Reducing child firearm injuries in Cape Town

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Introduction: Violence and firearms are common features of South African society: the leading cause of death being those resulting from violence and homicide, with firearms being ranked as a leading external cause of non-natural deaths. The Red Cross Children Hospital is the only hospital in Africa with a dedicated trauma unit for children and has been dealing with gunshot wounds since 1991.

Methods: A retrospective review of firearm injuries, which presented to the Red Cross Children’s Hospital between 1991 and 2016, was performed. Data recorded included, the folder numbers; sex; date of birth; age; date of presentation; date discharged and in-patient stay; firearm type; number of shots; circumstances; injury sites; injury type, treatment; resulting morbidities and survival.

Results: We assessed over 500 children under the age with firearm-related injuries since 1991. The vast majority of children injured by firearms were from (previously disadvantaged) suburbs with known gang-related crimes. Although the New Firearm Bill resulted in a significant decrease over the decade from 2000-2010, over the last 5 years we have seen a new increase of firearm-related injuries in young children. Two of the major concerns in our study indicate that most children treated with firearm-related injuries were under the age of 5 years as well as that the pattern of gunshots in children seems to be turning from “stray bullet” to being shot on purpose; usually in a gang-related retaliation.

Conclusion: Our study showed a significant reduction in the number of children presenting with a firearm-related injury after the implementation of the New Firearm Bill but a renewed increase and disconcerting change of intentional mechanism of being injured. We stand by our previous advocacy efforts to reduce firearms in South Africa.

Exploring adverse parent-child relationships from the perspective of convicted child murderers: A South African qualitative study

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Child homicide is the most extreme form of violence against children. Within South Africa, children face the highest risk of homicide by parents/caregivers. It is suggested that prolonged exposure to adverse relationships with one’s own parents may be linked to committing child homicide as it may lead to psychological damage and disturb neurological functioning. This paper explores the adverse parent-child relationships of 22 men and women incarcerated for the murder of either a biological child, a stepchild or a child in their care and draws on 49 in-depth interviews with these participants. We illustrate that traumatic parent-child experiences in the form of absent parents, neglect and abuse have a profound impact on establishing unhealthy
attachment styles and emphasize the importance of early adverse parent-child bonds in setting the tone for future bonds as adults. The pathway to adopting a negative attachment with one's own child is argued to be influenced by these early traumatic emotional experiences within the home. This study highlights the need to acknowledge the impact that adverse parent-child experiences have on the formation of violent forms of parental behaviour. It is imperative to reduce children's emotional vulnerabilities by implementing strategies to strengthen current parenting practices, to promote the development of less violent parent child relationships in reducing child homicide.

Retrospective analysis of abandoned live births, stillbirths and nonviable foetuses admitted to Salt River Mortuary, Cape Town

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The high rates of abandoned neonatal remains admitted to Salt River Mortuary (SRM) and the dearth of literature published in South Africa prompted a retrospective assessment of these cases. The objectives included describing the profile and assessing the scope of the post-mortem investigation of abandoned neonates, and determining the prosecution rate of abandoned live births. Demographic details, scene information and post-mortem findings were obtained from medico-legal case files concerning non-viable foetuses, stillbirths and concealment of birth cases admitted to SRM between 1 January 2012 and 31 December 2016 (n=249). The mass, length and gestational age ranged between 10-4400g, 18-600mm, and 7 weeks to term, respectively. The sex could not be determined in 29 (11.6%) cases due to post-mortem mutilation (n=3), undifferentiated genitalia (n=3) or no reason given (n=23). Natural deaths accounted for the majority (70.3%) of the cases, with 66.9% and 29.1% of these cases being non-viable foetuses and stillbirths, respectively. The cause of death (COD) remained ‘undetermined’ in 51 (20.5%) cases, due to the presence of decomposition in 19 (37.3%) cases, with histology only performed in 2 (10.5%) of these cases. The hypothesis that the prosecution rate of abandoned live births is extremely low was supported by this study, with only one case prosecuted in the 5-year period. For the remainder of the deaths determined to be due to unnatural causes (n=23), the court status was equally distributed between ‘case closed’ (47.8%) and ‘under investigation’ (47.8%). In the majority of the instances of unnatural or undetermined death, the case was closed due to the unknown identity of the biological mother; however, DNA analyses were only performed in 12 of the 17 cases. Overall, the data highlighted the need for the development of standard protocols, to ensure that COD and identification of the neonate can be established as far as possible.