PROFILE OF MOB JUSTICE VICTIM FATALITIES ADMITTED AT POLOKWANE FORENSIC PATHOLOGY LABORATORY, LIMPOPO PROVINCE

by

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MINI-DISSERTATION

Submitted in partial fulfilment of the requirements for the degree of

MASTERS IN MEDICINE

in

FORENSIC PATHOLOGY

in the

FACULTY OF HEALTH SCIENCE
(School of Medicine)

at the

UNIVERSITY OF LIMPOPO

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2024

DEDICATION

This study is dedicated to my late father and to my mother, who both insisted on and instilled a sense of excellence in me.

The study was also undertaken with a heartfelt sympathy for the falsely accused victims of mob justice, together with their families who suffered a great loss.

DECLARATION

I declare that "Profile of Mob Justice Victim Fatalities Admitted at Polokwane Forensic Pathology Laboratory, Limpopo Province" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any degree at any other institution.

_____   08/02/2024

Dr M Mokoka   **DATE**

ACKNOWLEDGEMENTS

ABSTRACT

Introduction and background: Community-based assault is a phenomenon practiced worldwide and it contributes to the rise in unnatural deaths due to violence.

Aim: The study aimed to profile fatal mob justice victim cases admitted at the Polokwane Forensic Pathology Services Laboratory, Limpopo Province.

Method: A cross-sectional descriptive quantitative study was conducted using sample size of 141 community assault death victims that were selected using consecutive sampling of community assault deaths admitted to Polokwane Forensic Pathology Services laboratory over a period of 5 years.

Results: The study revealed that black male adults residing in townships suffered fatal mob justice. The main causes of death included multiple injuries, head injuries and severe soft tissue injuries.

Conclusion: The profile of community assault deaths identified was similar to that of reviewed literature.

Keywords: Community, assault, mob, justice, victim, hot spot, Polokwane Forensic Pathology Services.

TABLE OF CONTENTS   **PAGE**

LIST OF FIGURES

LIST OF TABLES

DEFINITION OF KEY CONCEPTS

Cause of Death: "the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury"[a]. In this study the Cause of Death was taken to be formulated and recorded by the individual forensic pathologists in the respective post-mortem reports.

Fatality: "is a death caused by an accident or by violence"[b]. In this study this pertains to all mob justice cases referred for post-mortem medico-legal examination/investigation.

Locality: "is a small area of a country or city"[b]. In this study, locality will be the scene whereby mob justice takes place, and not necessarily the place of death.

Mob Justice: "is a form of unlawful punishment usually carried out by a group of individuals (mob) for presumed criminal offences without consideration for due process of the law"[c]. In this study, the profiled cases will be all cases indicated on the SAPS 180 form and/or mortuary scene form as mob justice or mob assault or community assault.

Post-mortem examination: "is a medical examination of a dead person's body in order to find out how they died"[b]. In this study, the definition will remain the same.

Profile: "is a short article or programme in which someone's life and character are described"[b]. In this study, profile will include demographic data and locality of deceased mob justice victims.

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[a] World Health Organization. WHO ICD-11 Mortality Tooling. 2022; https://www.who.int/standards/classifications/classification-of-diseases/cause-of-death. Accessed 20 October 2022.
[b] Collins English Dictionary online. 2022; www.collinsdictionary.com.
[c] Salihu HA, Gholami H. Mob justice, corrupt and unproductive justice system in Nigeria: An empirical analysis. *International Journal of Law, Crime and Justice.* 2018;55:40-51. doi:https://doi.org/10.1016/j.ijlcj.2018.09.003

LIST OF ABBREVIATIONS

ANOVA: Analysis of Variance

CA: Community-based Assault

DHA: Department of Home Affairs

FPS: Forensic Pathology Services

IQR: Interquartile Range

LP: Limpopo Province

SA: South Africa

SAPS: South African Police Services

WHO: The World Health Organization

CHAPTER 1

INTRODUCTION, BACKGROUND AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Globally, violence has become a health issue and a human rights challenge[1]. The World Health Organization (WHO) reports about 1.6 million violent deaths annually[2]. As an upper-middle income country[3], South Africa's injury burden is very high and mostly consists of violence and road traffic collisions as the leading causes of premature death[2]. The burden of morbidity and mortality continues to rise due to violence, and the homicide rate is six times higher than the global average[1 4].

With the alarming rate at which violence takes place, people have resorted to defending themselves against these crimes. One such defence mechanism is through a phenomenon called mob justice, which is carried out against perpetrators of crime[5 6]. This happens widely across diverse cultures, in various historical settings and as an internationally recognised phenomenon[6 7].

Mob justice fatalities fall under unnatural causes of death and their investigation gets carried out at Medico-legal laboratories as mandated by the Inquests Act 58 of 1959[8]. There has been an observed significant number of mob justice fatalities at Polokwane Forensic Pathology Services (FPS) laboratory, serving large parts of the Capricorn district in Limpopo Province (LP), in South Africa. As seen in other neighbouring medico-legal laboratories[4 9], a strain is put on the FPS physical and personnel resources as the need for rendering the service significantly rises.

Another consequence of mob justice is that confidence in South African Police Service (SAPS) could further diminish. Some of the reasons stated as justification for this phenomenon, is that people believe the justice system to either be lenient or insufficient

in punishing perpetrators of crime[4] [7]. The perpetrators of mob justice believe they are sending a message to the authorities on how to deal with perpetrators of crime[5] [6].

The traumatic witnessing of the mob justice, the loss of possibly innocent lives or breadwinners and the overall lack of faith in the justice system is concerning as it could render the health and mental well-being of the nation at risk[6]. There is a call for mob justice perpetrators to be punished and to encourage them to leave crime for authorities to deal with legally[10].

There is paucity of literature that reviews or profiles mob justice fatalities internationally and in South Africa. No published data was found in the LP. The proposed study aimed at profiling these cases in terms of demographics and locality.

1.2 RESEARCH PROBLEM

The alarming rate of crime in South Africa[11-13] has led to the increase in homicides[14]. Some of these homicides are as a result of mob justice. Fatalities of such mob justice practices is burdening the health system and contributes to community mental trauma. The judgement and fatal punishment of victims, possibly innocent, without proper legal processes further weaken faith in the judiciary and SAPS. Approximately 30 cases of mob justice fatalities are autopsied at FPS annually. There is paucity of literature pertaining to the profile of fatal mob justice victims, with no study previously done in Limpopo province. This study will help determine at-risk groups and the geographic locality in parts of the Capricorn district of LP, to contribute to strategies aimed at managing mob assault crimes.

1.3 AIM OF THE STUDY

To profile fatal mob justice victim cases admitted at the Polokwane Forensic Pathology Services Laboratory in Limpopo Province of South Africa.

1.4 OBJECTIVES

The objectives of the study were:

- To describe the demographics of deceased mob justice victims in Polokwane FPS laboratory.
- To determine geographic locality with high incidence of fatal mob attacks in Polokwane FPS laboratory.
- To determine causes of death in mob justice victims seen at Polokwane FPS laboratory.

1.5 SIGNIFICANCE OF THE STUDY

This study aimed to add to the body of scientific research content in South Africa. It may also serve as baseline for further subsequent research questions relevant to this study and as a reference for new research topics. Critical feedback from this study may be passed on to the SAPS. The SAPS personnel will be made aware of risk areas within their jurisdiction wherefore they need to evaluate their community-police liaison programs or protocols. Stakeholders like the Health Department, will receive results from this study to help them evaluate, plan and dispense relevant public healthcare measures. Community leaders in the hot spot areas could seek effective management and leadership skills after findings from the proposed research.

1.6 CONCLUSION

The introduction and background of the study were detailed in this chapter. The chapter further explained the aim and objectives of the study. The significance of the study with the possible outcomes was emphasised. The next chapter will outline the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

"Murder is a good indicator of how violent a society is"[15]. In South Africa, murder accounts for more than one third of all unnatural deaths, making it one of the leading causes of death[9].

South Africa attained its formal democracy in 1994[16]. With a Bill of Rights, it also has one of the most progressive constitutions in the world to date[17]. However, public participation in most parts of the country still reflects remnants of blocked opportunities, inequalities and poverty[16]. Subsequently, in an attempt to remedy some of these social issues, the phenomenon of 'community' was used as a tool to connect the state to the population[16]. It is in this notion of 'community' that sometimes violence against alleged perpetrators arises[16].

National and local government, as well as most political parties in South Africa, view crime as a direct consequence of socio-economic conditions[17]. The emphasis is put on police services and strengthening the criminal justice system[16]. This has seen a call for partnership between the police and the community[16]. This idea of responsibilisation is in fact putting more pressure on the already strained communities and thus they tend to take the law into their own hands[16].

2.2. MOB JUSTICE/COMMUNITY-BASED ASSAULTS

Mob justice and Community-based Assault (CA) are terms which are commonly used especially in the emergency units in South Africa[18]. They are also referred to as Vigilantism, Kangaroo courts, People's courts, Informal hearing, Non-state punishment or simply known as mob killings[18].

Vigilantism is not distinctly defined as no clear spectrum of perpetrators exists[16]. Perpetrators can involve large mobs of people, neighborhood watchers, unlawful members of the police and street committee members[16].

Commonly, CA is a procedure whereby local community members take the law into their hands[6][7][19]. It happens when an alleged criminal(s) is caught[6][19]. The members of the community act as the accuser, investigators, jury and judge all at the same time[6]. The alleged perpetrator is punished on the spot[6][7][19]. The punishment entails infliction of serious injury which sometimes culminates in the demise of the one being punished[6][7][19]. The punishment occurs before there could be an arrest by the officials of law or a formal trial being afforded to the alleged criminal[7]. Often the alleged perpetrator has no chance to defend oneself nor claim or prove their innocence[7]. Thus, the alleged offender is denied a fair trial and also the right to life which in SA is a violation of standard human rights[17]. This CA action also serves as a warning to other potential offenders[6][7][19].

CA has deep roots in customary urban traditions whereby a phenomenon known as 'lekgotla' was used as a form of restorative justice[20]. At 'lekgotla', senior members of the community gathered to discuss any criminal matters or other matters arising in the community and then reached a verdict by themselves[20]. For criminal offences, often the punishment involved physical beatings, penalty payments or rendering community service[21].

CA was also popular in the apartheid era in South Africa under the ruling of the National Party. "The state began to call on the 'community' and the individual to take responsibility for preventing and protecting against crime as well as managing the crime risk, acknowledging that the government could not solve such problems on its own"[16].

2.3. DEMOGRAPHICS OF COMMUNITY ASSAULT VICTIMS

Literature[9][19], show the age range of victims of CA to be between 14 to 62 years old. This clearly indicates that both teenagers and adults who are responsible for increasing the

country's economic standing are affected. Studies go on to show that there are more male victims than there are females[19]. Almost all the victims are of a black race[19].

Studies previously found that the majority of CA victims are unemployed[22]. They mostly also only have primary or no formal education[22]. In low- and middle-income countries, like South Africa, studies have shown that there are numerous social risk factors for CA, including but not limited to poverty, lack of employment opportunities, lack of education and discrimination[19]. Another argument is that the lack of education often deems an individual unable to make the right judgment and thus choices[19]. In some instances, although right is known from wrong, the victims just simply ignore the potential consequences of their actions[19].

Socio-economic inequality especially amongst members of the same community has been associated with CA[16]. The less well-off members feel deprived of certain basics in life and discriminated against by the well-off. They then turn to attack their counterparts[16]. The more well-off people feel unfairly victimised and encroached upon by the less privileged group[16]. Thus they tend to take the law into their own hands in order to rectify this victimisation[16].

Normalisation of violence in South Africa is prevalent amongst most communities[15]. Studies have shown that people are exposed to acts of crime whereby they experience crime or witness it even from a very young age[15]. This, coupled with a high rate of family disintegration poses a risk for CA incidences[15].

2.4. LOCALITY OF COMMUNITY ASSAULTS

Studies and documents[4][5][9][17] report that the high incidence of mob justice cases occurs largely in townships. These are areas of communities with low socio-economic status[5]. With urbanisation, whereby people move from rural areas to cities mostly to seek employment, there is an association between poverty, crime and mob justice[4]. There is unfortunately a paucity of literature on this subject.

2.5. CAUSES OF DEATH IN MOB JUSTICE FATALITIES

The common causes of death, found in the studies undertaken in South Africa, include blunt force head trauma, multiple blunt force trauma and soft tissue injuries[4][9]. There is lack of adequate literature to determine the possibility of other injuries being the major cause of death, such as, sharp force injuries, pressure to neck structures, burns, etc.[4][9].

2.6. CONCLUSION

Available literature shows that CA is a phenomenon practiced worldwide[15]. It contributes to the rise in unnatural deaths due to violence. The limited number of studies in South Africa show that CA occurs in townships. The victims are mostly young males who are usually uneducated and unemployed. Those who succumb to their injuries, die from head trauma or soft tissue injuries. No prior studies were conducted in Limpopo province.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The chapter discusses the research methodology employed in the study. This will include the research design, research setting, study population and sampling. The data collection and analysis will be described. The validity, reliability, bias and ethical considerations are also detailed in this chapter.

3.2 RESEARCH DESIGN

This research was a cross-sectional descriptive quantitative study. This research method sought to examine the situation as it was, through measurements and numbers[20]. It was a non-experimental study design which entailed no intervention or manipulation of independent variables[22].By using a descriptive study, the researcher aimed to quantify the extent to which mob justice is a health problem[23].

3.3 RESEARCH SETTING

The study was based in Polokwane FPS laboratory. The facility services the largest catchment area in the Capricorn district, one of five districts in South Africa's Limpopo province (Fig 1). The Capricorn district has four subdistricts (Blouberg, Molemole, Polokwane and Lepelle-Nkumpi). Even though Aganang subdistrict was de-established after the 2016 local government elections and was incorporated into neighbouring subdistricts (mainly Polokwane), this report still refers to Aganang to mainly reflect the rural parts of the population where victims were referred from. It's also important to note that, Polokwane is both the city and the sub-district within the Capricorn district. If not specified, then reference is to the city. Of the estimated 1300 medico-legal examinations/investigations performed at this laboratory annually, some cases are of mob justice fatalities. These victims would have been picked up from the scene of crime or referred from the hospitals at which medical help would have been sought before the deceased persons succumbed to their injuries or complications thereof.

Figure 1: Map of Study setting- Limpopo Province and the different districts and subdistricts[24]

3.4 STUDY POPULATION AND SAMPLING

3.4.1 Study population

Study population is defined as the entire group of people who qualify to be included in a study according to the researcher's desired criteria[22]. The study population considered all fatal mob justice cases in the Capricorn district that were referred to the Polokwane FPS laboratory for post-mortem examination. A convenient sample of cases seen over five years between 01 January 2018 and 31 December 2022 was selected, due to ease of availability and accessibility of records.

3.4.2 Sample size and technique

A sample is a group of subjects chosen from a particular study population, which is ultimately a representative of the target study population[22]. Consecutive sampling of all cases seen over the five-year period was undertaken. Though anticipated to be a small population, the study met a minimum sample size for statistical purposes. The sample size was calculated using the equation $n = \frac{p(100-p)z^2}{d^2}$, where n represented the minimal

sample size; p represented the proportional distribution of victims of mob justice in Capricorn district, South Africa as 50% because the true proportions were unknown, d represented the desired precision (10%) and z was a constant (1.96) under the 95% confidence interval and the 5% level of significance[23]. This yielded a minimum sample size of 96. To factor for data entry errors a further 10% (~10) was added, to result in a minimum sample size of 116 deceased persons that were targeted.

Inclusion criteria

- All mob assault deaths autopsied between 01 January 2018 and 31 December 2022 were included in the study.

Exclusion criteria

- Cases with incomplete data.

3.5 DATA COLLECTION AND STUDY TOOL

The study was record-based and used secondary data. A data collection tool was utilised to collect the data. The researcher developed this tool (Appendix A) after a review of the relevant literature.

Documentary sources for these data included the Polokwane FPS registry where relevant dockets which contain all necessary information pertaining to studied cases were obtained. In these dockets, some of the reviewed documents included the SAPS 180 forms, FPS scene form, Department of Home Affairs (DHA) form 1663 and postmortem reports of mob justice deaths. Where the deceased had been to a hospital, the D28 form and/or GW 7/24 form containing the necessary hospitalisation information was perused.

The researcher used a structured approach whereby specified variables were defined beforehand and thus sought from the documentary sources. A checklist of variables was used, as well as a laptop to record findings on a spreadsheet, a Microsoft's Excel which was later used to analyse the data. Junior high school was defined as the period between

Grade 8 and Grade 9. Senior high school was defined as the completion of Grade 10 and 11 but not going beyond matric. Seasons were defined based on the solar equinox [Spring (22 September to 20 December), Autumn (21 March to 20 June)], when the sun is above the tropic of Capricorn [Summer (21 December to 20 March)] and when the sun is above the tropic of Cancer [Winter (21 June to 21 September)]. Weekdays were defined as Monday (05:00) to Friday (15:59), and weekends were defined as being between Friday (16:00) to Monday morning at 04:59. Night was defined as a period spanning from 18:00 in the evening to 05:59 the next morning. Day was defined as the 12-hour period from 06:00 to 17:59.

3.6 DATA ANALYSIS

Data collected were captured and coded in Microsoft Excel and exported to Stata version 17 for analysis. Numerical data were explored for normality using the Shapiro Wilk test and box-and-whisker plot. Numerical data were summarised using the median and Interquartile range (IQR=75th percentile(p75)-25th percentile (p25)) as they were not normally distributed. Categorical data were summarised using frequencies, percentages and graphs. The Wilcoxon-rank sum test or the Kruskal Wallis test were used to compare the medians of categorical variables. Contingency tables were used to compare binary (two) and nominal (more than two) categorical data. Chi-squared or Fisher's exact tests were used for comparison of categorical data depending on the value of the expected frequencies. The two-sample t-test of proportions was used to compute the proportions of victims who were hospitalised and those who were not. The prevalence ratio (PR) was used to determine a factor associated with being assaulted at night. The 95% confidence interval (95%CI) was used to demonstrate the precision of estimates and the level of statistical significance was set at p-value ≤0.05.

3.7 RELIABILITY AND VALIDITY

Reliability and validity formally evaluates any deviation from measuring the true nature of things, that is, measurement error[25]. Reliability refers to whether similar results would be obtained if the tests were repeated using same measurement instruments on same

subjects[22][23]. A mini pilot study was conducted on five cases outside of the study years to establish reliability of study tool. Validity checks the extent to which a test measures what it is truly supposed to measure[22][23]. Development of collection tool was done in consultation with an experienced Forensic Pathologist to ensure validity. Coded elements in the capturing Excel spreadsheet were modified where necessary after the pilot study revealed minor deficiencies.

3.8 BIAS

The element of bias can affect reliability and validity. Bias is defined as "any influence, condition, or set of conditions that singly or in combination distort the data obtained or conclusions drawn" [20]. Sampling bias, information bias and research bias were potential biases identified in this study. Sampling bias could have been committed whereby documentation records failed to describe assaults as community assaults and thereby excluding those cases from the study. Information bias in this study could have happened for example pertaining to the place of death versus place of community assault especially in cases whereby bodies were moved from scene of crime or those that demise in hospitals. The cases which fell outside the Capricorn district SAPS catchment area were excluded from the study.

Expectations and misinterpretation of data by the researcher may pose researcher bias, however, the researcher remained as objective as possible. To try and eliminate any form of bias which could influence reliability and validity, a pre-test was done as a way of investigating potential flaws in the measurement instruments. The mortuary manager and one forensic pathology officer were asked to verify data captured.

3.9 ETHICAL CONSIDERATION

3.9.1 Ethical clearance
Prior to commencement of the study, ethical clearance was sought through the Turfloop Research Ethics Committee (Appendix B). Permission to conduct study was obtained from the Limpopo Health Research Committee via the National Health Research Database (Appendix C).

For access to records, authorisation was granted by the Pietersburg Tertiary Hospital management (Appendix D) and the Department of Forensic Pathology (Appendix E). Informed consent was not required as case records of deceased persons were utilised.

3.9.2 Anonymity and confidentiality

Anonymity is the assurance that no one will be able to link data to a specific participant[22]. Data collection did not include any personal details thereby protecting the identity of the deceased. This also ensured right to dignity for both the deceased and their families. The Post-mortem number that gets allocated to the deceased was only used for ease of reference during data collection but was not utilized during reporting and analysis of collected data.

Confidentiality is the researcher's promise not to share personal information of the participants with anyone outside the study[23]. The collected data were stored in a password protected computer and the paperwork was kept in a locked cabinet in a secure private office. These data were only available to the researcher and her supervisors.

3.9.3 Non-maleficence and beneficence

Non-maleficence is described as an obligation not to inflict harm on others[26]. Secondary data based on deceased person's case records were used for this study. As such, no further harm towards the deceased and surviving relatives was anticipated. The study cases bore no personal information and the reference postmortem number was only utilised as guide during data collection and excluded from the reporting and data analysis[23].

Beneficence is an obligation to act for the benefit of others[26]. The community of Capricorn will benefit from the study conclusions and recommendations[22 23].

CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

The study profiled mob justice victim fatalities admitted at Polokwane FPS laboratory in South Africa's Limpopo province. The demographic characteristics, police stations where the cases were reported and the causes of death of the mob justice victims were quantitatively analysed and interpreted.

The demographic profile included sex, race, age, nationality, education level and employment status. Police stations at which cases were reported, were further subcategorised under subdistricts of the Capricorn district of Limpopo province. The results for the causes of death also reflected whether the deceased had been hospitalised prior to their demise or not. The chapter will present results and interpretation of the analysed data.

4.2 DEMOGRAPHIC CHARACTERISTICS AND CONTEXTUAL FACTORS

In the five years of assessment, 141 records were retrieved, of which all of them were for African males, and a third (n=47) were hospitalised before their death (p-value<0.0001). With an overall median age of 28 years (p25=25; p75=35), the youngest individual was 18 and the oldest 74 years old. Even though 29.1% (n=41/141) of the subjects had at-least a matric, 39.7% (n=56/141) had either ended up in primary school or had not gone beyond Grade 9. Only 17.7% of the subjects were either employed or self-employed, and this difference was statistically significant (p-value=0.020). Subject's characteristics are summarised in Table 1.

Table 1: Subject's demographic characteristics

Characteristics		Hospitalisation				Total		p-value
		Yes		No				
Hospitalisation; n (%)		47	(33.3)	94	(66.7)	141	(100.0)	<0.0001 ᴨ
Sex; n (%)								
	Male	47	(33.3)	94	(66.7)	141	(100.0)	<0.0001
Race								
	African	47	(33.3)	94	(66.7)	141	(100.0)	<0.0001
Age, years; med (p25-p75)		28.0	(25-35)	28.5	(24-35)	28.0	(24-35)	0.849**
Age, years; n (%)								
	<20	4	(40.0)	6	(60.0)	10	(100.0)	
	20-29	27	(37.0)	46	(63.0)	73	(100.0)	0.317
	30-39	7	(20.6)	27	(79.4)	34	(100.0)	
	40-74	9	(37.5)	15	(62.5)	24	(100.0)	
Nationality; n (%)								
	South African	42	(33.6)	83	(66.4)	125	(100.0)	
	Zimbabwean	3	(23.1)	10	(76.9)	13	(100.0)	0.362
	Other	2	(66.7)	1	(33.3)	3	(100.0)	
Highest education; n (%)								
	Unknown	4	(57.1)	3	(42.9)	7	(100.0)	
	Primary school	8	(28.6)	20	(71.4)	28	(100.0)	
	Junior High School	9	(32.1)	19	(67.9)	28	(100.0)	0.336

	Senior High School	9	(24.3)	28	(75.7)	37	(100.0)	
	Matric	16	(44.4)	20	(55.6)	36	(100.0)	
	Tertiary	1	(20.0)	4	(80.0)	5	(100.0)	
Employment; n (%)								
	Student	3	(42.9)	4	(57.1)	7	(100.0)	
	Unemployed	29	(26.9)	79	(73.1)	108	(100.0)	
	Employed	9	(52.9)	8	(47.1)	17	(100.0)	0.020
	Self-employed	5	(62.5)	3	(37.5)	8	(100.0)	
	Pensioner	1	(100.0)	0	(0.0)	1	(100.0)	
Year of incident; n (%)								
	2018	8	(33.3)	16	(66.7)	24	(100.0)	
	2019	6	(33.3)	12	(66.7)	18	(100.0)	
	2020	7	(31.8)	15	(68.2)	22	(100.0)	0.987*
	2021	9	(30.0)	21	(70.0)	30	(100.0)	
	2022	17	(36.2)	30	(63.8)	47	(100.0)	

p25=25th percentile; p75=75th percentile; med=median; *chi-square test used; **Wilcoxon sum rank test used; All other p-values computed using the Fisher's Exact test; Other=2 Mozambican and 1 Ugandan national; ℙ two sample test of proportions was used

4.3 GEOGRAPHIC LOCATION AND CONTEXTUAL FACTORS

Figure 2 shows that cases were from Seshego (31.9%, n=45); Mankweng (27.7%, n=39); Polokwane (9.2%, n=13); Matlala (8.5%, n=12); Senwabarwana (7.8%, n=11); Sebayeng (5.0%, n=7); Botlokwa (2.8%, n=4); Westenburg, Mashashane and Mogwadi (2.1%, n=3); and Morebeng (0.7%, n=1).
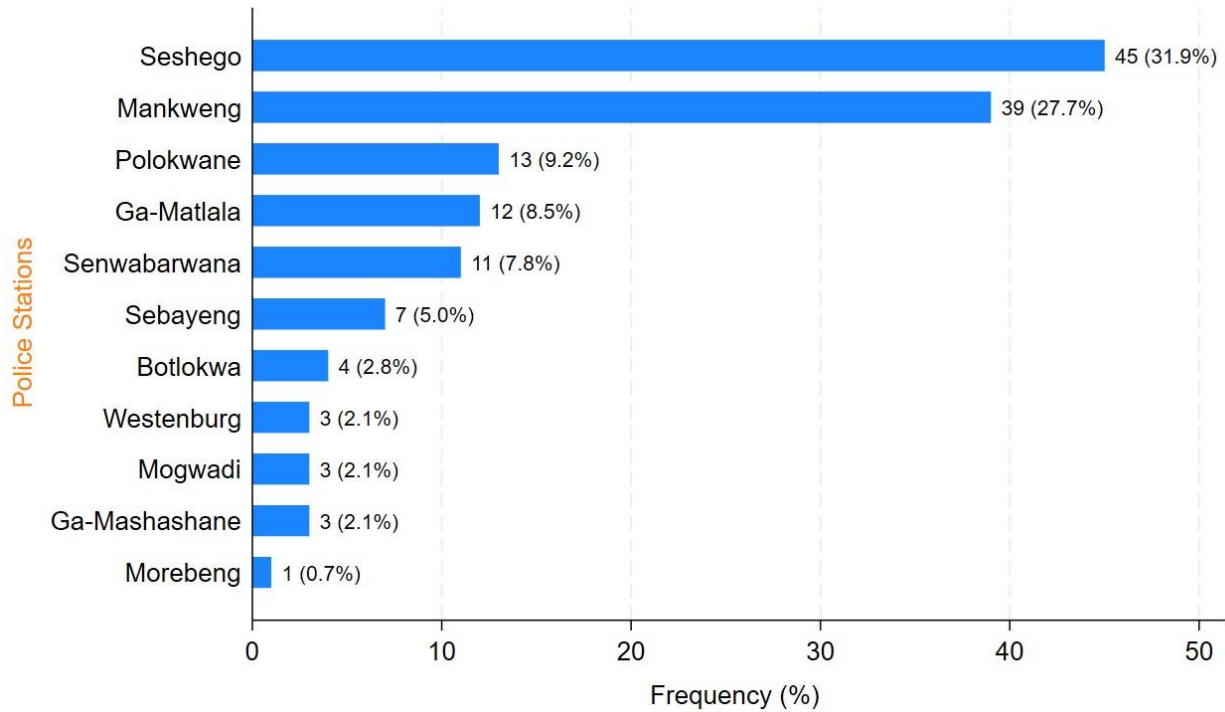
Figure 2: Police stations where cases were reported

Viewed differently, three quarters (75.9% or n=107/141) of victims were from the Polokwane subdistrict; 10.6% (n=15) from Aganang or Blouberg; and 2.8% (n=4) were from Molemole subdistrict (Figure 3).
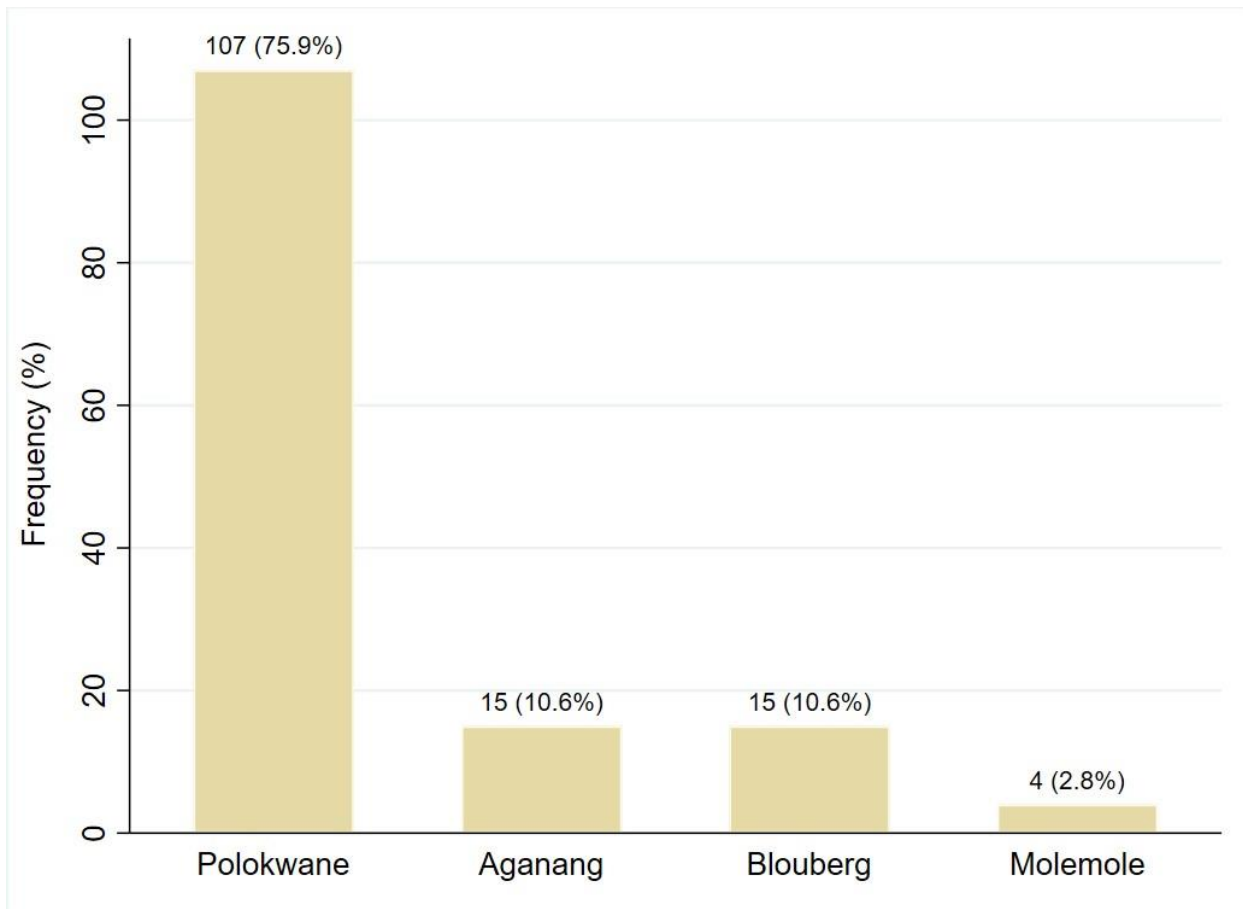
Figure 3: Subdistricts where cases were reported

Table 2 summarises other contexts such as the subdistrict, season, time of day and week period, grouped by hospitalisation status. Seshego, Mankweng, Haenetsburg, Polokwane, Sebayeng and Westernburg police stations are in the Polokwane subdistrict; Mashashane and Matlala police station are in the Aganang subdistrict; Senwabarwana, Malebogo and Botlokwa are in the Blouberg subdistrict and; Mogwadi and Morebeng police stations are in Molemole subdistrict. However, Haenetsburg and Malebogo police stations, had no records of deceased mob justice victims. There were statistically more subjects from the Polokwane subdistrict in both the group of those who were hospitalised and those who were not (p-value=0.018). Furthermore, those who were assaulted at night were 70% more likely to have been hospitalised before their death and this was statistically significant (Prevalence Ratio = 1.7; 95%CI= 1.0-2.7; p-value=0.031).

Table 2: Other contexts of subjects

Characteristics		Hospitalisation			Total		p-value
		Yes		No			
Hospitalisation; n (%)		47	(100.0)	94	(100.0)	141	(100.0)	-
Subdistrict; n (%)							
	Aganang	1	(2.1)	14	(14.9)	15	(10.6)	
	Blouberg	7	(14.9)	8	(8.5)	15	(10.6)	
	Molemole	3	(6.4)	1	(1.1)	4	(2.8)	0.018#
	Polokwane	36	(76.6)	71	(75.5)	107	(75.9)	
Season; n (%)							
	Spring	12	(25.5)	36	(38.3)	48	(34.0)	
	Summer	13	(27.7)	20	(21.3)	33	(23.4)	
	Autumn	14	(29.8)	23	(24.5)	37	(26.2)	0.481*
	Winter	8	(17.0)	15	(16.0)	23	(16.3)	
Days of week; n (%)							
	Mon-Thu	24	(51.1)	54	(57.4)	78	(55.3)	0.472*
	Weekend	23	(48.9)	40	(42.6)	63	(44.7)	
Time of Day; n (%)							
	Night	27	(57.4)	36	(38.3)	63	(44.7)	0.031*
	Day	20	(42.6)	58	(61.7)	78	(55.3)	

Mon= Monday; Thu= Thursday; Chi squared test used; #Fisher's Exact test used

4.4 CAUSES OF DEATH IN MOB JUSTICE VICTIMS SEEN AT POLOKWANE FPS

Whilst most individuals had a single cause of death, 2 individuals' causes of death were unclear between burns and another cause of death. Victims mostly succumbed to multiple injuries (65.2%, n=92/141) or head injuries (22.0%, n=31/141) (Figure 4).
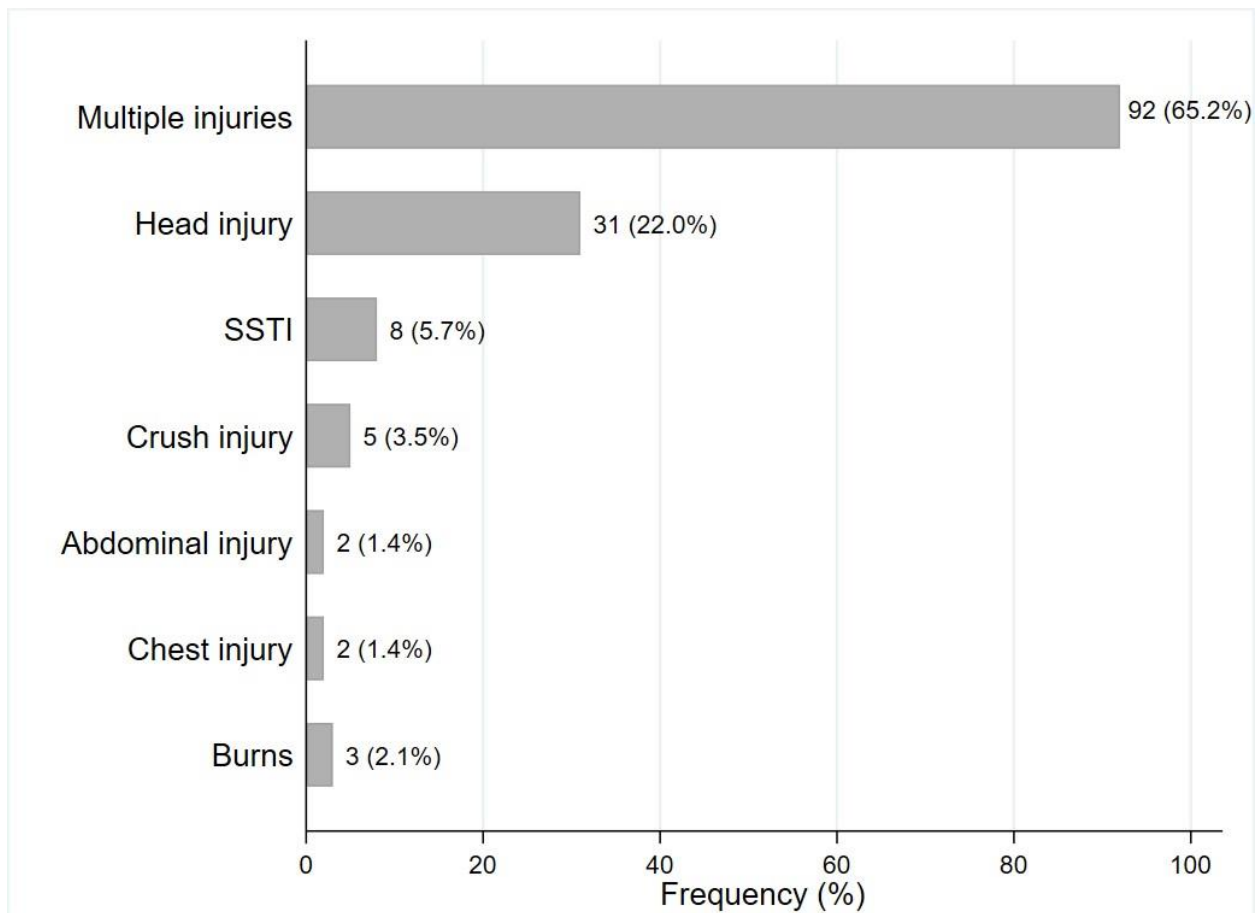
Figure 4: Victims' Causes of Death

Figure 5 shows that those hospitalised, accounted for 34.8% (n=32/92) of multiple injuries, 35.5% (n=11/31) of head injuries, 25.0% (n=2/8) of severe soft tissue injuries,

33.3% (n=1/3) of burns, 20.0% (n=1/5) of crush injuries and 50.0% (n=1/2) of abdominal injuries.
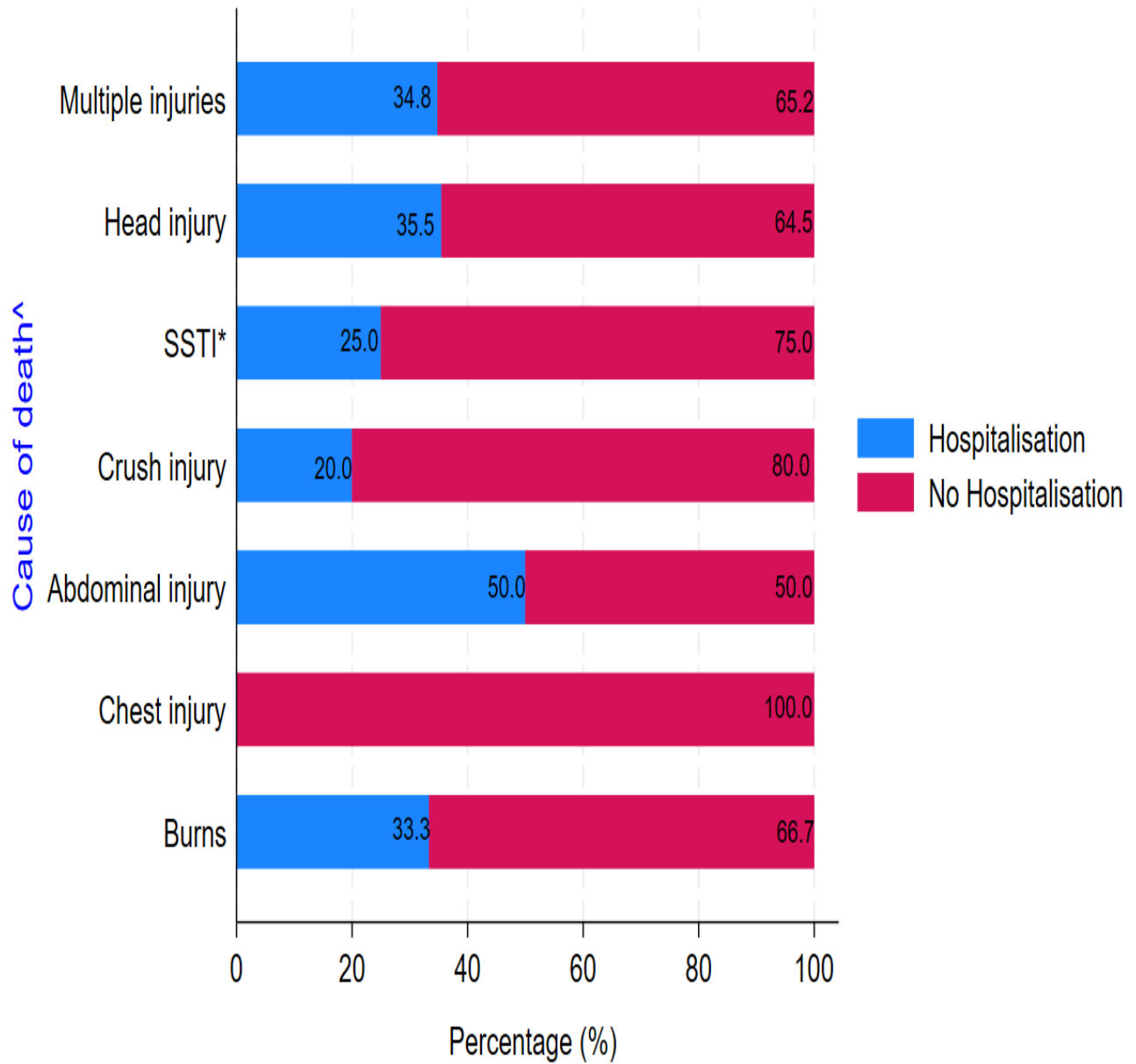

Figure 5: Causes of death and hospitalisation status

*SSTI= severe soft tissue injury; ^2 individuals had both multiple injuries and burns

Table 3 shows that none of the contextual characteristics were statistically associated with the occurrence of multiple injuries (p-value > 0.05).

Table 3: Contextual factors associated with multiple injuries

Characteristics		Multiple injuries				Total		p-value
		Yes		No#				
Multiple injuries; n (%)		92	(65.3)	49	(34.8)	141	(100.0)	
Hospitalisation; n (%)								
	Yes	32	(68.1)	15	(31.9)	47	(100.0)	0.617
	No	60	(63.8)	34	(36.2)	94	(100.0)	
Subdistrict; n (%)								
	Aganang	12	(80.0)	3	(20.0)	15	(100.0)	0.141*
	Blouberg	4	(100.0)	0	(0.0)	4	(100.0)	
	Molemole	7	(46.7)	8	(53.3)	15	(100.0)	
	Polokwane	69	(64.5)	38	(35.5)	107	(100.0)	
Season; n (%)								
	Spring	36	(75.0)	12	(25.0)	48	(100.0)	0.354
	Summer	20	(60.6)	13	(39.4)	33	(100.0)	
	Autumn	23	(62.2)	14	(37.8)	37	(100.0)	
	Winter	13	(56.5)	10	(43.5)	23	(100.0)	
Days of week; n (%)								
	Mon-Thu	51	(65.4)	27	(34.6)	78	(100.0)	0.970
	Weekend	41	(65.1)	22	(34.9)	63	(100.0)	
Time of Day; n (%)								
	Night	49	(62.8)	29	(37.2)	78	(100.0)	0.501
	Day	43	(68.3)	20	(31.7)	63	(100.0)	

Mon= Monday; Thu= Thursday; *Fisher's Exact test used; #inclusive of burns unless patient also had multiple injuries

4.5 DISCUSSION AND INTERPRETATION OF RESULTS

This study aimed to profiled mob justice victim fatalities admitted at Polokwane FPS laboratory in the Limpopo province. The Polokwane FPS laboratory services most of the SAPS stations in the Capricorn district of the province.

The study found that, all victims were African male, mostly South African from the Polokwane subdistrict with a median age of 28 years and only 33.3% were hospitalised before their demise. A higher proportion of victims had lower levels of education and were mostly (76.6%) unemployed. As far as this researcher is concerned, this is the first study of its nature to characterise the epidemiology of mob justice victims in the Capricorn subdistrict in South Africa. This study will not only contribute to the dearth of literature in this area but will also help planners to devise targeted solutions based on the victims' profile presented in this study.

The fact that victims mostly had low literacy levels is consistent with other studies elsewhere in South Africa and Tanzania[9][19]. A study by Chalya et al., previously reported a higher likelihood for victims to have either had primary school or no formal education[27]. Literature[4][6][9] have also previously associated CA victims with higher probabilities of being unemployed at the time of the incident.

The fact that two-thirds of the victims died at the scene or before arrival in hospital could either be an indication of the gruesomeness of the incidents or could be a reflection on the inefficiency of the health system (e.g., delayed ambulances if they were called) or inefficiency of the police (if they delayed arriving at the scene to save the victim). This is consistent with another study[4] done in Johannesburg, South Africa, where 50% of the victims died at the scene. However, these findings contrast those reported in Cape Town, South Africa, where it was found that 8.5% had died at the scene[9]. High proportion of deaths at the scene, can possibly be attributed to the severity of injuries and/or the efficiency of paramedics and the police. Similarly, the association of higher deaths on the

scene among victims who were assaulted during the day could be associated with a lower number of perpetrators during the night than during the day.

Overall, the Polokwane subdistrict, reflected majority of reported cases at 75.9% of the total. Within the Polokwane subdistrict, the majority of cases (59.6%) were from the two biggest townships (Seshego (31.9%) and Mankweng (27.7%)) included in this study[27]. This is consistent with literature findings that associate a higher proportion of victims to be in townships[7 9]. It is further established in local and international literature that crime clusters in space, and that there is stability in spatial crime concentrations[11 28-34]. It is further known that these concentrations are remarkably consistent over long periods of time[11 28-34]. This theory could further explain this uneven distribution of statistics between the peri-urban (townships) settlements, urban and rural settlements[11 28-34].

The findings for causes of death are consistent with literature, both nationally and internationally. The three major causes of death included multiple injuries, head injuries and severe soft tissue injuries[4 9].

4.6 CONCLUSION

The study showed that African males who were mostly unemployed, albeit having a higher secondary level education, were victims of fatal mob justice. The Polokwane subdistrict of the Capricorn district had the majority of reported incidents of fatal mob justice cases. Seshego and Mankweng police stations were burdened with such cases.

The study revealed that most victims assaulted at night, were hospitalised, although in totality, a majority of all cases died at the scene and did not get hospitalised. The major causes of death in mob justice victims mainly included multiple injuries, head injuries and severe soft tissue injuries.

CHAPTER 5

SUMMARY, RECOMMENDATIONS AND CONCLUSION

This chapter will include a summary of the study, recommendations, limitations and conclusion.

5.1 SUMMARY OF THE STUDY

This research aimed at profiling mob justice victim fatalities admitted at Polokwane Forensic Pathology Services. It was a retrospective, quantitative, cross-sectional study with cases consecutively sampled from a five-year period. The total number of cases included in the study were 141, with a minimum sample number calculated at 96 cases. Other cases were excluded from their study due to incomplete availability of data or if they fell outside the study period or the SAPS catchment areas in Capricorn district of Limpopo province.

Secondary data were collected and statistically analysed. The study found victims of fatal mob justice to mostly be unemployed South Africans, and to exclusively being African/black males. The Polokwane subdistrict of the Capricorn district recorded the highest number of cases, with Seshego and Mankweng SAPS having the majority of reported cases. The assaults happened at any time of the day, day of the week or season of the year. Those who were assaulted at night, were likely to be hospitalised prior to their demise. The main causes of death included multiple injuries, head injuries and severe soft tissue injuries.

5.2 RECOMMENDATIONS

The study identified that the victims of fatal mob justice were young males who were mostly unemployed. The data on these demographics may be disseminated to department of health, department of social services and other relevant government entities such as The Presidency, The Office of the Premier, Limpopo Economic Development and Tourism, Small businesses and Sector Education and Training

Authority. The relevant authorities may use this information to formulate, prioritise and implement preventative strategies which could help curb mob justices.

The majority of the cases were reported in the Capricorn subdistrict, Polokwane. Seshego and Mankweng SAPS were particularly recording significant high number of these cases. Upon publication of these research findings, the SAPS areas in question could look into methods of reducing these criminal activities of mob justice. The police might need to determine ways of working with the affected populations via community liaison schemes.

The study highlighted that most victims assaulted at night were initially hospitalised prior to their demise. The Department of Health could undertake a study to determine whether they have efficient treatment approaches and modalities for victims of mob justice. Furthermore, they could check whether they are adequately equipped to service victims of mob justice at night times or early mornings.

A further qualitative study could be done to establish possible reasons why communities take the law into their hands and commit the crime of mob justice.

5.3 RESEARCH LIMITATIONS

Limitations to the study included the fact that this was retrospective research, as thus, some case files could not be retrieved. Other cases were excluded from the study due to incomplete information contained in the case files. These reduced the sample size. Even though the calculated minimum sample size for this study was met and exceeded, the missing files could introduce bias and as such, there might have been over-presentation or under-presentation of findings. The study was only done in the Capricorn district, and thus the findings cannot be generalised to the whole Limpopo province or South Africa with confidence nor certainty.

When determining the causes of death, researcher bias could have been introduced. Postmortems are conducted by different pathologists who use a variety of terminology. There is no universal nor national code of guidance on how to formulate the causes of death in mob justice victims. As such, different medical personnel record their findings in

various ways. At times, the findings on the postmortem reports were left to the researcher's own interpretation and understanding as a trained pathologist.

5.4 CONCLUDING REMARKS

This study researched and profiled the mob justice victim fatalities admitted at the Polokwane FPS laboratory in the Capricorn district of Limpopo province. The demographics of the victims were determined, the geographic locality where these mob justices occur identified and the causes of death reported. It is the opinion of the researcher that more needs to be done to ensure employment of educated persons. The hot spots areas need to determine what the reasons for communities to commit mob justices are and also find strategies to minimise these occurrences. Hospitals need to evaluate their effectiveness and efficiency in treating victims of mob justice. Subsequent studies, both qualitative and quantitative need to be undertaken to strengthen findings which could help with implementation strategies by various stakeholders to curb the practice of mob justice.

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APPENDIX A: DATA COLLECTION TOOL

Study number	Year of incident	Month of incident	Season of incident	Day of the week (incident)	Time of day (incident)

Date of Birth	Date of Death	Sex	Race	Nationality	Level of Education	Employment Status

Police Station	Hospitalisation	Cause of death

APPENDIX B: UNIVERSITY ETHICS APPROVAL LETTER

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: tukiso.sewapa@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 31 October 2023

PROJECT NUMBER: TREC/1652/2023: PG

PROJECT:

Title:	Profile of Mob Justice Victim Fatalities Admitted at Polokwane Forensic Pathology Laboratory, Limpopo Province
Researcher:	M Mokoka
Supervisor:	Dr TA Mamashela
Co-Supervisor/s:	Dr MJ Selatole
School:	Medicine
Degree:	Masters in Medicine in Forensic Pathology

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:	
i)	This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
ii)	Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
iii)	PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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APPENDIX C: LIMPOPO DEPARTMENT OF HEALTH APPROVAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

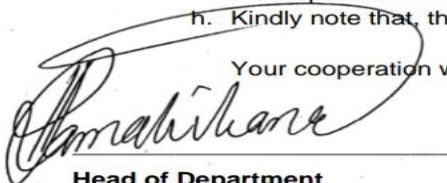|		
Ref	:	LP_2023-11-025
Enquires	:	Mr Legodi P
Tel	:	015-293 6028
Email	:	naledzani.ramalivhana@dhsd.limpopo.gov.za

MADINANE MOKOKA

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

PROFILE OF MOB JUSTICE VICTIM FATALITIES ADMITTED AT POLOKWANE FORENSIC PATHOLOGY LABORATORY, LIMPOPO PROVINCE

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the offices of Clinical Executive Director a week before the study is conducted.
   b. This permission is **ONLY** for Pietersburg Hospital
   c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. The approval is only valid for a 1-year period.
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

_____   4/12/2023 _____

Head of Department   **Date**
pp

Private Bag X9302, Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015-293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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APPENDIX D: PIETERSBURG HOSPITAL PERMISSION LETTER

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
PIETERSBURG HOSPITAL

REF	:	4/2/2
ENQ	:	MOLOKOMME N
TO	:	DR M MOKOKA
FROM	:	DR MC MASIPA
		ACTING CHIEF EXECUTIVE OFFICER
DATE	:	14 DECEMBER 2023

RE: PERMISSION TO CONDUCT RESEARCH

1. The above matter refers.

2. Your request to conduct research is hereby granted.

3. You will be expected to avail the report to the institution upon completion.

Thanking you in advance

DR MC MASIPA
ACTING CHIEF EXECUTIVE OFFICER
PIETERSBURG HOSPITAL

14/12/2023

DATE

DEPARTMENT OF HEALTH
PIETERSBURG HOSPITAL .
1 4 DEC 2023
PRIVATE BAG X9316
POLOKWANE 0700
LIMPOPO PROVINCE

EXCELLENCE IS OUR PASSION
Private Bag X9316, Polokwane, 0700
Cnr Dorp and Hospital Street, Polokwane 0699. Tel: 015 287 5000. Fax: 015 297 2604

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APPENDIX E: DEPARTMENT OF FORENSIC PATHOLOGY PERMISSION LETTER

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

REF   : LP_2023-11-025
ENQ   : DR TA MAMASHELA
Email Address : Thakadu.Mamashela@dhsd.limpopo.gov.za
OFFICE LINE: (015) 287 5545/5548

TO   : DR M Bopape

FROM: HEAD OF CLINICAL DEPARTMENT- FORENSIC MEDICINE AND FORENSIC PATHOLOGY
        SERVICES

SUBJECT: PERMISSION TO ACCESS FORENSIC PATHOLOGY SERVICES CASE FILES FOR RESEARCH

1. The aforesaid bear reference.
2. Your letter dated 14 December 2023, requesting permission to access records for the research study titled: "Profile of mob justice victim fatalities admitted at Polokwane Forensic Pathology laboratory, Limpopo Province".
3. Noting other attachments to your letter (ethics clearance, approval from department and the permission by the CEO).
4. The permission is granted with the following conditions:
   4.1 Prior arrangements to access the case files are made with the respective mortuary manager or the responsible official.
   4.2 Access and the use of the files must be conducted without affecting service delivery related activities.
   4.3 Comply with the conditions stipulated by the Limpopo department of health and the Turfloop research ethics committee and the

Kind regards,

15/12/23

DR T.A MAMASHELA   DATE
HEAD OF CLINICAL DEPARTMENT FORENSIC PATHOLOGY SERVICES

Fidel Castro Ruz House, 18 College Street, Polokwane 0700, Private Bag X9302 Polokwane, 0700
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