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Age and Aids: South Africa’s crime time bomb?

Martin Schönteich
Institute for Security Studies

INTRODUCTION

Age and Aids will be significant contributors to an increase in the rate of crime in South Africa over the next ten to twenty years. In a decade’s time, every fourth South African will be aged between fifteen and 24. It is at this age group where people’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 small but steady reduction in the rate of crime (measured on a per capita basis) for most serious offences, which has been evident since 1994, was halted during 1998. Serious crimes such as murder, robbery, vehicle theft, and housebreaking increased in 1998.1 The increase is significant as it is occurring at a time when overall crime levels are extremely high in South Africa. The country has one of the highest levels of violent crime in the world.

The state is channelling considerable resources to the criminal justice system in an attempt to bolster its fight against crime. Some 10,8 per cent 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 per cent in 1994/95, and 5,7 per cent in 1989/90. Between 1989/90 and 1998/99, state spending on the criminal justice system increased by 456 per cent. Over a similar period, the consumer price index increased by 184 per cent.2

Increased state spending on the criminal justice system has not had much of a positive effect on the crime rate, however. 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 forty per cent, the number of convictions by 42 per cent. Over a similar period, the number of serious crimes reported increased by 32 per cent.

The fact that a badly functioning criminal justice system, or a poorly performing police service does not cause crime, must not be ignored. An untrained police officer may fail to prevent a crime which a trained police officer could have prevented. The cause of the crime — the decision by the criminal to commit a crime — however, does not lie with the police.

There are many causes of crime. Some of them, such as high levels of poverty and unemployment, a poorly 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.

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." 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."4

Most criminologists concur that there is a direct relationship between age and the propensity to commit crime. Richard Herrnstein, for example, argues that "... the typical offender is a young male probably between the ages of fifteen and twenty-four."6

Conviction, offending and arrest rates, as well as other information on criminal offenders, show that juveniles throughout the world tend to commit crimes far in excess of their proportion of the general population. That is, in most countries teenagers and young adults are considerably 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 are committed by ten to seventeen-year olds, and over two-fifths is committed by those under 21. The number of known offenders per 100 000 males was 1 920 for those aged twelve. This increased to 6 264 for those aged fifteen, and 8 376 for those aged eighteen, at which point the rate declines rapidly. For those aged 21 to 24 it was 4 675, and only 3 162 for those aged 25 to 29 (figure 1).8

Figure 1: Number per 100 000 population found guilty or cautioned (England and Wales) by age, 1995
While the peak age of offending for males in England and Wales is eighteen, for females it is fifteen. (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.) The peak age of offending varies by crime type, however. In England and Wales, the peak age of offending for males is fourteen for property offences, sixteen for violent offences, seventeen for serious offences, and twenty for drug offences. Among females, the peak age of offending is fifteen for property and serious offences, sixteen for violent offences, and seventeen for drug offences.

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—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. Although most of those starting to commit fraud and theft from work during their late teens had switched from other offences, about 30 per cent were new offenders. For females, with the exception of drug offences, the prevalence of offending of all types drops off sharply after the mid-teens.

Like the sentenced and cautioned population, the prison population in England and Wales are predominantly young. In 1991 (excluding juveniles), 62 per cent of inmates were aged below thirty, compared with 25 per cent of the general population.

In the United States, the picture 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 fifteen to nineteen age group are the most likely to be charged and arrested in the US (figure2).

Figure 2: Number of arrests by age category. United States, 1996

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>500,000</td>
</tr>
<tr>
<td>15-19</td>
<td>1,000,000</td>
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<tr>
<td>20-24</td>
<td>1,500,000</td>
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<tr>
<td>25-29</td>
<td>2,000,000</td>
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<tr>
<td>30-34</td>
<td>2,500,000</td>
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<tr>
<td>35-39</td>
<td>3,000,000</td>
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<tr>
<td>40-44</td>
<td>3,500,000</td>
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<tr>
<td>45-49</td>
<td>4,000,000</td>
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<tr>
<td>50-54</td>
<td>4,500,000</td>
</tr>
<tr>
<td>55-59</td>
<td>5,000,000</td>
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<tr>
<td>60-64</td>
<td>5,500,000</td>
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</tbody>
</table>

Persons most likely to commit murder in the US are aged between eighteen 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 (figure3).

In 1993, Canadian youth aged twelve to seventeen years comprised about eight per cent of the population, but accounted for fourteen per cent of all persons charged with violent crimes, and thirty per cent of all persons charged with property offences.

In Germany, young people between the ages of eighteen and twenty are the most likely to
commit crime. In 1995, the number of suspects per 100,000 population was about 7,000 for those aged fourteen to seventeen; 7,600 for those aged eighteen to twenty; 5,920 for those aged 21 to 24; 4,050 for those aged 25 to 29; and 1,980 for those aged thirty and older.\(^{16}\)

In 1993, the Institute for Criminology at the University of South Africa (Unisa) analysed a random sample of criminal records of some 4,800 offenders who were previously convicted and were convicted again during 1993.\(^{18}\) Of the sampled offenders, most were first convicted while they were in the age group between seventeen and nineteen (both male and female). This was the case for all race groups except whites who were the most likely to receive their first conviction aged twenty to 22. Some sixty per cent of the research group had already been convicted of criminal activity by the age of nineteen, and 82 per cent by the age of 25 (figure 4).\(^{19}\)

No national figures are available on the number of crimes committed by young people in South Africa. Consequently, it is not possible to provide accurate statistics on the proportion of crimes committed by young South Africans. Various studies which do not specifically look at the relationship between crime and age, however, provide some information on the proportion of crimes committed by young people.

In 1981, the city council of Cape Town instructed the city engineer's department to conduct a study on the incidence of crime committed in selected areas of the greater Cape Town region. The study came to the conclusion that crime in the "... Cape Flats area is a problem of youth. Male youth in their teens and early twenties constituted by far the majority of offenders apprehended. It was found for example that while youths between the ages of 15 and 35 years accounted for some 34\% of the population, they account for 74.6\% of offenders apprehended."\(^{17}\)

In Cape Town in 1981, youths between the ages of fifteen and 35 years accounted for some 34 per cent of the population, but accounted for 74.6 per cent of offenders apprehended.
The Crime Information Analysis Centre of the South African Police Service (SAPS) analysed the personal details of all suspects who were arrested during 1997 for attacking South African farmers and farm workers. In all, 508 persons were arrested of which 113 (22 per cent) were aged ten to nineteen, and 255 (fifty per cent) were aged twenty to 29. Only 123 (24 per cent) were older than thirty years (figure 5).

Figure 5: Farm attacks - Number of arrested persons by age, January-December 1997

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. The three above examples show that, in South Africa, teenagers, and people in their early to mid-twenties, commit the bulk of all crime.

However, in comparison to many other countries – especially developed countries – South Africa has a relatively youthful population. According to the 1996 census results, 34 per cent of the South African population are under the age of fifteen. The numerically largest population segments are those aged five to nine and ten to fourteen, each of which make up 11.5 per cent of the total population (figure 6).

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 twenty years the current population 'bulge' of five to fourteen-year olds will move into the crime prone ages of between fifteen and 24 years. Thereafter crime levels should drop as the proportion of juveniles in the general population declines because of falling fertility rates.

AIDS, ORPHANS AND CRIME

Infection with HIV (human immunodeficiency virus) is characterised by a gradual deterioration of the body’s 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 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 ten years. In South Africa, this time gap is lower at around five to eight years.

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 less than one per cent who were infected in 1990.

At the beginning of 1998, some thirty million people were infected with HIV throughout the world. Of these, 21 million or seventy per cent reside 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. An estimated 420 000 cases of Aids (in adults and children) were recorded in South Africa between the beginning of the epidemic in the mid-1980s and the end of 1997. 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.

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. Between the beginning of the epidemic and the end of 1997, an estimated 420 000 people had already died as a result of Aids in South Africa, of which 140 000 died in 1997.

The Department of Health's annual survey of women attending public sector antenatal clinics in 1998 found that almost 23 per cent tested HIV positive. This shows a rapid increase from the 10.5 per cent recorded for 1995, and 0.7 per cent for 1990 (figure 7).

**Figure 7: HIV prevalence among those attending public antenatal clinics.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
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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." The rate of increase as measured from one year to the next was at its highest at the beginning of the epidemic when the number of infected people was low. Between 1990 and 1991, the Department of Health measured a 138
per cent increase in the number of pregnant women who tested HIV positive. In the mid-1990s, the yearly rate of increase dropped consistently from 89 per cent in 1993/94 to twenty per cent in 1996/97. However, the latest figures show a renewed upward trend in the HIV infection rate (as measured from one year to the next) of 34 per cent in 1997/98. This is significant as it was generally presumed that the higher the overall level of infection, the lower the rate of increase in infection levels. This does not seem to be the case in South Africa according to the latest available figures (figure 8).

Figure 8: Year-on-year increase of HIV prevalence among those attending public antenatal clinics, 1990/91-1997/98

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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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 fifteen to twenty five for women, and twenty to thirty years for men.32

According to Professor Alan Whiteside, director of the health economics and HIV/AIDS research division at the University of Natal in Durban, there are an estimated 80 000 to 100 000 AIDS orphans in KwaZulu-Natal, which is expected to increase to as much as 200 000 by the turn of the century.33 UNAIDS, the United Nations' agency that deals with AIDS, 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 fifteen) in South Africa.34

Nearly one million South African children under the age of fifteen 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 (figure 9).35

Figure 9: Projected number of AIDS orphans in South Africa, 1998-2010

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 other children or upon the growing proportion of elderly people. In Zimbabwe, for example, 43 per cent of
orphan households are headed by a grandmother.36

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.37

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.38 Moreover, the psychological impact on a child who witnesses his parent dying 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."39

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 antisocial behaviour and of being less productive members of society."40

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:

"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."41

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 per cent had experienced the death, or loss of contact of someone important, such as a parent.42

A 1998 interview study of young men serving jail sentences, or involved in crime, by the Centre for the Study of Violence and Reconciliation (South Africa) found that most of those interviewed 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."43

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

"The secure attachment or emotional investment process [that 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." 45

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. 46 Another study found that poor parental supervision was the best predictor of both violent and property offenders in later life. 47

AGE, AIDS AND CRIME

During the next ten to twenty 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 of 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. However, this will 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 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 6 000 since 1996. Of the incarcerated juveniles, some 9 596 are serving jail terms for murder, attempted murder and vehicle hijacking. A further 3 100 have been imprisoned for committing serious sexual offences. 48

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:

"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." 49

It is important to recognise that AIDS will have a minor effect only on the mortality rates of those children (currently aged five to fourteen) who will create the population bulge of crime prone juveniles and young adults over the next twenty 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 per cent) were children under the age of sixteen. 50

In South Africa, the majority of HIV infections are as a result of sexual conduct. Consequently most women are infected between the ages of
fifteen and 25, and men between the ages of twenty to thirty. Full-blown AIDS and death for most people infected by HIV will thus occur in their early to mid-thirties. At that age, on average, people have 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 an increase in crime levels in the short to medium term (five to twenty years).

Government’s policy-makers would be well advised to brace themselves for an increase in juvenile-related crime as the number of (orphaned) juveniles increase over the next two decades. Traditional methods of fighting crime, such as tougher laws, more police officers and more prisons will do little to counter this.

What is required, is a programme of action which 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, Welfare and Education. Moreover, relevant non-governmental organisations and organs of civil society should get involved in developing effective strategies to 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.

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 GNP 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.

ENDNOTES

9


Ibid., p. 92.

Newburn, op. cit., p. 627.


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Ibid., p. 43.


Hansard [Q:NCOP], 1, col. 79, 19 March 1997.

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Epidemiological Fact Sheet on HIV/AIDS, op. cit., p. 3.

According to data from the Blood Transfusion Services of South Africa, 73 males on average test HIV positive to every 100 women in South Africa. See Epidemiological Comments, 23(1), October 1996, p. 11.


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M M Mackay, AIDS will spur on crime, say experts, Saturday Argus, 9 January 1999, Cape Town.


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