

Child Homicide in the Mthatha region of South Africa of South Africa- Case Reports

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Abstract

Background: Children are the most vulnerable members of society and susceptible to being victims of crime, although the problem is hardly recognized in society. The South African Children's Act of 2005 is a fine piece of law, but its implementation at ground level is a challenge. Long-term poverty in the majority of households and high levels of crime are inherent risks to children's well-being in this region.

Objective: To highlight the problem of child homicide in the Mthatha region of South Africa.

Case report: These case reports examine three incidents of children being killed by their caregivers. In the first case the child had multiple injuries to bones, with distorted extremities and fractured ribs. The second was an infant decapitated by her mother and thrown into a nearby river. The third, a five-year-old boy, was killed by a gunshot injury to the head. The histories, postmortem findings, cause of death, medico-legal reports and the Child Protection Act of 2005 are discussed in this manuscript.

Conclusion: Crime against children takes place in the Mthatha region of South Africa, despite the existence of the Child Protection Act. This Act needs to be strictly implemented.

Keywords: *homicide, child, murder*

Introduction

In 2000, an estimated 199 000 youth homicides (9.2 per 100 000 of the population) occurred globally. In other words, an average of 565 children, adolescents and young adults between the ages of 10 and 29 years die each day as a result of interpersonal violence. Homicide rates vary considerably by region, ranging from 0.9 per 100 000 in the high-income countries of Europe and parts of Asia and the Pacific, to 17.6 per 100 000 in Africa and 36.4 per 100 000 in Latin America.¹ Thousands of children are victims of homicide annually in the world, despite the right to protection and care afforded to them under the United Nations Convention on the Rights of the Child.² Mortality observed in 50 countries, in all income categories over a 50-year period, clearly points to a progressive rise in violent deaths among children and young adults, especially in developing countries.³ In 2002, an estimated 53 000 child homicides took place in the world and the highest child homicide rates were observed in sub-Saharan Africa.³

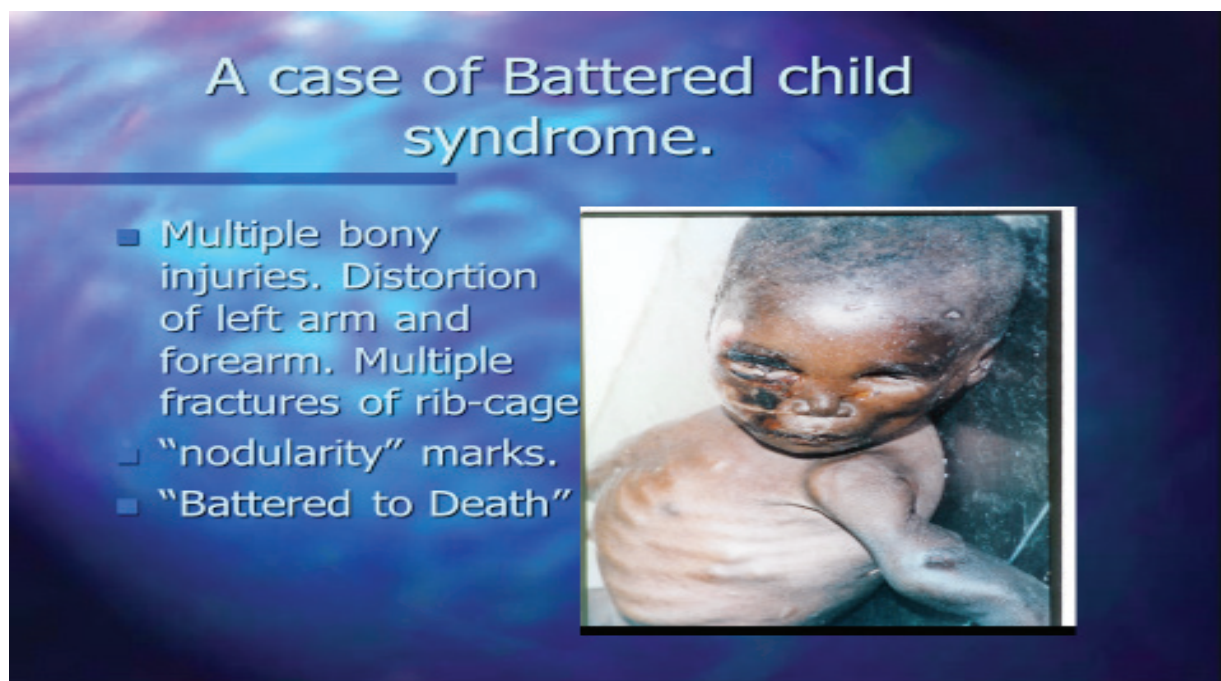
Little is known about child homicide in South Africa. Young children are at greater risk of being killed as a result of child abuse than adolescents, who are most commonly killed during episodes of interpersonal violence.³ An earlier published study (2007) reported 1 449 unnatural deaths of children recorded in the Mthatha region of South Africa from 1996 to 2004. Most of these, 1 028 (70.9%), were related to trauma, of which 553 (54.4%) were caused by homicide. The homicides reported in this study⁴ occurred in the form of firearm injuries 196 (19%), stab wounds 185 (18%), and blunt trauma 178 (17.3%). This represents gross violation of the rights of children under the Children's Act 38 of 2005, which is national legislation intended to protect children. The Children's Act is a fine piece of law that has the potential to bring about services that would enhance both the development and protection of children. However, like so much of our law and policy, the theory is way ahead of the capacity to deliver services on ground level.³ The need for child protection

services far outweighs the ability of existing services to respond. The purpose of these case reports is to highlight the problem of child homicide in the Mthatha region of South Africa.

Case history 1

A two-year-old boy (called T) was autopsied in Umtata (Mthatha) General Hospital in 1998. There was a history of suspected battering by his father, as he was the only person to look after his family. The mother had died six months after the birth of this child. The father was a heavy smoker of cannabis, and had a history of alcohol abuse. The child was brought to Umtata General

Hospital mortuary for an autopsy. He was severely emaciated, as bones were visible from outside the body. Multiple bony abnormalities could be palpated on the autopsy table. There were multiple old healed fractures of the left humerus, radius and ulna bones, which had distorted the upper left extremity (Photograph 1). There were also multiple nodularities on the chest, which was as a result of multiple fractures of ribs. On opening the chest and abdominal cavities, the lungs were shrunken and adhered to the chest wall. The liver and spleen were congested and edematous. The brain was edematous. Fractures of long bones and the rib cage were confirmed on autopsy.



Case history 2

An 11-month baby girl had been decapitated by her mother. There was some dispute about the legitimacy of this unfortunate girl, initiated by her father. One day the mother decapitated the baby, using a sharp object, and threw her into a river (Photograph 2). The grandmother suspected what had happened and she alerted other family members. The police were called and the mother told the

story of killing the baby and throwing her into the river. The body was recovered soon after the killing, but the head was only found after a few days. On autopsy, the body was looking fresh, but the head was putrefied. The internal organs of the chest and abdominal cavities were pale and intact. The neck structures were missing. Parts of brain could not be identified, as these had liquefied.

Photograph 2. A case of Infanticide



Case history 3

A five-year-old boy was shot in the head and died on the spot. This unfortunate incident occurred in his home close to Umtata. The father claimed that it happened accidentally as they were playing with a cocked gun. On autopsy, the young boy was found to have a gunshot wound to the forehead. The wound was irregular, stellate shaped, and located on the inner and upper side of the right eyebrow (Photograph 3). There was a fracture of the frontal bone and laceration of the brain. A bullet was recovered from the skull cavity.

Photograph 3. Gunshot injury death



Discussion

The South African Children's Act of 2005 is a fine piece of law that has the potential to bring about services that would enhance both the development and protection of children. However, like so much of our law and policy, its theory is way ahead of the capacity to deliver services at ground level. Approximately 57% of individuals in South Africa were living below the poverty line in 2001. The proportion of people living in poverty in South Africa had not changed between 1996 and 2001. However, households living in poverty had sunk deeper into poverty and the gap between rich and poor had widened.⁵ Limpopo and the Eastern Cape had the highest percentages of poor people, with 77% and 72% of their populations living below the poverty line, respectively.⁵ Rural people of South Africa are at greater risk of being poor. Transkei is an area where people are poor, and living on meager resources. The Eastern Cape has the highest percentage of poor (24%), and this figure rises to 92% in the Transkei region.⁶ Child homicide is under-investigated and therefore under-reported. Only one third of all child deaths resulting from child abuse are classified as homicides.⁷ This is probably the first rural-based study in South Africa with such a large sample size and covering a period of 19 years, that addresses the problem of child homicide in the country. There is hardly any effort to stop these killing in most countries, especially in developing countries.⁸ Thousands of children are victims of homicide annually, despite the right to protection and care afforded under the United Nations Convention on the Right of the Child.⁸

Homicide is the second most frequent cause of death among teenagers between 15 and 19, after unintentional injury, in the USA.⁹ While the exact number of children affected is uncertain, child fatalities due to abuse and neglect remain a serious problem in the USA.¹⁰ The South African Medical Research Council published a Research Brief in August 2012 showing that three children a day were being murdered in South Africa. South Africa has an overall child homicide rate of 5.5 per 100 000 of the population.¹¹ The first case discussed in this paper is that of a child of two years old who had been assaulted by a drug-addicted father. There were multiple old healed fractures of the left humerus, radius and ulna bones, which had distorted the upper left extremity. This was a typical case of battered child syndrome. There were

also multiple nodularities on the chest, which were the result of multiple fractures of ribs (Photograph 1). A number of cases of child abuse occur in this region but they generally go undetected. The second case was that of an 11-month-old baby girl. There was some dispute about the legitimacy of this unfortunate girl, initiated by her father. One day the mother decapitated her, using a sharp object. It was suspected by a grandmother, and she alarmed to other family members. Police was called, and mother told the story of killing and throwing baby in river. Body was recovered soon after killing, but head was found after few days. On autopsy, the body was looking fresh, but the head was putrefied (Photograph 2). This was a case of infanticide; the mother was charged with infanticide, not murder. She was supposed to be sent to a reformatory center for rehabilitation. The third case was that of a five-year-old boy shot in head, who died on the spot. This unfortunate incident has occurred in his home in a close location to Umtata. Father has claimed that it has happened accidentally as they were playing with cocked gun. On autopsy, a young boy was having a gunshot wound on the forehead. The wound is irregular, stellate shaped, and located at the inner and upper side of right eye brow. There was a fracture of frontal bone and laceration of brain. A bullet was recovered from the skull cavity (Photograph 30). Illegitimate children in this poverty-stricken region is not an uncommon problem. The children are the unprotected victims of their alcoholic or drug-addicted fathers or guardians or any other adults, who often hit them over the head. Children whose paternity is disputed are commonly victims of such homicide. Sexual promiscuity has not only increased the risk of HIV and other sexually transmitted infections, but also the risk of illegitimate pregnancy.¹² These illegitimate children are often either the perpetrators or the victims of homicide. Only 33% of children in South Africa live with both parents.¹³ Many of them are orphans, and these are the children at greater risk of being murdered. In a normal society these children would be either in school or at home with their mothers or other caregivers.

These three cases are just the tip of the iceberg. It is difficult to understand the reason why these children were killed. An unpublished report by the author showed that the average rate of child homicide was high in the Transkei region of South Africa. It was more than 12 times higher than the world average, and also more than

five times higher than in the rest of South Africa. Males were the victims of child homicide more than twice as often as females in this region of Transkei. About four-fifths of child homicides were recorded in the age group between 11 and 18 years, and about one-eighth of the children who were victims of homicide were under the age of 10. The government will have to make concerted attempts to reduce the killing of children in the Transkei region of South Africa by improving socio-economic conditions and educating the population. Globally, across all age groups, alcohol is estimated to be responsible for 26% and 16% of years of life lost through homicide among males and females' respectively.¹⁴ Poor people indulge in alcohol or drug use to forget their sorrow. Low socio-economic conditions are an important cause of the high level of child homicide. The Transkei region is a third world region within South Africa where people are extremely poor.¹⁵ When there is extreme poverty, children tend to be vulnerable just by virtue of experiences such as growing up without a father, poor parenting, family violence, neglect and abuse during childhood and living in poverty and in a context of social inequality are all pathways for violence.¹⁶

Conclusion

Several cases of child homicide have occurred in the Transkei sub-region of South Africa. The problem needs urgent attention.

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