CHILD HOMICIDE PATTERNS IN SOUTH AFRICA: Is there a link to child abuse?

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Introduction
The South African Constitution’s Bill of Rights provides children the right to care and protection, yet thousands of children experience abuse daily (physical/sexual and psychological) (1). Not much is known about child homicides in South Africa. Only one South African study using data from the National Injury Mortality Surveillance System (NIMSS) for four urban areas among 0-14 year olds report homicide rates following similar patterns to global rates, with the highest rate among young male children aged 0-4 years (2). Of significance, studies from high income countries indicate that a substantial proportion of child homicides are due to child abuse and neglect, including physical and sexual abuse as well as neglect and negligent behaviour (3). Generally younger children are most at risk of fatal child abuse and neglect due to their dependence on carers and inability to protect themselves (4-6). The Gender & Health Research Unit of the South African Medical Research Council has completed a national study of child homicides in 2009 and this research brief summarises its findings on the magnitude of child homicide and deaths related to child abuse and neglect.

Key Findings
- Three children a day are murdered in South Africa
- South Africa has an overall child homicide rate of 5.5/100,000 population
- Child homicide in South Africa has a distinct gender pattern with more younger age girl children murdered and an increase in male homicide during adolescence
- The teenage male homicide rate of 21.7/100,000 population is excessive and mirrors the pattern of adult male homicide
- Nearly half (44.5%) of all child homicides were due to child abuse and neglect
- 16% of all child homicides were due to abandonment within the first week of life

Definitions of Terms
- Child Homicide – death of child under the age of 18 years due to the actions of another
- Child Homicide related to child abuse and neglect – death of a child due to either physical, sexual abuse, neglect or negligence, in the context of a relationship of responsibility and care i.e. perpetrated by a parent, caregiver or in the context of sexual assault, and confirmed by a police investigation
- Abandoned baby – an infant left alone without care – usually within the first week after birth, where there was evidence of a live birth

Study Methods
The study was a national retrospective mortuary based survey, collecting data on both male and female child homicides for 2009. All operating mortuaries were stratified based on number of post mortem’s performed for 2009. A random sample was drawn using proportional allocation from three strata: small mortuaries <500, medium 500-1499, large ≥ 1500 post mortem’s for 2009. Based on this weights were calculated to allow national estimates for the number of child homicides. In all 38 mortuaries were included.

Child homicide cases were identified from mortuary death registers and followed up with the police investigation officer using the police station and CAS number as the crucial link. We conducted telephonic or face to face interviews with the relevant police investigating officer for each child homicide identified. This allowed us to confirm if it was a homicide and collect information on the circumstances around the death, victim perpetrator relationship, information about the perpetrator and whether there was a suspicion of child abuse. We obtained access to mortuary data and police data from National Department of Health (DoH) and South African Police (SAPS) as well as provincial collaboration. We worked closely with the Forensic Services directorate as well as SAPS detective services to identify cases where there was incomplete data on mortuary files and death registers. Ethical approval for the study was obtained from the Medical Research Council’s Ethics Committee. The study design and weighting of mortuaries allowed for national estimates to be calculated. Mid-year estimates for 2009 from Statistics South Africa based on census data were used to calculate incidence rates per population.
Results
We estimate that there were 1018 child homicides in South Africa for 2009 (see Figure 1), 7 cases we excluded due to insufficient information.

Figure 1: Estimated Number of Child Homicide Cases for 2009

Child homicide rates are presented in Table 1, these show that the male child homicide rate of 6.9/100 000 males < 18 was nearly double the female child homicide rate 3.9/100 000 females < 18. The main reason for this was a substantial excess mortality of male teenagers aged 15-17 years. The rate in this age group was more than four times higher than the rate for female teenagers (21.7 v 4.6/ 100 000). The highest risk age group for girls was 0-4 years, where over half (57%) of deaths occurred, whereas for boys it was aged 15-17 where 53% of male deaths occurred.

Table 1: Child Homicide Rates by age per 100 000 population (weighted data)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female Rate (n=363) Rate per 100 000 (95% CI)</th>
<th>Male Rate (n=651) Rate per 100 000 (95% CI)</th>
<th>Overall Rate Weighted (n=1018) Rate per 100 000 (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4yrs</td>
<td>8.3/100 000 (5.8-10.7)</td>
<td>7.6/100 000 (5.8-9.3)</td>
<td>7.9/100 000 (6.1-9.9)</td>
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<tr>
<td>5-9yrs</td>
<td>1.7/100 000 (0.9-2.6)</td>
<td>1.6/100 000 (0.6-2.6)</td>
<td>1.7/100 000 (1.1-2.2)</td>
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<td>10-14yrs</td>
<td>1.5/100 000 (0.6-2.4)</td>
<td>2.7/100 000 (1.5-3.9)</td>
<td>2.1/100 000 (1.4-2.8)</td>
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<td>15-17yrs</td>
<td>4.6/100 000 (2.4-6.8)</td>
<td>21.7/100 000 (14.2-29.2)</td>
<td>13.2/100 000 (8.8-17.7)</td>
</tr>
<tr>
<td>Overall</td>
<td>3.9/100 000 (3.2-4.7)</td>
<td>6.9/100 000 (5.6-8.3)</td>
<td>5.5/100 000 (4.6-6.4)</td>
</tr>
</tbody>
</table>

Victim-Perpetrator relationship
Information on the perpetrator of the homicide shows a markedly different pattern by gender and age (Figure 2). Overall most were killed by a known person who was not related, most common for boys. Overall the second most frequent perpetrator group was mothers and nearly half of all girl homicides were perpetrated by mothers. Mother also remain the most common perpetrator (53.1%) for the younger group (0-4 years) even when abandoned babies are not included. In addition, nearly two thirds (64.4%) of 15-17 year olds were killed by a known person.
Mechanism of Death
A quarter (24.4%) of the girls died from abandonment and a similar proportion was strangled or asphyxiated. Girls were significantly more likely to be abandoned than boys. The most common mechanism of death for boys was from stabbing, with a third of boys (33.6%) dying from stabbing. About one in ten of the children were shot.

Fatal Child Abuse and Neglect
Nearly half (44.6%) of the homicides were due to child abuse and neglect. Over a third (35.7%) of child abuse was due to abandonment within the first week after birth. Almost three quarters of these cases (74%) occurred among children aged 0-4 years and in this age group 54.5% of cases were of girls. In all of the older age groups, significantly more of the victims were girls and the proportion of cases in girls was between 3 and 10 times higher than that among boys. Mothers of children dying from child abuse were significantly younger (30 years v 39 years) than mothers of other child homicide victims.

Rape and Child Homicide
Rape or sexual assault was suspected in 10% of child homicides, but in 25% of homicides of girls compared to 1.5% of homicides of boys. The proportion of cases of rape homicide did not differ between the age groups studied. In total 18% of rape homicides were in children under 5 years of age.

Discussion
The study showed that South Africa had more than a thousand child homicides in 2009, with nearly 3 child homicides per day. Nearly half of these murders are due to child abuse and neglect. Child homicides have been shown to have a distinct age and gender pattern which has important implications for prevention and intervention strategies. This study highlighted three distinct problems; abandoned babies, fatal child abuse and interpersonal violence affecting teenage boys. Child abuse fatalities are more likely to occur in the under 5 age group, and girls are at much greater risk than boys. Abuse most likely is not a once off incident but related to a pattern of behaviour. However, the problem of abandoned babies may well be related to psychosocial factors resulting in unwanted pregnancies and undetected postnatal depression. This study also shows excessive rates of teenage male homicides, with these deaths related to the use of weapons in the context of interpersonal violence. As a country we are failing our children, current policies and practises in relation to the protection of children are having little effect in keeping children safe in their homes and communities.

A study limitation is the potential underestimation of the true magnitude of fatal child abuse. While all unnatural deaths are required by law to have an autopsy to determine cause of death, we know that some child abuse deaths are unreported or misclassified (7).
Policy Implications

All deaths from child homicide are preventable. We require a national response to reduce the burden of mortality from this problem.

- **Strengthening social welfare responses to child abuse and neglect**
  Detecting child abuse and neglect cases before they become fatal is critical. There are inadequate numbers of social workers to identify and manage cases effectively, weak social welfare infrastructure and services limits the ability to respond adequately to cases. This is further compounded by a need for training on management of such cases. Although the Children’s Act No 38 of 2005 and the Children’s Amendment Act No 41 of 2007 was introduced to strengthen the child protection system it only provides a policy framework. The need for increased resources and training is critical if we aim to make homes and communities safer for children.

- **Intervention and Prevention Initiatives**
  The Green Paper on Families has been released for discussion and has the capacity to inform programmes strategically. The green paper aims to strengthen families through the promotion of cross cutting programmes. For these prevention and intervention programmes to be effective it should be evidenced based and informed by research. For example this research has shown that prevention efforts targeting child abuse and neglect fatalities should focus on the under 5 age group and start before birth.
  
  - Large numbers of newborn babies are abandoned shortly after birth. Contraception and abortion services must be strengthened and there needs to be concerted public education to promote use of these services as well as provide information on how to put unwanted babies up for adoption.
  
  - There is a particular problem of teenage male homicide consequent on boys fighting with knives. There need to be programmes for boys who are at risk, particularly targeting those displaying anti-social, bullying or other delinquent behaviour, who can be identified through schools. These programmes need to be based on an understanding of the vulnerability of this group of boys, as research shows that generally they have experienced considerable trauma themselves in childhood, as well as providing interventions to reduce fighting and violence that acknowledge that boys involved generally view their behaviour as performances of manliness. Schools also have a role in campaigns to reduce teenage male carrying of weapons.
  
  - The greater vulnerability of girl children needs to be recognised. This reflects the position of girls in society and signifies the need for urgent intervention.

- **Strengthening health service’s response**
  Abandoned babies have been shown to be a huge problem, which requires urgent attention. We are possibly reporting only the “tip of the iceberg” as many anecdotal reports on dumped foetuses across the country have been reported in the media. In order for us to adequately address maternal and child health we have to implement a system to monitor the numbers of abandoned babies and dumped foetuses as this will inform us on these trends. Contraception and abortion services are freely available, yet not all women are utilising it. Building existing services to be more responsive to the needs of women and increasing girls and adult women’s awareness of services is key.

- **Strengthening the medico-legal system’s responses**
  All cases of child homicide must be identified, investigated and someone held accountable for a child’s death. We have found cases having a post mortem investigation, but no further police investigation. The Children’s Act of 2005 mandates all attending medical professionals who suspect a non-accidental injury to report for further investigation, this includes the pathologist or medico-legal examiner. There is evidence that cases are not being adequately investigated. Strengthening identification of child abuse fatalities through the establishment of a child fatality review mechanism can enhance the current system. This would allow for the identification of child abuse and neglect deaths through the formation of a multidisciplinary review team. Circumstances around all unnatural child deaths should be reviewed as this can assist with the police investigation and development of policy and prevention strategies to avert further deaths.

References


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