From fieldwork to facts to firearms control: Research and advocacy towards stricter firearm control legislation in South Africa

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Children have special protection under the South African constitution, including the right to safety, health and an environment conducive to their wellbeing and optimal development. Yet, firearms contribute significantly to the high incidence of deaths and injuries among South African children and in young males in their late teens. This case study is about the participation of the Child Health Policy Institute (CHPI) in a law reform process ultimately aimed at reducing firearm injuries and deaths in the country by exercising stricter gun control through legislation and other reforms. This feature briefly describes the political context in which the project was initiated, the research findings and how these were distributed, the law reform process, advocacy strategy, and reflects on lessons learnt.

Background to gun violence in South Africa

South Africa's Firearms Control Act came into effect on 1 July 2004. This marked the culmination of a lengthy law reform process that spanned a ten-year period and was notably informed by contributions from numerous stakeholders within government, the private sector and civil society. The process of law reform began in 1994 with a civil society-initiated campaign which urged people to hand in their guns to the authorities for destruction. The Minister of Safety and Security declared a 24-hour amnesty period in response to the campaign and a total of 900 guns were handed in at police stations across the country. This campaign was the first event that put the issue of gun control squarely on the South African socio-political agenda.1

Since the new Act came into effect on 1 July 2004, applications for firearm licences have dropped drastically. Where there were previously about 14,000 new firearm licence applications per month, the number of applications per month is now averaging in the hundreds rather than in the thousands.2 These statistics reflect a major shift in attitude in South Africa from the very loose controls around gun ownership in the 1990s towards more responsible gun ownership and stricter gun control. In 2005 the Department of Safety and Security instituted a nationwide firearm amnesty for a three-month period, and 46,190 illegal and legal guns were handed into police stations. Given the success of this amnesty process it was extended for a further three months.3

Introduction

Firearm injuries and deaths are a major contributor to the high incidence of deaths and injuries in children in the 5-18 year age group in South Africa, and firearms are also the leading cause of death in young males in their late teens. These statistics need to be understood and addressed within the broader context of the history of gun violence in South Africa.

In the early 1990s the high incidence of firearm deaths and injuries in South Africa gave rise to vigorous campaigns from civil society organisations for stricter firearm control, as well as a national government policy and law reform process towards stricter firearm control. This policy reform process culminated in a new Firearms Control Act (No 60 of 2000), which replaced the ineffective and outdated Arms and Ammunition Act (as amended) (No 7 of 1995).

This paper considers the role and impact of a research and advocacy project of the Child Health Policy Institute (CHPI) within the context of this national firearm law reform process in South Africa. It describes the political context within which the project was initiated, the research findings and how these were distributed, the law reform process, advocacy strategy, and reflects on lessons learnt.

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South Africa has a long history of political and criminal gun violence. In the colonial era guns were used to govern and control the indigenous peoples of South Africa. Under apartheid, racial segregation and racially based laws were often enforced by violent methods, including the use of firearms. Many civilians, including young children, were killed and maimed during this period. The African National Congress and the Pan Africanist Congress employed firearms – primarily from illegal sources – in their armed struggle against the apartheid regime. Elements within South Africa’s national security apparatus were involved in gun-running to various counter-insurgency groups and pariah states. Apartheid and the liberation struggle had the effect of not only militarising much of South Africa, but also victimising and brutalising South African society. The major consequence of this was the emergence and persistence of high levels of violent criminal activity.

Under the previous gun control law, obtaining a licence to legally own a gun was relatively easy if you were white and improbable if you were black. There was no limit on the number of firearms that one person could legally possess and no proper assessment of a person’s psychological fitness or propensity to violence. There was also ineffective monitoring and enforcement of the safe storage regulations. This contributed to a high degree of loss and theft of firearms. Many of these were used in criminal acts.

Much of the politically motivated gun violence in South Africa abated after 1994, but rising rates of poverty, unemployment (especially among young men) and the illegal drug trade have resulted in a reported increase in criminally motivated gun violence. During the 1990s an increasing number of children were injured or killed through violent acts involving firearms. This apparent increase was reported extensively in the media, but no empirical evidence was available to support the media speculation.

From 1994 Gun Free South Africa (GFSA), a civil society organisation, campaigned for more effective firearms control legislation. The founders of GFSA were members of the religious sub-committee involved in implementing the peace accord which paved the way for democracy in South Africa. In response to this campaign the South African government initiated a process of examining the existing firearm control legislation, as well as considering a process by which the law could be amended to bring about more effective control of firearms in order to reduce their unchecked proliferation and misuse. It is at this point that the contributions from numerous gun control advocacy groups started to influence the direction of the changes in South Africa’s firearms control legislation.

**Multi-sectoral advocacy for stricter gun control**

The work of the CHPI towards stricter gun control was one of many efforts by individuals and organisations from across the country within the process towards stricter gun control through law reform, including representatives from government, civil society and the private sector. Major actors from the state’s side included the Secretariat for Safety and Security, the National Crime Prevention Centre, the South African Police Service, and the Parliamentary Portfolio Committee on Safety and Security. From 1997 until the end of 1999 the Secretariat for Safety and Security led the state in the policy and law reform process towards stricter gun control. The major players from civil society and the private sector were the Gun Control Alliance (GCA) and the South African Gun Owners Association.

The GCA is a broad alliance of individuals and organisations that support a stricter gun control agenda in South Africa. It includes churches, youth groups, women’s groups, community-based organisations, human rights organisations, academic institutions and service providers. At the forefront of the GCA was Gun Free South Africa. Academic and research institutions, individually and as members of the GCA, made a variety of contributions to the campaign, ranging from research to drafting of the law to advocacy. These included the Institute for Security Studies, the Centre for the Study of Violence and Reconciliation, the Medical Research Council of South Africa (MRC), the Institute of Criminology and the CHPI.

**Role of the Child Health Policy Institute**

The CHPI was a university-based research institute initiated specifically to span the area between the research and policy environment. The mission of the CHPI was to ensure that sound research findings inform and support health policy, legislative and programme development for children. Its ultimate purpose was to improve the health of children in South Africa, thus contributing to realising their right to health, among others. Each research project was followed by an explicit set of communication and advocacy activities to enhance the potential impact of the research on the policy process.

The South African government has signed and ratified the UN Convention on the Rights of the Child, and children’s rights are enshrined in the South African constitution.

**The research agenda within the legislative process: The role of the Child Health Policy Institute**

In 1994 the initiators of GFSA recognised that largely unrestricted access to guns and the excess of guns in South Africa were two of the biggest threats to the emerging democracy and set about campaigning for the South African government to treat it as a priority issue. When the campaign got off the ground, the need for reliable statistics and studies on the proliferation of guns and the effects of gun violence was identified. In order to gather and analyse the necessary information, government and civil society initiated a number of research projects from 1997.
While these research studies were under way, the number of media reports on children injured by firearms appeared to be escalating and doctors treating children at Red Cross Hospital – the principal children's hospital in Cape Town – reported a noticeable increase in the number of children with gun-related injuries since the early 1990s. This prompted researchers at the CHPI to identify the need for a more in-depth investigation of this apparent trend in the Cape Town metropolitan area. The researchers were also aware that there was a national policy and firearm law reform process under way and that the research therefore would be useful to inform decision-makers.

This decision by the CHPI coincided with the research needs of the National Crime Prevention Strategy (NCPS) within the Secretariat for Safety and Security. The NCPS identified the need for research on the impact of violence against women and children as a priority. The MRC, a statutory research body, received funding from the NCPS to set up a national injury surveillance system. The MRC subcontracted the CHPI to research the epidemiology of firearm injuries in children in the Western Cape, one of the provinces with the highest violent crime rates in the country. The study was intended to provide baseline information for future trauma surveillance.

The CHPI researcher involved in this study was in constant communication with the GCA structures and with key government officials to ensure that the research methodology and findings would be relevant and useful to the policy formulation process. In 1998 the CHPI released the findings of its research project. The report confirmed the speculated increase in firearm-related injuries in children living in the Western Cape. The research results were presented in various formats, from academic publications to popular media articles, in order to make it accessible to the different roleplayers and stakeholders involved in the policy reform process. Once the firearm law reform process had begun in earnest, the CHPI researcher became an active GCA member and took on the task of representing the children's sector within the alliance.

The research

The research method

The study design was a cross-sectional descriptive study that covered the period 1992 to 1996. This time interval was chosen as the escalation in firearm injuries were first noted in the early 1990s. Records were reviewed of children admitted with firearm-related injuries or deaths to all the major hospitals in the public sector in the Western Cape metropolitan region. All firearm-related injuries and deaths at these hospitals during the period of review were identified and described. Additional mortality cases that did not present to hospitals first were collected from mortuary data. In addition a number of key informants were interviewed to obtain collateral information to augment the study findings.

The key research findings elicited from the primary data collected and from collateral sources are summarised in Table 1. The findings confirmed a rising number of firearm injuries in children, the majority of whom were adolescent males living in areas where poverty, drugs and gang-related activities were rife. However, a significant number of injuries were in younger children caught in the crossfire of disputes either within or outside their homes. The research report suggested the need for a set of criteria to determine eligibility for gun ownership in order to prohibit children from owning guns, and to prevent anyone with a history of, or inclination towards, violent behaviour from obtaining a firearm license. Collateral information confirmed that a significant portion of illegal guns came from the pool of legally owned guns through theft. Therefore it was plausible that a reduction in the number of legally owned guns would result in a reduction in the number of illegal guns.

The research findings

Table 1: Summary of research findings, 1992–1996

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<thead>
<tr>
<th>Main findings from primary data collection</th>
<th>Main findings from collateral sources</th>
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<tr>
<td>■ A total of 1,736 children and youths were victims of firearm-related incidents (these only included children that were seen at hospitals or were identified in mortuaries). Of these, 322 (18.5%) died. One out of five of the victims either died or was permanently disabled</td>
<td>■ Thirty thousand legal weapons were stolen in South Africa each year</td>
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<td>■ Firearm-related injuries in children and youths (ages 0–19) increased from 142 (20.2/100,000 person years) in 1992 to 421 (58.1/100,000 person years) in 1996, thus depicting a three-fold increase</td>
<td>■ There had been a proliferation of illegal handguns to the tune of one legal to every four illegal firearms. Many of these had been stolen from legal gun owners</td>
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<td>■ Most victims were ‘coloured’ males, from specific residential areas and in the 15–18 years age group. Their injuries were related to gang activity</td>
<td>■ An increasing number of gun-related trauma cases were seen in the paediatric emergency section of the Red Cross Children’s Hospital in Cape Town</td>
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<td>■ A quarter of the victims aged 15–18 years had blood alcohol levels that indicated intoxication</td>
<td>■ Major problems involved the criteria for firearm ownership and the unlimited number of firearms that one person could own</td>
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<td>■ Ninety-three per cent of deaths were due to homicides</td>
<td>■ In 52% of cases seen at hospitals the place of injury was unknown. The most common known places of injury were the road or pavement, or inside the children’s own homes</td>
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<td>■ Most victims in the younger age groups had been caught in the crossfire of gang-related or interpersonal feuds</td>
<td>■ Most victims were ‘coloured’ males, from specific residential areas and in the 15–18 years age group. Their injuries were related to gang activity</td>
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Key research messages

The escalating incidence of firearms injuries and deaths in children was of concern, particularly among adolescent males. They place an unnecessary burden on health care facilities and the South African economy in general. Such injuries are preventable, however.

Areas that required further exploration, but for which no data existed, were the long-term costs of treating children with serious injuries and permanent disabilities and the ‘hidden’ costs to children, their families and their communities when losing breadwinners and caregivers.

Communication and advocacy strategy

A crucial part of any policy research process is to ensure that the research approach and findings are supported by a carefully constructed dissemination and advocacy process to facilitate maximum impact of the research findings. This requires that researchers at the outset identify the potential impact of the research and the relevant audiences to whom the research results should be disseminated. The main strategies used in translating the research findings on firearm injuries to children for the policy domain were based on ensuring the effective packaging and dissemination of the research results and forging strategic collaborations with other academic and civil society organisations. This included the identification of allies in the Parliamentary Portfolio Committee on Safety and Security as well as in other parliamentary bodies (such as the Joint Monitoring Committee on the Quality of Life and Status of Women and the Portfolio Committee on Justice) that could apply pressure on the Portfolio Committee on Safety and Security to engage with researchers and the anti-gun advocates.

The principles underlying the CHPI’s communication and advocacy strategy were the following:

- Accurate data from a credible academic institution has the potential to influence decisions by parliamentarians.
- Collaborating with health professionals who treated children with gunshot injuries would complement the research results.
- Highlighting the plight of children as innocent victims of violence was an effective approach to influencing decisions by parliamentarians.
- Actively participating in the GCA would increase the probability of the research findings and key messages being used as advocacy tools by partner organisations, thus ensuring wider dissemination and use.

Features

- Emphasis should be placed on children’s rights and specifically on their right to life, health and safety.
- Focusing on a limited number of key messages relating to areas in the Bill, such as those that could potentially benefit children and their caregivers the most, would be more effective rather than trying to cover all the areas in the Bill superficially.
- The four areas of the Bill that the CHPI focused on were:
  - The age at which firearms could be acquired (the CHPI called for the age to be increased from 16 to 25 years);
  - The criteria applied for approving a firearm license application. The CHPI recommended that these be made stricter to ensure the disqualification of persons with a tendency towards violence (including domestic violence and sexual violence), alcoholism or drug abuse;
  - The number of firearms that an individual could own, by recommending that it be restricted to one per individual; and
  - Improving the manner in which firearms are stored at the homes of owners.

By making legal amendments to reflect these recommendations, firearm injuries to children could be reduced by reducing the pool of civilian-owned guns (which would contribute to the reduction in the pool of illegal guns acquired through theft of legally owned firearms), and by preventing guns from being kept outside safes, where children had easy access to them.

The research findings were communicated widely to the range of stakeholders in order to increase the available information on this issue and to ensure that the findings could be used directly to inform the gun control policy reform process. The research findings were distributed in different formats during the different stages of the legislative process.

Stage 1 (March 1998 – July 1999)

The CHPI finalised the research report on firearm-related injuries and deaths among children in March 1998. At that stage, government officials were in the process of finalising the policy that would inform the drafting of the law. This involved the collection of statistics and research necessary to back up the policy shift towards stricter gun control. During this stage of the process, the CHPI concentrated on communicating with the researchers and civil society stakeholders that were working with the executive, as well as with the executive policy-makers themselves. The following communication products were distributed:

- The formal research report was distributed to an academic audience. It was also distributed to key organisations involved in anti-gun advocacy.
Stage 2 (July 1999 – May 2000)

During this stage the executive was in the process of finalising the Bill, and therefore it was important to continue engaging with the relevant policy-makers in the executive, while at the same time working with relevant civil society organisations and parliamentarians to prepare for the parliamentary phase of the law reform process. The focus of this stage was on developing key law reform recommendations linked to the research findings and continuing to produce publications related to gun control for wider distribution.

As the law reform process gained momentum, the CHPI advocate began networking with the GCA to develop and strengthen the CHPI’s key law reform recommendations. GCA meetings were held every two weeks. The meetings concentrated on co-ordinating the work of the various GCA members and allowed for discussions on key law reform recommendations and issues of concern, as well as brainstorming on appropriate responses to the latest developments in the law reform process.

During this time the CHPI advocate packaged the research findings and key law reform recommendations into a clear and concise format to make them more accessible to civil society stakeholders, health professionals, the media, the general public and members of parliament. These communication outputs included:

- Popular articles for newsletters and journals in the children and health sectors;
- Several workshop and conference presentations (at the request of a range of civil society organisations);
- A written submission made to the Secretariat for Safety and Security following the publication of the draft Bill for comment in late 1999, outlining how gun violence affects children and advocating in support of the new law, with suggested improvements to the draft Bill;
- An advocacy workshop convened by the CHPI and GCA for organisations and various service providers working in the areas of children and violence in Cape Town. The organisations were presented with information on the law reform process and the research findings, and were provided with training on how to write a submission to Parliament;
- Two articles were published in the South African Medical Journal, a peer-reviewed journal. One of these articles is referenced in the government’s Fact book on firearms that was launched at the start of the Firearms Control Act process in Parliament.
- A two-page fact sheet on the research results was distributed to academics, service providers, parliamentarians and other decision-makers.

Stage 3 (June 2000 – September 2000)

This stage entailed the period from which the Bill was introduced to Parliament and debated by the Portfolio Committee on Safety and Security. A key moment was the week of public hearings on the Bill where Parliament invited and heard submissions from over 30 individuals and organisations. During this stage the CHPI presented a written and oral submission to the parliamentary Portfolio Committee on Social Development (June 2000). The research, along with two other studies and case studies from media reports, formed the core of the CHPI’s submission.

The written submission was complemented with an oral submission that concentrated on presenting findings from the CHPI research and the two other studies, as opposed to anecdotal or emotional motivations, which tended to form the basis of some of the pro-gun submissions. At the end of the CHPI’s oral submission, the committee chairperson expressed his thanks by pointing out that “this is the first submission that is clear and coherent and based on some facts, rather than filled with a lot of emotional waffling”.

Given that professionals like medical doctors have considerable credibility in the eyes of parliamentarians, the CHPI formed an alliance with the head of the Trauma Unit of South Africa’s internationally renowned Red Cross Children’s Hospital (Professor Sebastian van As) and provided support to his oral submission to the portfolio committee. The presentation included visual material of children injured by firearms. This scientific evidence of the damage that a bullet can cause to a child’s bones and muscles made a noticeable impression on the MPs.

The CHPI’s contribution to the public hearings on the draft Firearms Control Bill received wide media coverage. Extracts of the CHPI oral submission featured in the prime time news bulletin on the public hearings at Parliament on one of the country’s major television stations. The study and key advocacy messages were reported in several newspapers. During the week of the public hearings the GCA also issued media releases that included...
key quotes from individual alliance members, thereby maximising the CHPI's exposure in the daily media that were following the law reform process.

As the parliamentary deliberations progressed, it became clear that the parliamentary members and drafters of the Bill, who were predominantly men, were struggling to understand the submissions from the children's and gender sectors, specifically in relation to the need to restrict domestic violence and sexual offenders from qualifying for a gun license. Thus a strategic alliance was formed with gender activists, namely the Commission on Gender Equality and the Women's Legal Resource Centre, whom the CHPI alerted to the fact that the Bill was not strict enough on prohibiting domestic violence offenders from obtaining firearm licences. In response to this, the three organisations made a joint submission to the Joint Monitoring Committee on the Quality of Life and Status of Women, a gender watchdog committee within Parliament. This resulted in the chairperson of this committee joining the Portfolio Committee on Safety and Security to ensure that the necessary improvements were made to the draft legislation.

The impact

Evidence of the positive impact of the research and advocacy

The evidence that the CHPI research and advocacy successfully contributed to the policy process is based on a number of outcomes. As mentioned above, the research findings were used in the government’s Fact book on firearms that was launched alongside the government’s new policy on stricter gun control. The research findings were also used in several submissions by other academic and civil society organisations. Furthermore, the research findings and key law reform recommendations received extensive media coverage.

However, the most important outcome was that 80 per cent of the GCA recommendations were incorporated into the Bill. These included increasing the age at which a person can legally own a gun from 16 years to 21 years, introducing a strict firearms license application process whereby people with tendencies towards violence (including sexual and domestic violence) and drug abuse are prohibited from owning a gun, and limiting ownership to one hand gun per person. The credit for this success must go to the phenomenal co-ordination and mobilisation strategy of the GCA and the research and advocacy contributions from its members.

The timely availability of the research data was crucial. As no research on firearm injuries and deaths of children was available at the time, the CHPI data became the ‘cutting edge’ data on the health effects of gun violence on children. In addition, the availability of several ‘custom-packaged’ products catered for the wide range of target audiences. The contribution of the CHPI advocate, who had knowledge and experience of engaging with parliamentary processes and who devoted considerable time and effort to advocate for the research recommendations to be incorporated into the new law, was invaluable.

The strong strategic alliance with a credible social movement, led by the GCA, was another reason for the successful impact on the legislative process. The reason for aligning the CHPI with the GCA was that research – and indeed policy research – is seldom neutral. Given that the CHPI selected and conducted its research with an explicit agenda of applying the research to policies and laws that can ultimately improve the lives of children, it required taking strategic and calculated positions, on condition that it was based on methodologically sound and credible evidence.

In this case, the proliferation of guns in South Africa was clearly a threat to children’s safety and health, and hence the evidence had to be strongly articulated within a gun control stance.

It is important to note that the successes of the CHPI cannot be attributed to its work alone, as the entire GCA was working towards the same recommendations. The work of the CHPI was therefore an important contribution alongside a range of other important contributions by many organisations and individuals committed to stricter gun control.

Lessons learnt

We learned a number of valuable lessons during and beyond this process. These can be summarised as follows:

- Accurate and timely research can have a significant impact on the policy- and decision-making process.
- Such research has to be coupled with effective communication and advocacy strategies aimed at influencing the policy and law reform processes.
- Providing research results through conventional means such as a 100-page research report or a peer-reviewed article is not sufficient to initiate change. Substantial dissemination and innovative ways of communication are required to be effective.
- Strategic alliances with other researchers and academics, as well as credible civil society organisation, lead to an effective synergy.
- Advocacy supported by sound research evidence is an effective combination for influencing the process of policy-making and the drafting of legislation.
Conclusion

The Firearms Control Bill was passed in 2001, but it took a further three years to draft the regulations, and it was finally enacted in July 2004. Given that the Act has been in effect for a relatively short period of time, the success of its implementation cannot yet be properly gauged. However, a follow-up study of firearm injuries to children between 1996 and 2004 at the Red Cross Children’s Hospital indicated that the number of firearm injuries admitted to this particular hospital had decreased dramatically between 2002 and 2004. The 2003 and 2004 numbers of injuries are down to 1991 levels.

When asked if children were perhaps treated elsewhere, hence the decrease, the head of the Trauma Unit at the hospital, Professor Sebastian van As, pointed out that “This is the result of our combined campaign! They are not treated elsewhere, [there are] just fewer gun shots.” This suggests that one of the possible ‘unintended outcomes’ of the intense advocacy campaign through the media to influence the draft law might have resulted in greater community awareness of gun-related injuries and deaths – and thus fewer injuries to children. The large number of illegal firearms handed in at police stations during the 2005 firearms amnesty period and the decrease in firearm licence applications could also indicate a positive shift in South Africans’ attitudes towards responsible gun ownership.

The ultimate indicator of success will be a reduction in the number of both legal and illegal firearms in South Africa and a concomitant decrease in firearm injuries (in both children and adults) across the country. Given the multiple variables that could influence this scenario, it would be near impossible to ascribe a decrease in firearm injuries to the impact of the research and advocacy per se. It is therefore not known to what degree the actual research and advocacy ultimately swayed the policy-makers. What is known is that the research and advocacy definitely contributed greatly to informing the debate on the legislation and provided the anti-gun lobbyists with additional, evidence-based information on which they could base their arguments in their own submissions and advocacy activities.

The cardinal message is that research on its own is unlikely to influence the policy process. It has to be encased within a broader strategy if it is to maximise the potential impact of research on policy and law reform.

Notes

4 A Kirsten, The role of social movements in gun control: An international comparison between South Africa, Brazil and Australia, Centre for Civil Society Research Report No 21, Durban.
5 In 1998, the Western Cape had the fourth highest number of murders committed with a firearm.
7 Ibid.