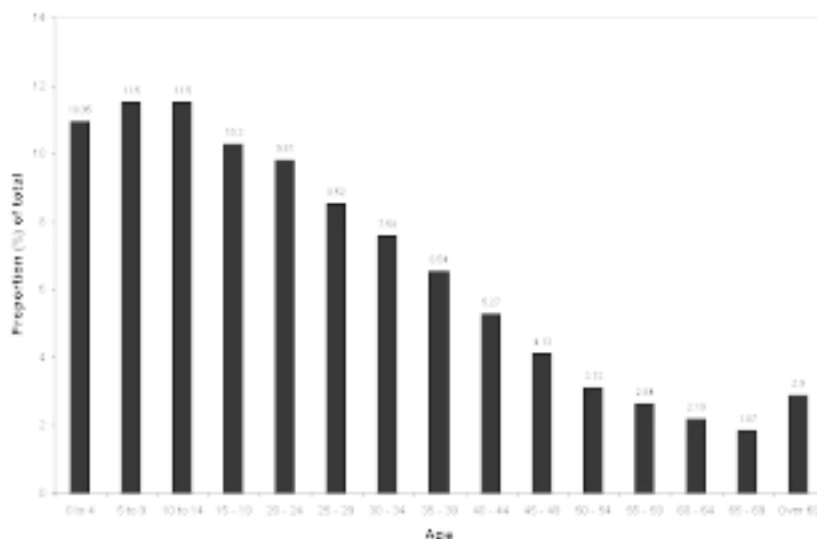
over the next 20 years the population “bulge” of 5- to 14-year-olds will move into the crime prone ages of between 15 and 24 years. Thereafter crime levels should drop as the proportion of juveniles in the general population declines because of falling fertility rates.

## 2. AIDS, ORPHANS AND CRIME

HIV (human immunodeficiency virus) is characterised by a gradual deterioration of immune function. HIV belongs to a subgroup of retroviruses which are known as “slow” viruses. The course of infection with these viruses is characterised by a long interval between initial infection and the onset of serious symptoms.

HIV therefore spreads silently for many

Table 5: Age distribution, South Africa, 1996



years before the infection develops into symptomatic AIDS and becomes the cause of recurring illness and, finally, death. Among patients enrolled in large epidemiological studies in Western countries, the median time from infection with HIV to the development of AIDS-related symptoms has been approximately 10 years.<sup>17</sup> In South Africa this time gap is lower at around five to eight years.<sup>18</sup>

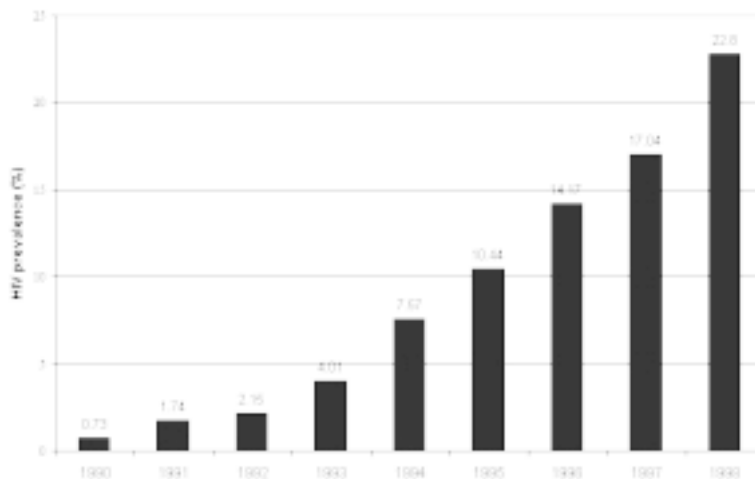
Countries where the epidemic is rather recent, such as South Africa, are still far from feeling the major impact of AIDS, despite high levels of HIV infection in the general population. Most areas of South Africa have only recently begun to move from the asymptomatic HIV phase of the epidemic to the AIDS phase. In simple terms, the people who are visibly ill today are the under one per cent who were infected in 1990.

At the beginning of 1998 some 30 million people were infected with HIV throughout the world. Of these 21 million or 70% occurred in sub-Saharan Africa. In this region, South Africa is in the lead in terms of absolute numbers with over 2.8 million HIV infected adults.<sup>19</sup> An estimated 420 000 cases of AIDS (in adults and children) occurred in South Africa between the beginning of the epidemic in the mid-1980s and the end of 1997.<sup>20</sup> The erstwhile Minister of Health, Nkosazana Zuma, calculated that the HIV epidemic will reach its peak in 2010 by which time 6.1 million South Africans will be infected with the virus.<sup>21</sup>

Between 1995 and 2005 South Africa is also expected to have the highest number of deaths attributed to AIDS of all African countries: 7.4 million.<sup>22</sup> Between the beginning of the epidemic and the end of 1997 an estimated 420 000 people had already died because of AIDS in South Africa, of which 140 000 died in 1997.<sup>23</sup>

The Department of Health's annual survey of women attending public sector antenatal clinics in 1998 found that almost 23% tested HIV positive.<sup>24</sup> This is up from 10.5% in 1995, and 0.7% in 1990 (see Table 6).<sup>25</sup>

Table 6: HIV prevalence in public antenatal clinic attendees, 1990–1998



The Department of Health's 1998 report on the prevalence of HIV in pregnant women concludes that its findings are "indicative of a growing HIV epidemic in South Africa. HIV prevalence rates have increased nationally and have increased in all age groups."<sup>26</sup>

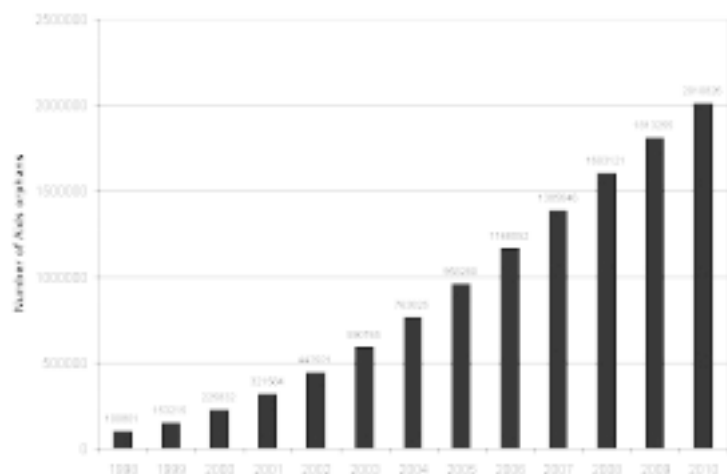
Unlike other diseases, HIV/AIDS targets young adults in their prime – the parents and the workers of the nation – leading to a loss of human resources and an unprecedented wave of orphaned children. In South Africa the majority of HIV infections occur between the ages of 15 to 25 for women, and 20 to 30 years for men.<sup>27</sup>

According to professor Alan Whiteside, director of the health economics and HIV/AIDS research division at the University of Natal–Durban, there will be an expected 200 000 AIDS orphans in KwaZulu-Natal in the year 2000.<sup>28</sup> UNAIDS estimates that since the beginning of the epidemic, some 200 000 children lost their mother or both parents to AIDS (while they were under the age of 15) in South Africa.<sup>29</sup>

Nearly one million South African children under the age of 15 will have lost their mother to AIDS by 2005. This is estimated to increase to over two million by 2010, according to the Department of Health (see Table 7, over page).<sup>30</sup>

As the AIDS epidemic progresses, an increasing number of children will lose their parents to the disease, and there will be fewer adults of normal parenting age to care for them. The burden of care will increasingly fall on

Table 7: Number of AIDS orphans in South Africa, 1998–2010



other children or upon the growing proportion of elderly people. In Zimbabwe, for example, 43% of orphan households are headed by a grandmother.<sup>31</sup>

A number of studies have been conducted on the plight of orphans and their caretakers in various African countries. It has been shown that families that foster children in Kenya usually live below the poverty line, and that orphan households in Tanzania have more children, are larger, and have less favourable dependency ratios.<sup>32</sup>

Children who lose a parent to AIDS suffer loss and grief like any other orphan. However, their loss is exacerbated by prejudice and social exclusion, and can lead to the loss of education and health care.<sup>33</sup> Moreover, the psychological impact on a child who witnesses his parent dying of AIDS can be “more intense than for children whose parents die from more sudden causes. HIV ultimately makes people ill but it runs an unpredictable course. There are typically months or years of stress, suffering or depression before a patient dies. And in developing countries, where the epidemic is concentrated, effective pain or symptom relief is often unavailable to alleviate a parent's suffering”.<sup>34</sup>

A Department of Health publication which looks at the impact of AIDS in South Africa, predicts that children orphaned because of AIDS could be at greater than average risk to engage in delinquent behaviour.

“As [orphaned] children under stress grow up without adequate parenting and support, they are at greater risk of developing antiso-

cial behaviour and of being less productive members of society.”<sup>35</sup>

For a child living with a parent who has AIDS, the disease is especially cruel as HIV is sexually transmitted. Consequently, once one parent is infected, he or she is likely to pass it on to the other parent. Children who lose one parent to AIDS are thus at considerable risk of losing their remaining parent as well.

Ashraf Grimwood of the National AIDS Coalition in South Africa, argues that the

increasing number of AIDS orphans who grow up without parental support and supervision, will turn to crime. According to Grimwood:

“Crime will increase because of the disintegration of the fabric of our society. It will be made worse by the lack of guidance, care and support for HIV positive people, including children. Children orphaned by AIDS will have no role models in the future and they will resort to crime to survive.”<sup>36</sup>

A review of the backgrounds of a large sample of children who have killed or committed other grave (usually violent) crimes in the United Kingdom found that 57% had experienced the death, or loss of contact, of someone important such as a parent.<sup>37</sup>

A 1998 interview study of young men serving jail sentences, or involved in crime, by the Centre for the Study of Violence and Reconciliation (in South Africa) found that most of the interviewees were “often abandoned or kicked out of their homes, or ... had to live with a stepfather or mother who rejected them. Many expressed feelings of being unloved.”<sup>38</sup>

The absence of a father figure early in the lives of young males tends to increase later delinquency.<sup>39</sup> Moreover, such an absence will directly affect a boy's ability to develop self-control.

“The secure attachment or emotional investment process [a father figure provides] facilitates the child's ability to develop and demonstrate both empathy and self-control. By extension, an insecure attachment will lead to lower levels of empathy and self-

control, and to an increase in violent behaviour."<sup>40</sup>

Another research group completed an exhaustive review of family factors as correlates and predictors of juvenile conduct problems and delinquency. They found that, *inter alia*, poor parental supervision or monitoring and low parental involvement with the child (factors which would obviously exist with an orphaned child) were important predictors.<sup>41</sup> Another study found that poor parental supervision was the best predictor of both violent and property offenders in later life.<sup>42</sup>

### 3. AGE, AIDS AND CRIME

During the next 10 to 20 years the number of juveniles and young adults as a proportion of the general population will peak. This will have a negative effect on the crime rate as juveniles and young adults are proportionately more likely to commit crime than children or adults. At about the same time South Africa will also experience a rapid increase in the number of children growing up with no or only one parent due to the effects of AIDS. It is likely that the number of orphans, as a proportion to the general population, will reach its highest point in South Africa's history over the next two decades.

Most of these orphaned children will grow up without adequate parental supervision, guidance and discipline. Crucially, orphaned boys will grow up without the stabilising influence of a father figure. It is probable that most orphaned children will be cared for by their extended family. This will, however, place considerable financial pressure on the relatives of such children. In rural communities it is often the grandmother who would take on the responsibility of such care.

This will further impoverish South Africa's older generation and the economically marginalised rural poor. As a result many such orphaned children will grow up under impoverished conditions which will increase their temptation to engage in criminal activity at an early age.

Juvenile prison population figures have already shown a marked increase over the past few years. In mid-1999 there were just over 25 000 juveniles in South Africa's prisons, an increase of almost 6000 since 1996. Of the incarcerated juveniles, some 9596 are serving

jail terms for murder, attempted murder and vehicle hijacking. A further 3100 have been imprisoned for committing serious sexual offences.<sup>43</sup> In June 1999 almost 43% of South Africa's awaiting trial population was between 18 and 25 years old. Yet, this population group comprises just under 20% of the general population.<sup>44</sup>

In response to rising levels of juvenile crime, National Youth Commission director for policy development, Tembinkosi Ngcobo, said it appeared that his commission's programmes could not adequately deal with the causes of juvenile crime. According to Ngcobo:

"The rate of increase in unemployment and high fatality rates among breadwinners as a result of AIDS in some parts of KwaZulu-Natal [where the juvenile incarceration rate is the highest] have led to more youths starting to fend for themselves."<sup>45</sup>

It is important to recognise that AIDS will have a minor effect only on the mortality rates of those children (currently aged 5 to 14) who will create the population bulge of crime prone juveniles and young adults over the next 20 years. According to UNAIDS, of the 2.9 million people who were infected with HIV at the end of 1997, only 80 000 (2.8%) were children under the age of 16.<sup>46</sup>

In South Africa the majority of HIV infections are as a result of sexual conduct. Consequently most women are infected between the ages of 15 and 25, and men between the ages of 20 to 30. Full blown AIDS and death for most people infected by HIV will thus occur in their early to mid-30s. At that age people have, on average, passed their crime prone years and are increasingly unlikely to engage in criminal activity.

### CONCLUSION

As a result of an increase in the number of juveniles – especially orphaned juveniles – as a proportion of the general population, South Africa is likely to experience a sustained increase in crime levels in the short- to medium-term (5 to 20 years).

Government policy makers would be well advised to brace themselves for an increase in juvenile related crime as the number of (orphaned) juveniles increases over the next two decades. Traditional methods of fighting crime, such as tougher laws, more police offi-

cers, and more prisons will do little to counter this.

What is required is a programme of action that will involve not only the three core government departments comprising the criminal justice system (Safety and Security, Justice and Correctional Services), but also departments such as Health and Welfare, and Education. Moreover, relevant non-governmental organisations and organs of civil society should get involved to develop strategies to effectively combat the anticipated increase in crime committed by young people.

Adequately staffed and resourced juvenile detention centres, rehabilitation and diversion programmes for young offenders, and an effective children's court system should also feature

more prominently on the government's list of priorities.

Unfortunately, barring a miracle whereby an inexpensive cure is found for AIDS, the coming decades will be harsh on South Africa. AIDS will decimate the country's pool of young workers, and place substantial pressure on an already overburdened public health system. Decreasing levels of productivity and a reduction in the country's gross national product will follow. The disease is also hitting South Africa at the worst possible time when the number of juveniles as a proportion of the general population will be at a high point. This, and the resulting surge in the number of orphans, will create a sustained upward pressure on crime rates throughout the country.

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#### ENDNOTES

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- 2) See M Schönteich. Assessing the crime fighters. The ability of the criminal justice system to solve and prosecute crime. *ISS Papers*, Paper 40, September 1999. Institute for Security Studies, Pretoria.
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- 5) Digest 3: Information on the Criminal Justice System in England and Wales. Home Office Research and Statistics Department, London, 1995.
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- 7) *Ibid*, p.92.
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- 10) US Department of Justice, Federal Bureau of Investigation. *Crime in the United States*, 1996, Washington DC, 1997, pp. 124-125.
  - 11) FBI, supplementary homicide reports, 1976-97, <<http://www.ojp.usdoj.gov/bjs/homicide/oage.txt>> (3 May 1999).
  - 12) Conviction figures do not necessarily reflect the exact level of criminality of a specific age group – they should be seen as indicating a pattern only. This is because on the one hand young males might be more likely to be convicted than older males. (The latter are more likely to be recidivist and might exploit the criminal justice system's weaknesses better, resulting in a greater number of acquittals. Younger accused are also more likely to plead guilty as they are less likely to receive a heavy sentence because of their youthfulness and the likelihood that they are first offenders.) On the other hand, young accused are less likely to be convicted (especially in respect of less serious offences) because of a variety of diversion programmes which remove young accused, who admit guilt, from the criminal justice system process.
  - 13) CSS. Crimes: Prosecutions and convictions with regard to certain offences. *CSS Report No. 00-11-01 (1995/96)*. Central Statistical Service, Pretoria, 1998. See also M Schönteich. The dangers of youth? Linking offenders, victims and age. *Crime Index*, 3(5), September-October 1999. Institute for Security Studies, Pretoria, pp. 22-28.
  - 14) J H Prinsloo. An exploration of recidivism in South Africa. *Acta Criminologica*, 9(1), 1996, pp. 40 - 57.
  - 15) *Ibid*, p. 43.
  - 16) The People of South Africa Population Census, 1996, Census in Brief. Statistics South Africa, Pretoria, report no. 1:03-01-11[1996].
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  - 18) S Jones. AIDS fatigue clouds employers' vision. *Sunday Independent, Business Report*, 6 December 1998.
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  - 20) Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted diseases - South Africa. UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance, <<http://www.who.ch/emc/diseases/hiv>>, p3, (14 May 1999).
  - 21) Hansard [Q:NCOP] no. 1, col. 79, 19 March 1997.
  - 22) *Ibid*, p. 4.
  - 23) Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted diseases - South Africa, op cit, p.3.
  - 24) According to data from the Blood Transfusion Services of South Africa, on average, 73 males test HIV positive in South Africa, to every 100 women. See *Epidemiological Comments*, 23(1), October 1996, p. 11.
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  - 26) 1998 National HIV Sero-Prevalence Survey of Women attending Public Antenatal Clinics in South Africa. *Summary Report*. Department of Health, February 1999, p. 6.
  - 27) W D Myslik, A Freeman, and J Slawski. Implications of AIDS for the Southern African population age profile. *Southern African Journal of Gerontology*, 6(2), 1997, p. 3.
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  - 29) Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted diseases, op cit, p. 3.
  - 30) A Kinghorn and M Steinberg. HIV/AIDS in South Africa: The impact and the priorities. Department of Health, (undated), p14.
  - 31) W D Myslik, et al. op cit, p. 6.
  - 32) *Ibid*.
  - 33) The orphans of AIDS: Breaking the vicious circle. <<http://www.unaids.org/>

- un aids/events/wad/1997/orphansofaids.html> (12 May 1999).
- 34) Children orphaned by AIDS, <<http://www.unaids.org/un aids/events/wad/1997/orphan.html>> (12 May 1999).
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- 43) J Seepe. Youths fill up prisons. *Sowetan*, 13 July 1999, Johannesburg.
- 44) M Schönteich. The dangers of youth? Linking offenders, victims and age. op cit, pp. 25-26.
- 45) Ibid.
- 46) Epidemiological fact sheet on HIV/AIDS and sexually transmitted diseases - South Africa, op cit, p. 3.