Analysis of mob justice fatalities at a forensic services facility in South Africa

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Background. South Africa's legal system faces challenges in crime investigations and prosecutions, resulting in unmet justice expectations.
Objective. To analyse fatal cases of mob justice and provide an understanding of this complex and concerning phenomenon from the perspective of a medico-legal facility.
Methods. This retrospective descriptive analysis was conducted between 1 January 2012 and 31 December 2014. The aim was to analyse all mob justice cases seen at a medico-legal mortuary. All eligible cases were included.
Results. A total of 59 cases involving instances of mob justice were identified. This was an incidence of 1.8% of all cases seen at the Ga-Rankuwa Medico-legal Mortuary. We found that all victims were male, primarily Black African, which is in line with local demographics. Most were young adults in the second decade of life. The most prevalent injuries recorded were blunt force injuries (87%), burns (3%), sharp force injuries (2%), and combined injuries (8%). Most fatal injuries were attributed to blunt force trauma, with the head, upper and lower limbs being the most frequently affected anatomical regions. Among the fatal complications documented in the cases, increased intracranial pressure due to intracranial haematomas, as well as conditions such as acute respiratory distress syndrome (ARDS) were the most common.
Conclusion. These findings contribute valuable insights for forensic pathologists, law enforcement and policymakers in understanding the complex dynamics surrounding mob crime in SA.

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Student author biography
MWE is in her fifth year of medical studies at Sefako Makgatho University of Health Sciences, and has shown exceptional dedication to her academic pursuits. Beyond the classroom, Maria's true passion lies in research. With a keen interest in pushing the boundaries of medical knowledge, she has actively sought out opportunities to engage in research projects throughout her academic career. She hopes her contributions to various studies have not only enriched her own understanding but have also contributed to advancements in the field.
Looking towards the future, Maria is unwavering in her commitment to furthering her education and making meaningful contributions to the field of medicine. With her drive, determination, and passion for research, there is no doubt that Maria Wilhelmina Erasmus is poised to make a lasting impact in the world of healthcare.

In numerous African nations, the issue of violent crime presents substantial challenges, causing deep concerns among everyday people regarding their safety and security. This becomes especially pronounced in situations where there is a widespread perception of elevated levels of corruption among state security personnel or when African governments seem incapable of effectively safeguarding their citizens from violent criminal activities.[1]

The North-Western region of Tshwane does not have prior research on this topic, consequently, no vulnerable group has been identified. It is also not clear if the incidence of these cases is more common than in the rest of South Africa (SA).

According to Medar *et al.*,[2] mob justice refers to a situation where the community takes the law into their own hands and deals with criminals on their own. Mob justice is seen as a form of vigilantism and is known to be a serious public and health problem in many countries. Mob justice tends to occur in communities characterised by a delicate and strained relationship with the police. It is defined as a symptom of a society where factors such as ignorance, an ineffective justice system and human rights violations hinder access to justice. It is also postulated that mob justice takes place because of mistrust in the authorities to properly handle criminals or suspected criminals.[3]

Existing literature on the topic of mob justice primarily originates from large centres in SA, such as Cape Town and Germiston as well as the rest of Africa. While a few articles are available in India, almost no literature on mob justice is seen in Europe, Australia and the Americas.

The literature predominantly identifies young adult men in their second and third decades of life as the most vulnerable population. However, there is a slight variation in the exploration of the methods of mob justice applied in the different areas.

This study was conducted in the North-Western region of Tshwane municipality and includes large areas such as Ga-Rankuwa, Soshanguve, Temba, Hammanskraal and Akasia. The area is riddled with crime, with two police stations in the area consistently falling under the top 30 police stations in the country with the most serious community reported crimes as well as serious contact crimes and murder.[4,5] The national prosecuting authority reports a conviction rate of 77.4% for serious crimes in the district courts and 74.3% for sexual assault cases. However, they also admit to a serious backlog of cases caused by a multitude of factors.[6] This contributes to mistrust and feelings of an ineffective justice system fostering a rich environment for mob justice to take place.

In numerous SA districts, including the North-Western region of Tshwane, the escalating challenge of violent crime has instilled deep concerns among citizens regarding their safety, particularly when perceived corruption within state security personnel and governmental inefficiency hinder effective protection.[7] This study aims to explore the phenomenon of mob justice in the context of Tshwane, an area lacking prior research on the topic.

Drawing on insights from existing literature, the study seeks to identify vulnerable groups and assess the prevalence of mob justice compared to other SA regions. Additionally, the article examines the methods employed in mob attacks and the resultant injuries sustained by victims, contributing to a comprehensive understanding of this complex issue and hopefully advising clinicians faced with the treatment of these cases. Through this investigation, the research also aims to inform interventions and policies that can identify at-risk groups, foster safer communities and restore confidence in the justice system.

Methods

In this retrospective cross-sectional descriptive analysis conducted between 1 January 2012 and 31 December 2014, forensic cases categorised as instances of *mob justice or community assault* were investigated. The study took place in the North-Western region of Tshwane Municipality, which includes Ga-Rankuwa, Soshanguve, Temba, Hammanskraal and Akasia. The population is approximately 890 000.[4]

The primary objective of this analysis was to determine the demographics of mob justice fatalities and circumstances surrounding the death. We also investigated chief pathological findings. Furthermore, we established the cause of death by evaluating the type of trauma and the number of wounds found on the victims.

The analysis was based on SAPS180 forms (South African Police Service reports) together with the FPS100 forms (medico-legal reports completed by Forensic Officers). The autopsy files and reports were sourced from a medico-legal autopsy in Ga-Rankuwa and specifically included cases labelled as mob justice deaths within the specified timeframe. All accessible cases were included to maximize the sample size for the study.

Cases were included based on the following criteria:

- Inclusion criteria:
- Death identified as mob justice fatality between 2012 - 2014.
- Exclusion criteria:
- Deaths identified not related to mob justice fatalities.
- Incomplete reports.

Data collection was initially conducted manually at the Department of Forensic Pathology at Sefako Makgatho Health Sciences University, using paper-based data collection spreadsheets and subsequently transferred to electronic format using Microsoft Excel. Data collection was conducted weekly for approximately 3 months. The variables collected included age, sex, ethnicity, location, area, objects used, type of injury, patterns observed, the area most commonly affected and the ultimate cause of death.

This study was conducted with full clearance from the Gauteng Forensic Services CEO, the Forensic Pathology Department Head and the Ethics Committee at the Sefako Makgatho Health Sciences University (Ethics number: SMUREC/M/58/2023:PG), ensuring adherence to ethical standards. All documents were reviewed in an access-controlled area and not removed to ensure confidentiality. Data collected was anonymised and stored on an access-controlled device. Informed consent was not obtained as this was a retrospective study, victims could not give consent and families could not be reached.

Results

Within the study period, 3 218 autopsies were performed at the Ga-Rankuwa Medico-legal mortuary. Of these, 59 cases involving incidents of mob justice were identified that fit the inclusion criteria of the study. All 59 victims in this dataset were Black African men with a mean age of 27.25 years. The incidence of mob justice cases was 1.83% in our region during the period of the study.

Eleven of the 59 cases did not have identified ages in the forensic reports. The most prevalent age group among the victims fell within the range of 21 - 30 years (68.75%), followed by the 30 - 39 years age group (n=7; 14.58%), then those 10 - 19 years (n=4; 8.30%) and finally the 40 - 49 and 50 - 59 age (n=2; 4.16% each). The youngest victim was 17 years old, while the oldest was 58 years old.

The cases involving these 59 victims were unevenly distributed across three cities: Pretoria, Brits and Rustenburg. This was however expected as cases from Brits and Rustenburg usually only reached our facility because they were referred to Dr George Mukhari Academic Hospital. Moreover, they do not usually fall within our catchment area. Fig. 1 shows the closest police station where the case was opened.

Regarding the objects used in the assaults, 52 of the 59 cases reported unidentified objects (only stating that blunt tools were used), making it difficult to specify the exact instruments involved. Four victims were assaulted with a sjambok, one case involved gardening tools and two cases indicated a combination of blunt and burn injuries. Blunt force trauma was the most identified type of injury (57/59 cases), with one case reporting mixed sharp and blunt assault (Fig. 2).

The primary regions of the body affected by the assaults were the head and face (96.60%), followed by the trunk (83%) and limbs (83%). The neck was the least affected region. All cases involved multiple body regions. The most common types of external injuries were blunt injuries, with abrasions, lacerations and contusions recorded most. Two cases with burns were described as well as one case with sharp force

injuries in the form of incised wounds (Figs. 3 and 4).

Most cases had multiple internal injuries recorded. The most recorded internal injuries were blunt force head injuries, with intracranial haemorrhages making up 71.18% of cases, brain contusions in 20.30% and skull fractures in 18.60% of all cases. Among the victims, 47.45% had soft tissue injuries and 57.60% had blunt force chest injuries (lung contusions, rib fractures, collapsed lungs and lung lacerations). The rest of the injuries were made up of limb fractures and blunt force injuries in the abdomen (kidney and liver laceration) (Fig. 5).

Complications arising from the assaults were diverse. Most complications were associated with head injuries, with seven cases of cerebral oedema and tonsillar herniation recorded. Acute respiratory distress syndrome (ARDS) was also reported in seven cases. Anasarca, renal failure and pneumonia were also found (Fig. 6).

The number of wounds per case was estimated by counting the documented injuries. Four cases had between 0 and 10 injuries, 32 cases had 11 - 20 injuries, 13 cases had 21 - 30 injuries and seven cases had 31 - 40 injuries. There was one case each with 41 - 50 and 51 - 60 documented injuries.

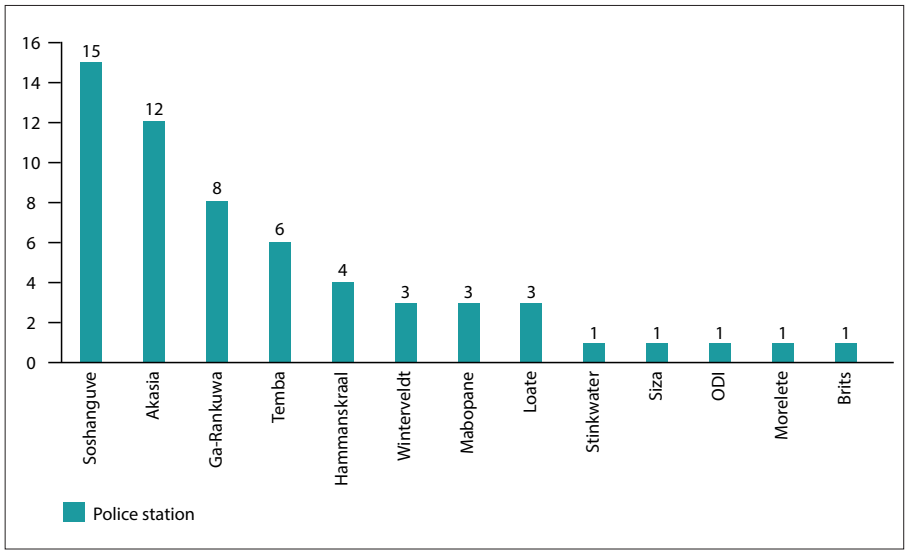

Fig. 1. Cases of mob justice broken down by police station

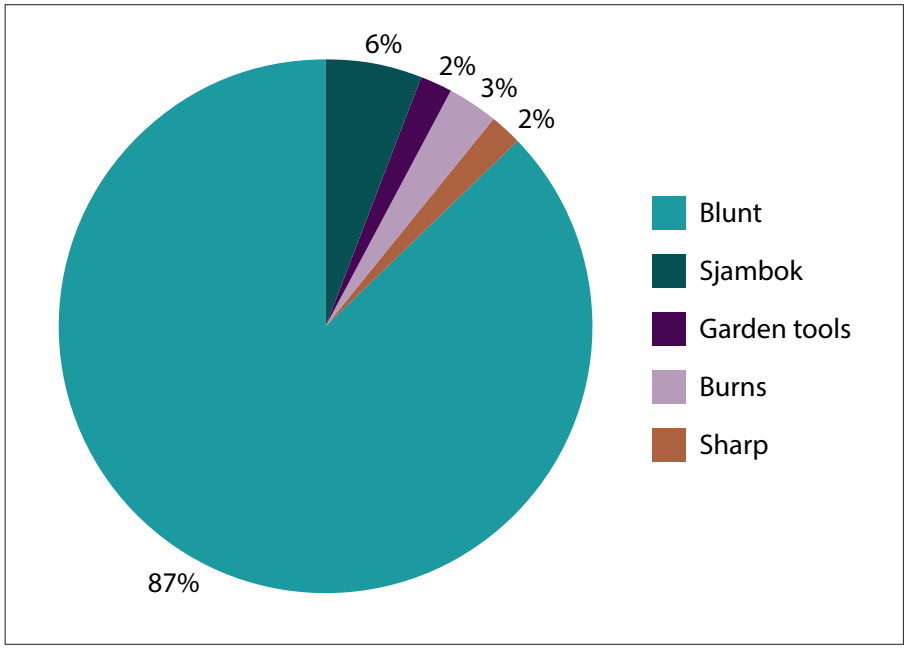

Fig. 2. Objects used in mob justice fatalities

Discussion

In numerous SA districts including the North-Western region of Tshwane, the escalating challenge of violent crime has instilled deep concerns among citizens about their safety. SA is especially vulnerable to this type of crime because of our history. Seedat *et al.*,[8] mentioned that during the Apartheid regime, law enforcement within townships was mostly only conducted to enforce the Apartheid laws and very little or no policing concerning common-law enforcement occurred. As such, people living in the townships had to form their own type of restorative justice, also called a '*lekgotla*' or 'kangaroo court', where elders listened to evidence, passed judgement and doled out the verdict.[9]

In a large study conducted in Germiston, they found that the incidence of mob justice cases accounted for 1.2% of autopsies performed in that area. This is slightly lower than what we found and is unexpected because Germiston Forensic Pathology Services conducts approximately 3 - 4 times the number of autopsies annually compared with our mortuary.[2] Herbst *et al.*[9] reported a mob justice incidence rate of 4.9% in Cape Town, more than double the amount in our study. However, mob justice is not unique to SA, as Ng'walali[10] found that mob justice made up 12.49% of autopsy cases performed over a 5-year period in Tanzania. Memchoubi *et al.*[11] revealed that the incidence of mob justice in their specific region of India was 0.04%, remarkably lower than reported in Africa. Interestingly, no recent studies involving mob justice in Europe or North America were found.

Previous studies reported similar findings regarding the most vulnerable population, with studies by Medar *et al.*,[2] Chyla *et al.*[3] and Memchoubi *et al.*[11] reporting mainly male victims, with rates of 99.41%, 85.91% and 100%, respectively. This supports our findings in which 100% of mob justice victims were male. Medar *et al.*[2] established that a diverse range of nationalities were found among the victims however this study did not have that information readily available and thus comparison could not be made. In all cases, Black African men were the victims, which is reflective of the demographics of

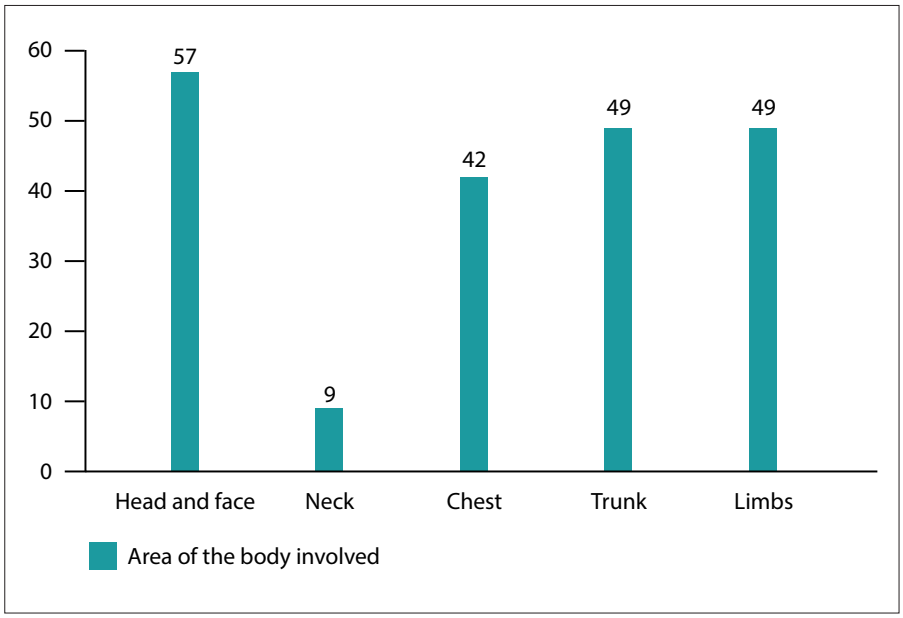

Fig. 3. Region of the body involved as well as the most common external injuries recorded

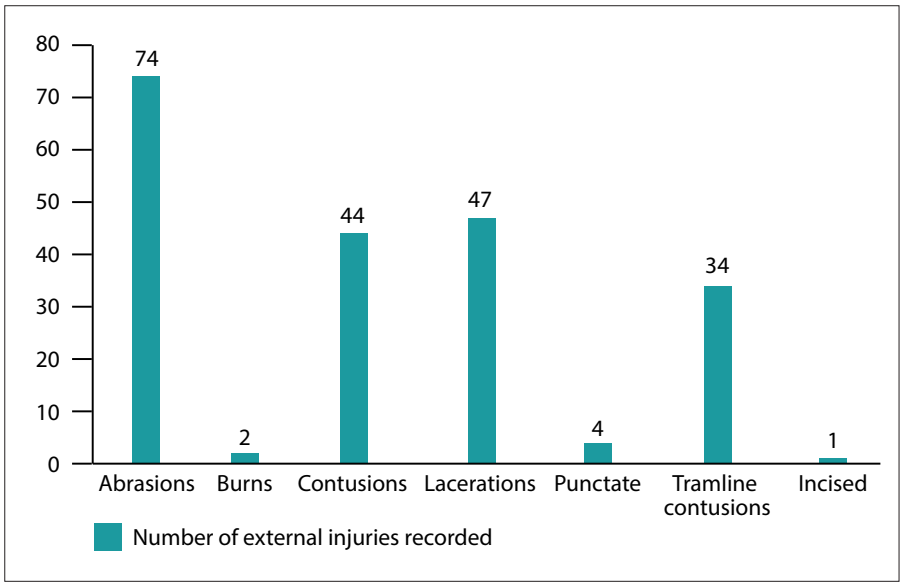

Fig. 4. Type of external injuries recorded

the geographic area in which these incidents predominantly occurred. Despite race and ethnicity being social constructs historically used to exclude and discriminate against groups of people, unfortunately it remains crucial to include them in our study. They serve as indicators of the discrimination and bias that persistently affect various groups in SA, highlighting vulnerable populations for mob justice in our area. Furthermore, irrespective of the geographic location, previous studies consistently found that young and middle-aged men were the most prevalent age group among victims.[2,9,10] This was also consistent with our findings.

We found that various implements were used, including sjamboks, gardening tools, burns, blunt force and combinations thereof (burns and sharp force trauma). However, in many cases, the specific weapon used could not be identified. Similarly, a study in India also reported predominantly blunt force injuries with stones, iron bars, sticks, bricks and burns.[11] Other studies in SA also found blunt force injuries to be more common, however sharp force injuries were more prevalent than in our study with Germiston having 9.6% sharp force injuries and Cape Town 19.6%.[2,9] A study in Tanzania had more uniform injuries with no sharp force injuries and reported that 50.4% of those injuries were due to stoning and 43.6% were due to burns.[3] Furthermore, Cape Town was the only area that reported the act of 'necklacing', which accounted for 0.9% (n=4) of the cases.[9] This illustrates some geographic differences regarding the implements used, indicating that some cultural influence may be present.

The literature highlights that the most frequently affected anatomical regions are the head, upper and lower limbs, torso and back.[2,9] Common injuries encompassed intracranial haemorrhage, tramline contusions, abrasions and lacerations, with a minority of cases involving burn injuries.[2,9,11] This is similar to our study where blunt force trauma emerged as the predominant cause of fatal injuries, with the head, upper and lower limbs being the most frequently affected anatomical regions.

The most complications involved head injuries, with recorded instances of cerebral oedema and tonsillar herniation along with pulmonary complications such as acute respiratory distress syndrome (ARDS) and pneumonia. This was consistent with findings from a study by Herbst *et al.*[9] that reported blunt force head injury as the most common complication, although respiratory complications were described less often than in our study. This may be because that study[9] only assessed the cause of death as formulated by different forensic pathologists, while we included the main autopsy findings where the respiratory complications would have been described even if it did not form part of the formulation under the ultimate cause of death (being multiple blunt force injuries). Multiple injuries were common and described in all studies almost forming the hallmark of mob assault cases.

The results of this study reveal a striking pattern among the 59 victims: they were all young and middle-aged African men. Various objects, including sjamboks and gardening tools, were identified as the weapons used in these incidents. Notably, the area with the highest concentration of victims was Soshanguve, standing out as the specific area with the most victims.

Overall, this study offers only a glimpse into the complex multifactorial social and health issue that is mob justice fatalities. This study only covers a 3-year period and a larger study is currently underway to give a better picture as well as to analyse the trends in our region. Limitations include incomplete history that

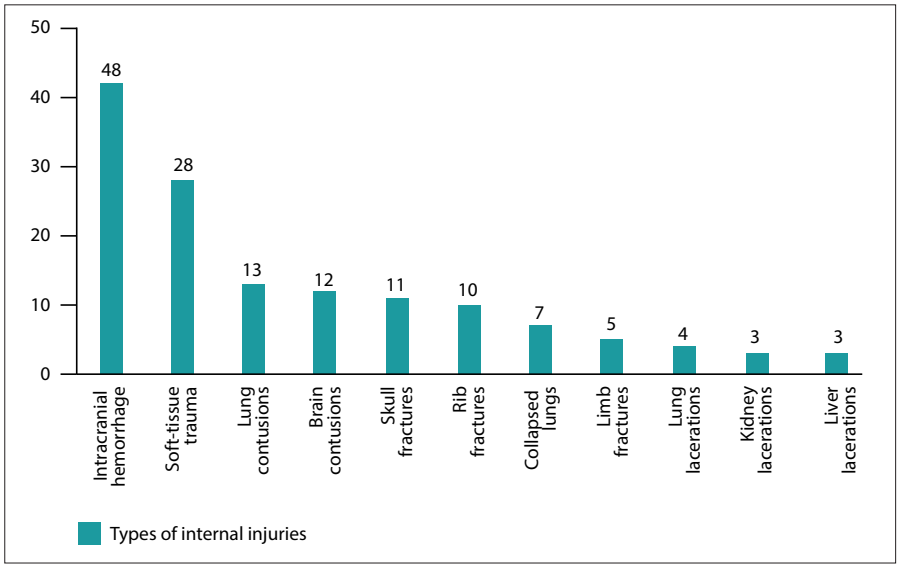

Fig. 5. Type of internal injuries recorded

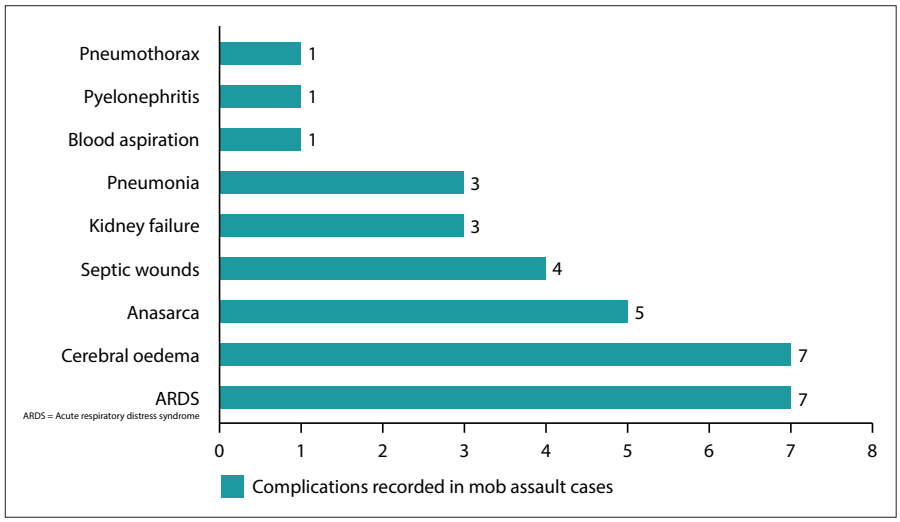

Fig. 6. Complications recorded in mob assault cases

we receive from the scene, where terms like 'mob justice' and 'community assault' may not always be indicated. As such, these cases would not be picked up and missed in our study. Reports are also not uniform, with different pathologists using different terms to describe similar injuries. As such, more uniformity is needed in the future to successfully capture all cases and intricacies that accompany them.

Conclusions

Law enforcement agencies in SA should closely examine the findings of this study to better understand the patterns and characteristics of mob justice incidents. In the future, a longitudinal study to track changes and trends in mob justice incidents over an extended period should be performed. This would provide a more comprehensive understanding of how this phenomenon evolves and whether interventions have any impact. Investigation of the psychosocial factors that drive individuals to participate in mob justice incidents and understanding the motivations, beliefs and attitudes of those involved can inform targeted intervention strategies; explore advancements in forensic pathology techniques and technology that can aid in the accurate documentation and analysis of injuries sustained during mob justice incidents. This can improve the quality of evidence presented in legal proceedings. By employing these recommendations, the study's findings can reach a wide range of stakeholders and contribute to effective responses to the complex issue of mob justice in SA.

Declaration. We declare that this is our original work that has not been submitted elsewhere.

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Author contributions. ME conceptualised the research, drafted and submitted the protocol for ethics approval, collected the data and did the data analysis. She submitted a research report to the Department of Forensic Pathology as part of the requirements for her degree. KH was the supervisor and CVW was the co-supervisor. KH, CVW and YB edited the research report for journal submission and made reviewer corrections as suggested.

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Conflicts of interest. None.

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