

Juvenile Homicide: A Closer Examination of Childhood Maltreatment

by

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## ABSTRACT

The purpose of this study was to explore the relationship between childhood maltreatment and juvenile homicide offending. Specifically, this study compared a sample of maltreated male juvenile homicide offenders ( $N = 51$ ) with non-maltreated male juvenile homicide offenders ( $N = 364$ ) among the following areas: familial dysfunction and disorganization, mental health issues, academic functioning, prior delinquency, substance abuse and homicide-related crime characteristics. Data was obtained from the following aggregate sources: Supervision Risk Classification Instrument (SRCI), the State Attorney's Recommendation form (SAR), the Predisposition Report (PR), and the Massachusetts Juveniles Screening Instrument 2 (MAYSI-2). Chi square and t-tests were then utilized to compare the two groups and perform analyses. Maltreated male juvenile homicide offenders significantly differed from non-maltreated male juvenile homicide offenders in terms of familial dysfunction and disorganization, academic functioning, prior delinquency and homicide-related crime characteristics. As a result of these significant differences, tailored prevention and treatment efforts were discussed.

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## Chapter 1

### INTRODUCTION

#### **Statement of the Problem**

The killing of a person is a horrific and violent act of crime. It is devastating in its' very nature and presents profound implications that are life altering for both the perpetrators and victims of this crime. Due to its continuing prevalence and impact, homicide, and in particular juvenile homicide, demands further research attention, and the development of an innovative approach to explore and examine this topic.

According to the Uniform Crime Report (UCR) provided by the Federal Bureau of Investigations, there were a total of 12,418 homicides (including both murder and nonnegligent manslaughter) within the United States during 2009 (U.S. Department of Justice, 2009). During the year of 2009, 652 acts of juvenile (under the age of 17) homicide occurred, which has remained relatively consistent for the past ten years (U.S. Department of Justice, 2009). Juvenile homicide offenders have been found to be predominantly male, and the male juvenile homicide prevalence rate has recently increased (U.S. Department of Justice, 2009). In fact, during the year of 2009, female juvenile homicide offenders comprised only 9% of the total juvenile homicide offender population (U.S. Department of Justice, 2009). In addition, between the years 2000 to 2009, female juvenile homicide experienced a 33.8% decrease, while male juvenile homicide encompassed a 4% increase (U.S. Department of Justice, 2009). Acts of juvenile homicide committed by males rose from 576 in 2000 to 599 during the

year of 2009 (U.S. Department of Justice, 2009). Overall, homicide of all ages saw some form of a decrease between the years 2000 to 2009, except for male juvenile homicide (U.S. Department of Justice, 2009).

Data within the literature, including the above noted statistics (U.S. Department of Justice, 2009), demonstrate that juvenile homicide is a serious problem requiring thorough assessment and intervention as such is closely associated with certain clinical, developmental and environmental factors (Cornell, Benedek & Benedek, 1987; Heide, 1992, 1995, 2003; Labelle, Bradford, Bourget, Jones & Carmichael, 1991; U.S. Department of Justice, 2009). Significance lies in the myriad of issues, both within their past and present, that these youth face which occur in conjunction with the criminal activity they have engaged in (Heide, 2003). In fact, it is noted within the literature that these associated factors, which can be seen as opportunities of preventative measures, have perhaps been missed with these youth as they are often involved with multiple services, agencies, and institutions prior to their arrest for homicide (Heide, 2003).

The current literature on juvenile homicide has been successful in identifying these key demographics associated with juvenile homicide offending as related to certain biological, psychological and sociological characteristics (Heide, 2003). However, childhood maltreatment may be of particular interest when examining juvenile homicide, as the prevalence of such is profoundly noted throughout the literature, but few specific comparisons have been made exploring the maltreated juvenile homicide offender's specific treatment needs (Darby,



Allan, Kashani, Hartke & Reide, 1998; Heide, 2003). Childhood maltreatment incorporates all forms of abuse (physical, sexual and emotional) and neglect (physical, educational, emotional and medical) (Heide, 2003). The research has found that youth who engage in homicide are typically raised in poor, chaotic environments that are violent and encompass some form of childhood maltreatment (Darby et al., 1998; Heide, 2003; Heide & Solomon, 2003).

While the current literature has found some relationship between childhood maltreatment and juvenile homicide (Heide, 2003), this connection is lacking a specific and detailed analysis of childhood maltreatment as it relates to the youth's homicidal act (Darby et al., 1998). The recent literature does not typically expand beyond the exploration of the existence of childhood maltreatment, and the presence of this factor is normally incorporated into the development of a juvenile homicide offender profile (Heide & Solomon, 2003). The experience of childhood maltreatment among some of these youth appears to have relevant implications for their homicide behavior (Darby et al., 1998). In fact, the previous literature, suggests exploring this associated factor in greater detail (Darby et al, 1998; Heide, 1992; Heide & Solomon, 2003). Darby et al., (1998) who identified "overt abuse" as a critical factor playing a role in the "development and maintenance" of these youths' violent behavior, suggested that abuse in particular be explored further, due to the heightened risk that such experience places on these youth in terms of their homicide-related behavior (p. 374). As Darby et al. (1998) concluded, "To date, it is unclear whether juveniles

who commit homicide and have abusive families are fundamentally different from their non-abused counterparts who commit homicide” (p. 366).

By examining and analyzing the relationship between childhood maltreatment and juvenile homicide in this study, it may be possible to identify whether those who experience childhood maltreatment face additional, similar or more diverse issues when compared to their offending counterparts who have not encountered childhood maltreatment. These similarities and/or differences will seek to highlight the possible need for unique and specific intervention and treatment modalities. Finally, this current study will contribute to the existing literature in a unique manner, as it will explore the risk factor of childhood maltreatment among male juvenile homicide offenders in a distinct and innovative way.

## Chapter 2

### LITERATURE REVIEW

#### **Introduction and Focus of the Problem**

Over the past 60 years, researchers and clinicians have attempted to determine and explain why youth kill. Those who study and work with this population continue their efforts to establish preventative measures or tailored treatment for youth who have committed this crime. It is evident that the causes that lead juveniles to commit homicide-related offenses remain largely unknown and as a result, such necessitates further investigation.

Theorists have been unable to agree upon the etiology of juvenile homicide; not one cause or a combination of causes has been able to adequately account for all acts of murder committed by youth (Adams, 1974). For example, Freud suggested that youth who kill likely suffered from a myriad of factors associated with family functioning (Davis & Dutcher, 2002). He suggested that these youth, in particular, were more likely to be victims of physical abuse and parental rejection (Davis & Dutcher, 2002). This is consistent with the lockage phenomenon which postulates that some adolescents may respond to this intense family chaos with suicide or homicide (Darby et al., 1998). Some have suggested that youth who kill were psychotic or presented with psychotic like symptoms, which likely encouraged their homicidal acts (Corder, Ball, Haizlip, Rollins & Beaumont, 1976; Cornell et al., 1987). Others have suggested that a combination of multiple factors related to individual and family characteristics may contribute to juvenile homicide (Heide, 1995).

In the continued efforts to determine the causal factors for perpetrating juvenile homicide, it is known that juvenile homicide offenders typically face a myriad of issues in addition to these well formulated and noted hypotheses. However, these efforts should not be disregarded as the early works of Freud and others spurred a movement to explore this group. It has been suggested that in order to fully understand and describe juvenile homicide, researchers cannot solely rest on individual explanations, but rather must integrate all potentially relevant biological, psychological, and sociological factors present among juvenile homicide offenders (Rowley, Ewing & Singer, 1987). It is evident that a singular explanation will not suffice in describing this atrocious act of crime, but rather studying juvenile homicide will require an integrated approach to examine this fundamental question (Rowley et al., 1987). Charles Patrick Ewing, a forensic psychologist who has greatly contributed to the collection of juvenile homicide research, stated it best as he suggested that homicidal behavior is not only a function of person, but also a function of circumstance (Davis & Dutcher, 2002). As a result, the research has collectively explored correlations based on both individual characteristics and circumstances, which have resulted in the development of a male juvenile homicide offender profile (Heide, 2003). However, although these profiles are certainly “interesting and suggestive,” it is critical to remember that they “cannot provide us with precise explanations of why youth kill because it is unknown to what extent the youth examined are typical of the population of juvenile murderers,” but such may lead to more specific and targeted prevention and treatment efforts (Heide, 2003, p. 8).

The research found on juvenile homicide offenders has predominantly been descriptive and based upon case studies of small sample sizes (Heide, 2003). These case studies, which are predominantly made up of males, typically consist of those offenders who are referred to clinicians or psychiatrists for intervention and treatment purposes (Heide, 2003). Most of these previous studies have typically lacked control groups, especially controls consisting of other violent criminal offenders (Heide, 2003), which has led to a large pool of untested, clinical interpretations (Cornell et al., 1987). These efforts should not be undermined despite their limitations, but should rather be considered with caution.

These researchers and clinicians have focused on a broad range of characteristics and experiences of juvenile homicide offenders that are biological, psychological and sociological in form (Heide, 2003). Specifically, previous research on juvenile homicide offending has explored a number of individual, family and crime issues including: familial dysfunction and disorganization (Busch, Zagar, Hughes, Arbit & Bussell, 1990; Cornell et al., 1987; Darby et al., 1998; Laeblle et al., 1991; Lewis et al., 1985; Myers, Scott, Burgess & Burgess, 1995; Myers and Scott, 1998), mental health issues (Busch et al., 1990; Darby et al., 1998; Myers et al., 1995; Myers & Scott, 1998), academic functioning (Busch et al., 1990; Myers et al., 1995; Myers & Scott, 1998; Shumaker & McKee, 2001), prior delinquency (Bailey, 1996; Busch et al., 1990; Darby et al., 1998; Labelle et al., 1991; Myers et al., 1995; Myers & Scott, 1998; Shumaker & McKee, 2001), substance abuse (Busch et al., 1990; Cornell et al., 1987; Fendrich, Mackesy-Amiti, Goldstein & Brownstein, 1995; Labelle et al., 1991;

Shumaker & McKee, 2001; Sorrells, 1977), homicide-related crime characteristics (Cornell, 1993; Cornell et al., 1987; Darby et al., 1998; Myers et al., 1995; Rowley, Ewing & Singer, 1987; Shumaker & McKee, 2001).

There are some inconsistencies among the research regarding the prevalence rates of these variables and a recognition of the clinical diversity present within this particular cohort (Cornell et al., 1987). However, there is homogeneity surrounding what the typical juvenile homicide offender looks like according to these factors regardless of variable prevalence rates (Heide, 2003). With limitations in mind, the current profile of a juvenile homicide offender is likely a non-psychotic, fully functioning male, raised in a violent and dysfunctional/disorganized home that typically incorporates some form of abuse and maltreatment, where he is increasingly likely to abuse drugs, be involved in delinquent behavior and have poor performance and participation in school (Heide, 2003). While all of these factors comprising this profile warrant attention, the experience of childhood maltreatment is significant. Although a history of childhood maltreatment is noted among these youth, and is often seen in these juvenile homicide profiles, this variable has received minimal attention (Darby et al., 1998) and should be considered in treatment efforts (Heide, 2003).

### **Prevalence of Childhood Maltreatment Among Juvenile Homicide Offenders**

It has been found within the literature that youth who are victims of childhood maltreatment are predisposed to violence as a learned behavior (Smith & Thornberry, 1995; Hill-Smith, Hugo, Hughes, Fonagy, & Hartman, 2002). Due to their own personal exposure(s), maltreated youth are more likely to have an

increased propensity to use extreme violence as an acceptable measure or response (Heide, 1997). Although it is true that many youth who are victims of childhood maltreatment do not victimize others in return (Heide, 1997), this experience does put youth at increased risk of engaging in violent behavior, such as homicide due to a model of violence demonstrated within the home, a lack of appropriate coping skills, impulsivity, etcetera (Darby et al., 1998; Stone, 2005). In essence, the experience of childhood maltreatment, in any form, can be labeled as a vulnerability or risk factor when examining juvenile homicide (Hardwick & Rowton-Lee, 1996). Given these correlations between childhood maltreatment and violent behavior, the exploration of childhood maltreatment among juvenile homicide offenders is appropriate.

Prior to examining this correlation within the literature, it is important to note that childhood maltreatment encompasses a number of forms of abuse and neglect (Heide, 1994). Abuse and neglect are not defined uniformly among the studies (Heide, 1994). Within the literature, abuse has previously categorized as physical, sexual, or emotional in nature (Heide, 1994). In contrast, neglect has been classified as physical, educational, emotional and medical in form (Heide, 1994).

The presence of childhood maltreatment among this cohort and regardless of form, has been documented within the literature for an extensive period of time. Lewis et al. (1985) sought to explore a number of psychological, neurological and experiential factors that appeared in the cases of nine adolescent males (ages 12 to 18) who were clinically evaluated and who later committed

homicide. They compared their findings of these juvenile murderers to a sample of 24 male delinquents (ages 10 to 16) who were also clinically evaluated, but did not commit violent crimes within the six years following their discharge. Data were collected from the case files and contained both neurological and psychiatric evaluations, which included a description of the youth's family background, incorporating documentation of child abuse or neglect (Lewis et al., 1985).

Lewis et al. (1985) discovered that seven of the nine (88%) adolescent murderers had been severely physically abused by one or both parents prior to their offense of homicide. They noted that the abuse was extensive within the homes of these youthful murderers when compared to their non-violent counterparts. In fact, in the comparison group, 14 of the 24 (58%) nonviolent delinquents had encountered physical abuse, which is substantially lower than the prevalence of abuse found among the juvenile homicide offenders. A culmination of factors, including the experience of physical abuse, distinguished these juvenile homicide offenders from other nonviolent youth. They suggested that specific characteristics were present among these homicidal youth, including the experiences of physical abuse which should be considered when treating these juvenile homicide offenders (Lewis et al., 1985).

In Busch, Zagar, Hughes, Arbit & Bussell's (1990) study, they also compared homicidal adolescents with nonviolent delinquents. Bush and his colleagues compared these two groups according to physical, psychological, psychiatric, and social characteristics. Various instruments were employed to measure the categories, including the following: a medical history and a physical



examination, intellectual and perceptual testing, educational assessments, and a psychiatric examination. Stepwise discriminant analysis was utilized to determine which variables most significantly differentiated the two groups. The subjects of this study were 71 convicted juvenile murderers and 71 nonviolent delinquents adjudicated for various crimes, all between the ages of 10 to 17 who were referred by the court for psychiatric evaluation. The sample was primarily male, resulting in only eight females total (four within each group) (Bush et al., 1990).

Among many findings that emerged from this study, Busch et al. (1990) found that juvenile homicide offenders were more likely to have been physically abused than their nonviolent, but delinquent counterparts. In fact, 25% of these juvenile homicide offenders had experienced physical abuse prior to their homicidal act. Although this finding was not among the four findings that best differentiated these two groups as identified by the authors, they did conclude that juvenile homicide offenders are not “exotic” individuals, but are rather persons with “abusive” home environments among many other characteristics (Bush et al., 1990, p. 484).

In another study exploring juvenile homicide offending, Labelle, Bradford, Bourget, Jones and Carmichael (1991) studied 14 juveniles (one female and 13 males) convicted of murder, between the ages of 13 to 18 who were referred to their mental health clinic for a forensic psychiatric assessment. Labelle et al. (1991) conducted a retrospective case review that examined various clinical, developmental and environmental factors. The goal of the study was to develop a tentative profile that may offer suggestions for preventative efforts and

guide rehabilitation. Although the presence of abuse was not incorporated into their depiction of the typical juvenile homicide offender, the authors did note that physical abuse was present in five of the 14 (36%) cases. They also noted that the presence of physical abuse among some of these cases contributed to malfunction of the family unit which in turn was characteristic of the juvenile homicide offender (Labelle et al., 1991).

Myers, Scott, Burgess and Burgess (1995) assessed 25 juvenile homicide offenders in Florida, who were referred to a psychologist for evaluation and treatment purposes by the justice system. The youth ranged in ages from seven to 17 and were 88% male. These youth were evaluated utilizing the Diagnostic Interview for Children and Adolescents, clinical interviews and file reviews. The authors were able to study these youth based on specific biopsychosocial factors, crime characteristics, and classification factors (Myers et al., 1995).

Virtually all participants within the Myers et al. (1995) study had experienced some form of abuse. To be more specific, nearly 90% of these participants had been abused in some form. They noted that the most common form of abuse was emotional abuse, followed by physical and then sexual forms. Myers et al. (1995) reported that the characteristics present within their sample were consistent with much of the previous findings on juvenile homicide offenders. These authors specifically note in their discussion that rehabilitative efforts must address the factor of abuse in treatment, noting that if such is not addressed, society is only neglecting relevant findings of an already underserved population (Myers et al., 1995).

Myers and Scott (1998) compared 18 male youths (ages 14 to 17) who were diagnosed with conduct disorder in a detention center/correctional facility at the time of their homicidal act with 15 male youths of the same age who were also diagnosed with conduct disorder at the time of their admission to a psychiatric inpatient program for adolescents. They sought to compare and explore the psychopathology present, specifically the presence of psychotic symptoms, between the two groups based upon the Diagnostic Interview for Children and Adolescents. However, in their efforts to secure this psychopathology-related information, the authors also discovered a myriad of other characteristics relating to the following categories: family violence, academic functioning, previous medical histories, and mental health (Myers & Scott, 1998).

Myers and Scott (1998) noted that nine of the 18 (50%) juvenile homicide offenders had a history of abuse, whereas six of the 15 (40%) inpatients reported such history. Physical abuse was the most common form of abuse among both cohorts, but one participant within each group had been sexually abused. Although there were no significant differences found between the two groups based on abuse histories, they recognized the high prevalence of abuse present within their samples (Myers & Scott, 1998).

Darby, Wesley, Kashani, Hartke and Reid (1998) examined the life experiences of 112 adolescents who were convicted of a homicide-related crime over a ten year period (1983 to 1993). The sample was comprised of 106 males and six females, ages 14 to 17, who were all located in a Midwestern state. They explored specific factors of these juvenile homicide offenders such as crime

affiliated characteristics and family abuse in particular. Information pertaining to these categories was obtained from three sources: an interview performed by the Diagnostic Center, a presentence investigation report, and collateral data obtained from records related to school and medical. The interview was conducted in order to determine institutional assignment based on the youth's need in the following seven areas: medical, mental health care, public risk, institutional risk, educational, vocational, and work. The findings discovered from all three sources were then synthesized into a "Diagnostic Report," which was coded according to relevant data and re-checked for accuracy (Darby et al., 1998).

Based on their exploration of this data, Darby et al. (1998) found that 20 of these youth who had committed a homicide-related crime had experienced family abuse. Abuse was defined as physical or sexual abuse perpetrated by a family member against the participant. Family abuse information was not available for 24 juveniles within the study, meaning that of those for which information was available, nearly 23% of this population examined were victims of abuse. Due to the prevalence of family abuse found amongst their sample, Darby et al. (1998) examined this correlation further by conducting a within group comparison based upon family abuse.

Darby et al., (1998) compared juvenile homicide offenders who were victims of family abuse ( $N = 20$ ) to juvenile homicide offenders who were not victims of family abuse ( $N = 68$ ) via chi-square analyses, Fisher's exact tests, or t-tests. In accordance with the lockage phenomenon, which postulates that some adolescents may react to intense pressure of a chaotic family with suicide or

homicide, they hypothesized that abused juvenile homicide offenders would have a history of more prevalent suicide behaviors than juvenile homicide offenders without a family abuse history. They found that subjects who were abused within their family were more likely to have previous suicide ideation ( $N = 8, 40\%$ ) than subjects who were not abused ( $N = 5, 7.4\%$ ) which is consistent with the lockage phenomenon. Additionally, subjects who were abused, were more likely to have previously attempted suicide ( $N = 7, 35\%$ ) than subjects who were not abused ( $N = 4, 5.9\%$ ).

Darby et al. (1998) noted that this finding was particularly relevant, as the adolescents who were unsuccessful in suicide may turn to homicide to “relieve this acute tension” (p. 372). The most likely target of these homicidal behaviors would be the family members who perpetrated the abuse (Darby et al., 1998). However, they did recognize that the abused youth may also attack a more “safe” target due to feelings of “diffuse and undifferentiated rage and a need for control” (Darby et al., 1998, p. 372).

Other significant findings, relating to demographic data, surfaced among this within-group comparison. Females were more likely than males to have reported family abuse. Four of the five (80%) females reported an abuse history, whereas only 16 of the 83 (19.3%) males reported abuse. Caucasian subjects (40%) reported abuse more frequently than African-American subjects (13.8%). Subjects who identified a history of family abuse were also younger when they committed their homicide when compared to those subjects who had no history of abuse. Darby et al. (1998) noted that this finding may indicate that these youth

had a “model of violence” within the home which prompted violent behavior at a younger age. They continued that family violence may “exacerbate underlying homicidal tendencies” (Darby et al., 1998, p. 373).

In addition, these authors also noted that subjects who had a history of abuse were less likely to be affiliated with a gang when compared to their non-abused counterparts. Darby et al. (1998) commented on this finding, noting that youth who reside in abusive homes have a model of violence illustrated by their parents, whereas those who participate in gangs also have this model of violence provided by surrounding gang members. They stated that, regardless of which situation the child resides within, the youth clearly learns to respond with violence as an acceptable measure or response (Darby et al., 1998).

Shumaker and McKee (2001) sought to describe certain demographic, historical, clinical, offense and forensic characteristics between 30 male juveniles charged with murder to a group of 62 male juveniles charged with another violent felony offense. These juveniles were referred to a forensic psychiatric hospital for pre-trial evaluation between the years of 1987 to 1997. The youths’ psychological, intellectual and social functioning was assessed by a staff psychiatrist and psychologist. Additional historical information was obtained from collateral sources that comprised the youths’ medical charts, such as prior medical, psychological, and educational records, coupled with police and legal reports (Shumaker and McKee, 2001). Shumaker and McKee (2001) found that 51% of the homicidal group had experienced some form of abuse (physical or sexual). In addition, the authors noted that 45.8% of the youth comprising the

homicidal group had experienced physical abuse, versus 35.1% of the non-homicidal group. They also noted that 6% of the homicidal group had a history of sexual abuse. Although no between group differences were found to be significant, Shumaker and McKee (2001) noted that these histories of abuse, both physical and sexual, were alarmingly high for both groups (Shumaker and McKee, 2001).

### **Familial Dysfunction and Disorganization**

In addition to the presence of childhood maltreatment, other factors relating to a child or adolescent's home environment appear to be particularly relevant within the lives of juvenile homicide offenders (Heide, 2003). Within the literature, it is known that juvenile homicide offenders typically come from disorganized or dysfunctional families (Myers et al., 1995). Disorganization and dysfunction within the family are usually defined by factors which contribute to the instability of a home (Heide, 2003). Instability within a home can be characterized by the following: single-parent households, violence within the home and parental involvement with substance abuse, delinquency, and psychiatric care (Heide, 2003). These factors can jeopardize the stability of a home and can lead to the characterization of a disorganized/dysfunctional family unit (Heide, 2003).

Cornell, Benedek, and Benedek (1987) commented on some of these family problems and their impact on juvenile homicide offenders through their review of archival data of Michigan Center for Forensic Psychiatry. They selected 72 adolescents charged with murder to study based on a three group

typology which focused on circumstances of the offense. The authors also included a control group which included 35 adolescents charged with larceny for comparison purposes. All youth were referred to a psychiatric center for evaluation purposes (Cornell et al., 1987).

They found that few adolescents within both the homicide and larceny groups resided in homes with parental marriages that were intact, which they found to be indicative of instability within the home environment (Cornell et al., 1987). In fact, Cornell et al. (1987) found that only 25% of the homicidal cohorts examined, lived with both parents who were married. Similarly, Busch et al. (1990), who compared 71 juvenile homicide offenders to 71 nonviolent delinquents, noted that nearly 75% of their youth who comprised the homicide group resided in homes characterized by a one parent family.

Labelle et al. (1991) observed that of the 14 juvenile homicide offenders reviewed, nine (64%) came from split families, which was characterized by only one parent residing in the home with the child. Darby et al. (1998), who examined 112 adolescents convicted of homicide-related crimes, also noted that significant family disorganization and/or chaos was present in most of families of juvenile homicide offenders. Darby et al. (1998) continued that this disorganization was evidenced by 81.3% of the subjects residing in homes with only one parent.

While it is evident that many of these youth reside in homes characterized by one parent, this factor alone cannot deem that juvenile homicide offenders are a product of a disorganized/dysfunctional family. Family violence, which also



contributes to the instability of a home, is another factor that has been found to be prevalent within the homes of juvenile homicide offenders. Lewis et al. (1985) who specifically examined the family characteristics of nine adolescent murderers and 24 nonviolent delinquents, discovered that six of the nine males (67%) comprising the homicide group had witnessed excessive violence within the home (i.e. parents assaulting one another). Labelle et al. (1991) found that five of the 14 (36%) juvenile homicide offenders reviewed for their study had either been personally victimized by violence or had witnessed violence within the home. Myers et al. (1995) noted that family violence was present in 17 of the 21 (81%) of these juvenile homicide offenders' homes. Myers and Scott (1998) stated that although there were no significant differences between their homicide and inpatient group regarding family violence, it should be noted that 13 of the 18 (72%) subjects from the homicide group experienced family violence, which was defined as "violent actions by any family member toward any other family member" (pg. 169).

Although the rates of family violence vary among these studies, ranging from 36% to 81%, it suggests that exposure to family violence is present among juvenile homicide offenders, may contribute to instability within the home, and may have some relationship to the serious violence they have perpetrated (Heide, 2003). This is critical, as it is noted that children who witness or experience violence within the home are predisposed to aggressive and violent behavior as an appropriate response or reaction (Hill-Smith, Hugo, Hughes, Fongay & Hartman, 2002). In fact, children who witness violent acts within their home are twice as

likely to engage in violent behavior themselves (Howell et al., 1995). Children who reside within violent families are also more likely to live in fear, which is associated with poor impulse control and more explosive behavior or temperament (Hill-Smith et al., 2002). The exposure to family violence among juvenile homicide offenders simply cannot be ignored when considering these correlations.

Another important similarity that has been found among juvenile homicide offenders is that these youth are typically products of families that have had previous involvement with substance abuse, delinquency and psychiatric care which further contributes to this instability. Labelle et al. (1991) noted that seven of the 14 (50%) juvenile homicide offenders had a history of family alcohol addiction. In addition, Labelle et al. (1991) also highlighted that 11 of these 14 (79%) families had no criminal records, but data was unavailable for three cases. In contrast, Busch et al. (1990), who compared 71 juvenile murderers with 71 nonviolent delinquents, found that the presence of a criminally violent family member was one of four factors which best differentiated juvenile homicide offenders from these matched nonviolent delinquents. In fact, these authors found that 41 of these 71 (58%) identified juvenile homicide offenders had a criminally violent family member (Busch et al., 1990). Busch et al. (1990) continued that juvenile homicide offenders typically had more immediate and extended family members who committed homicide, assault, battery, rape, armed robbery, stabbing, or a shooting.

Lewis et al. (1985), who compared nine male juvenile homicide offenders to 24 nonviolent delinquent males, commented that all nine (100%) of the juvenile homicide offenders within their study had an immediate family member who was psychiatrically hospitalized or psychotic. Labelle et al. (1991) additionally noted that eight of the 14 (57%) juvenile homicide offenders had family histories of psychiatric illnesses. Shumaker and McKee (2001), who compared 30 male juveniles charged with murder to 62 male juveniles charged with other violent felony offenses, also observed a high prevalence (65.1%) of mental illness found within these youths' family histories when compared to their non-homicidal counterparts.

### **Mental Health Issues**

Early research regarding the mental health of juvenile homicide offenders typically relied on psychodynamic explanations, which suggested that juvenile homicide offenders are likely seriously mentally ill (Lewis et al., 1985). Historically, it was also suggested that juvenile homicide offenders kill because they are psychotic (Corder et al., 1976). Today it is known that there are mixed findings regarding the topic of mental health, and furthermore, more recent studies have concluded that juvenile homicide offenders are rarely psychotic, but do present with characteristics commonly associated with mental health, such as suicide ideation/attempt, diagnoses, and psychotic-like symptoms (Heide, 2003).

Suicide ideation or attempted suicide appears to be prevalent in among some juvenile homicide offenders. While Busch et al. (1990), who compared juvenile homicide offenders to matched nonviolent delinquents, noted that only

one subject among their 71 (1%) juvenile homicide offenders had attempted suicide, other studies noted much higher prevalence rates regarding these categories. Myers et al. (1995) who assessed 25 juvenile homicide offenders, observed that suicide ideations were present in 52% of the sample and 14% had attempted suicide at least once. Myers and Scott (1998) discovered that 44% of the homicide group reviewed for their study had a history of suicide ideation (versus 33% of the non-homicidal group) and 11% had attempted suicide on at least one occasion (versus 27% of the non-homicidal group). Much lower in prevalence and more similar to the Busch et al. (1990) study, Darby et al. (1998), who reviewed 112 adolescents convicted of homicide, found that 12.6% of their sample had experienced suicide ideations, and unfortunately 9.9% of these youth had actually attempted suicide.

In addition to suicide ideation/attempts, other mental health factors have also been found among juvenile homicide offenders. Mental health diagnoses are common among juvenile homicide offenders. For example, Labelle et al. (1991) found that nine of the 14 (64%) subjects reviewed had a prior or current diagnosis. The diagnoses of the juvenile homicide offenders within this sample included: personality disorder, adjustment disorder, organic personality sexual disorder, major depressive disorder, substance abuse disorder, and mild developmental disability (Labelle et al., 1991). Myers et al. (1995), who assessed 25 juvenile homicide offenders, noted that 96% of their sample had met criteria for one or more mental health diagnoses at the time of their crime. The most common diagnosis was conduct disorder (84%) followed by substance abuse

disorder (45%) (Myers et al., 1995). In addition, 14% of these individuals suffered from attention-deficit hyperactivity disorder and 5% were diagnosed with major depressive disorder and dysthymia (Myers et al., 1995). Similarly, Myers and Scott (1998), who compared 18 juvenile homicide offenders to 15 matched youths of a psychiatric inpatient program, discovered that the most common diagnosis, in addition to conduct disorder, among the homicide group was substance abuse disorders (53%) and attention-deficit disorder (17%).

While the aforementioned studies highlight significant mental health factors prevalent among juvenile homicide offenders, much of the literature would suggest that the typical juvenile homicide offender is not psychotic, but rather displays psychotic-like symptoms (Heide, 2003). Labelle et al. (1991) also noted that although their findings represented a heightened prevalence of psychiatric diagnoses among their 14 juvenile homicide offenders, none were found to be psychotic. Myers et al. (1995) noted that 15 of the 21 (71%) youth reviewed for this sample, or nearly three fourths of them had a history of psychotic symptoms encompassing paranoid ideations (67%), delusional thinking (10%), auditory hallucinations (29%), visual hallucinations (5%), somatic hallucinations (5%), gustatory hallucinations (5%), and derealization (5%). While many of the youth experienced multiple psychotic symptoms, still none met full diagnostic criteria of a psychotic disorder (Myers et al., 1995). Similarly, Myers and Scott (1998), who compared 18 juvenile homicide offenders to 15 youths of a psychiatric inpatient program, discovered that 89% of the homicidal cohort, versus 27% of the non-homicidal cohort, had experienced one or more psychotic

symptoms, with the most commonly identified symptom being paranoid ideations. On average, the subjects comprising the homicidal group had 2.4 symptoms per subject (Myers & Scott, 1998). Busch et al. (1990), compared 71 juvenile murderers to 71 nonviolent delinquents, also noted that none of the juvenile homicide offenders within their sample met full diagnostic criteria for a psychotic disorder, but did observe a much lower prevalence rate (3%) regarding those who experienced psychotic symptoms. They additionally observed that 4 of the 71 (6%) juvenile homicide offenders examined had to be psychiatrically hospitalized (Busch et al., 1990). Similar to Busch et al. (1990), Darby et al. (1998), who studied 112 adolescents convicted of a homicide-related crime, noted that 7 of the 112 (6.3%) adolescents participating in the study had been psychiatrically hospitalized on at least one occasion prior to their offense.

One study did find that some of their adolescents were classified as psychotic at the time of their offense (Cornell et al., 1987). Cornell et al. (1987), who compared 72 juvenile homicide offenders to 35 adolescents charged with larceny, continued that five cases or 7% of these homicide offenders did meet criteria for psychotic symptoms and in fact a “few” met full diagnostic criteria for a psychotic disorder. They noted that although there are only a “few” individuals deemed psychotic within their sample, these individuals are likely in most need of treatment and are the best candidates for an insanity defense (Cornell et al., 1987).

### **Academic Functioning**

Studies have collectively indicated that a substantial percentage of juvenile homicide offenders have difficulties related to academic functioning

(Heide, 2003). Severe educational difficulties are extremely prevalent among juvenile homicide offenders (Heide, 2003). Educational difficulties experienced by juvenile homicide offenders include: learning disabilities, failure of a grade, suspension/expulsion, and truancy (Heide, 2003). This poor academic functioning, which is typical among juvenile homicide offenders is detrimental and consequently labeled as a risk factor (Heide, 2003).

Darby et al. (1998), in their study of 112 juvenile homicide offenders, found that 42.9% had significant school problems. Busch et al. (1990) discovered that severe educational difficulties was one of four characteristics which best differentiated 71 adolescent murderers from a group of 71 matched nonviolent delinquents. Specifically, Busch et al. (1990) found that 26 of these 71 (37%) juvenile homicide offenders were enrolled in special education classes due to learning disabilities. Myers et al. (1995), who assessed 25 youth murderers, noted that 100% of their sample had a history of serious school problems with 76% of their sample having a learning disability. Myers and Scott (1998), who compared 18 homicidal youths with conduct disorder to 15 matched youths of a psychiatric inpatient program, found that although there were no significant differences between the homicidal group and inpatient group regarding academic functioning, the serious school difficulties present among the homicidal group should not be overlooked. They found that nine of the 18 (50%) individuals comprising the homicidal group had some form of a learning disability which placed them in special education classes or subjected them to psychological testing (Myers & Scott, 1998).

In addition to learning disabilities or the placement within a special education class, juvenile homicide offenders were also more likely to have failed a grade. Myers et al. (1995) discovered that 86% of the 25 juvenile homicide offenders they had assessed had failed at least one grade. Similarly, Myers and Scott (1998), who compared 18 juvenile homicide offenders to 15 matched youths involved with a psychiatric inpatient program, noted that 78% of their homicidal group ( $N = 15$ ) had failed at least one grade. Shumaker and McKee (2001), who compared 30 male juvenile homicide offenders to 62 male juveniles charged with other violent crimes, observed that 59.3% of their juvenile homicide offenders had failed at least one grade during their academic career. It is clear that more than half of these juvenile homicide offenders have typically failed at least one grade.

Although the majority of these youth face problems related directly to school, many were also suspended or expelled from the vicinity. Myers and Scott (1998) commented on suspension and expulsion, noting that 17 of the 19 (94%) individuals comprising the homicidal group were found to be suspended from school at some point and five (28%) had been expelled. Shumaker and McKee (2001), who compared 30 juvenile homicide offenders to 62 juveniles committing violent acts of crime, also described a high incidence of this, noting that 71.4% of their homicidal sample ( $N = 30$ ) had a prior suspension or expulsion from school. Just as suspensions or expulsion are likely due to behavior problems, so too is alternative school placements. Myers et al. (1995), who assessed 25 juvenile



homicide offenders, stated that 19% of the homicidal youth reviewed for their study had a history of alternative school placements due to behavior issues.

Unfortunately, in addition to being expelled or suspended, many of these youth did not remain in school at all, labeling them as truants or dropouts. Busch et al. (1990), who compared 71 juvenile murderers to 71 matched nonviolent delinquents, noted that over half of their homicidal group was labeled as truant. Myers and Scott (1998) noted that 16 of 19 (89%) homicidal youth within their sample were considered to be truant. Similar to the findings of Busch et al. (1990), Shumaker and McKee found that 60% of their youth among their homicidal sample ( $N = 30$ ) were truant, and observed that on average, eighth grade was the highest level achieved due to such truancy. In summary, although a myriad of factors contribute to problems associated with academic functioning, significant educational difficulties consistently appear among juvenile homicide offenders.

### **Prior Delinquency**

Prior to committing homicide, it is known that many juvenile homicide offenders have had previous contact with the juvenile justice system (Heide, 2003). They have often had prior arrests or offense histories consisting of a variety of forms of delinquent behavior (Heide, 2003). Among these delinquent behaviors is the involvement with or the participation in a gang, which is becoming increasingly more common of juvenile homicide offenders (Busch et al., 1990). Previous involvement with the criminal justice system is critical as this

can indicate a possible missed opportunity to rehabilitate youth who later kill (Heide, 2003).

The prevalence rates of previous delinquency among juvenile homicide offenders ranges from 50% to 100%. In addition, these previous acts of crime also range in nature from running away from home to shooting another individual. Cornell et al. (1987) found that 41 of the 72 (52%) homicide cases reviewed had a prior history of arrest. Cornell and colleagues noted that 21% had been arrested once, 17% had been arrested twice and 19% had been arrested three times prior to their homicidal act (Cornell et al., 1987). Furthermore, 28% of the youth charged with homicide had previous placement with the juvenile justice system (Cornell et al., 1987). Shumaker and McKee (2001) noted that although there was a higher prevalence of prior arrests among their non-homicidal group, the presence of this factor among the homicidal group should not be overlooked as it is alarmingly high. They found that 53.6% of the homicidal group had a prior arrest preceding their homicidal acts (Shumaker and McKee, 2001).

Bailey (1996) who sought to determine the etiology of youths' homicidal behaviors, assessed 21 juveniles (18 males, 2 females), ages five to 18, who were referred to a forensic psychiatrist in the United Kingdom. Among many conclusions, Bailey (1996) noted that nearly 66% of these youth had a criminal history prior to committing their homicidal act, with the most common offense being theft or burglary. Similarly, Darby et al. (1998) who studied 112 adolescents convicted of homicide found that 76 of 112 (67.9%) adolescents had

previous contact with juvenile authorities prior to the commission of their homicide regarding conduct problems or status offenses.

Labelle et al. (1991) found a slightly higher prevalence of a previous delinquent history noting that 10 of the 14 (71%) juvenile homicide offenders had a prior criminal history. Labelle et al. (1991) found specific types of prior delinquency that the youth engaged in, which included the following: truancy, theft, attempted murder, property damage, burglary, impaired driving, or other violent offenses, which they noted were indicative of antisocial behavior. Likewise, Myers and Scott (1998) noted that a significant finding, which differentiated the homicidal group reviewed from the psychiatric inpatient group, was that those cohorts of the homicide group were more likely to have had court involvement, which indicates a history of delinquent behavior. Of the 18 youth comprising the homicide group, 13 (72%) of these homicidal males had engaged in stealing, 8 (44%) engaged in vandalism, 8 (44%) ran away from home, 7 (39%) had set fires, and 6 (33%) were physically cruel to animals. It is clear that these youth not only engaged in delinquency, but many also committed multiple previous acts of violence (Myers and Scott, 1998).

In their study of 25 homicidal youth, Myers et al. (1995) discovered that 80% were found to have a prior criminal history consisting of at least one arrest prior to their homicidal acts. Although there was a wide range in this criminal activity (i.e. from fighting with peers to shooting someone), such characteristic was extremely prevalent within this sample (Myers et al., 1995). Lewis et al. (1985), who compared nine males who had committed homicide with 14 ordinary

delinquents, found that juvenile homicide offenders had been exceptionally violent long before their act of homicide (Lewis et al., 1985). In fact, all nine subjects comprising the homicidal group had engaged in crimes that labeled them as violent prior to their act of homicide (Lewis et al., 1985).

While it is critical to note the prevalence and form of previous delinquency involvement among juvenile homicide offenders, some studies have specifically examined participation within a gang among this cohort. Busch et al. (1990) found that gang membership was one among four factors which best differentiated their homicide group from the matched nonviolent control group. They found that 29 of the 71 (41%) individuals comprising the homicide group were involved in gangs compared to only 10 of the 71 (14%) nonviolent sample (Busch et al., 1990). Darby et al. (1998) additionally commented on this type of activity, and although much lower in terms of prevalence, they observed that 22 of the 112 (19.8%) juvenile homicide offenders had a history of gang involvement. These findings are critical as involvement within a gang exposes a child or adolescent to extreme violent behavior and normalizes such behavior (Darby et al., 1998).

### **Substance Abuse**

The literature regarding the presence of substance abuse among juvenile homicide offenders is limited (Heide, 2003). Some studies have typically explored if juvenile homicide offenders have ever used or abused substance prior to their homicidal act, while others have explored if the juvenile homicide offender is under the influence of substances at the time of committing their crime

(Heide, 2003). However, the exploration of this variable typically does not probe further and as a result, little is known about the interactional effects of substance use with juvenile homicide offending (Ewing, 1990; Heide 2003).

Substance use and/or abuse has been found to be common among juvenile homicide offenders. Prevalent rates of substance use and/or abuse among this population appear to have increased within the last 20 to 30 years (Heide, 2003). Early studies such as that completed by Corder et al. (1976) suggest that 20% of these juvenile homicide offenders abused alcohol or drugs (Heide, 2003). Cornell et al. (1987), who compared 72 juvenile homicide offenders to 35 adolescents charged with larceny, observed that 33% of their juvenile homicide offender population had reported to have had a history of regular/heavy drinking and 40% of this same group reported to have a history of regular/heavy drug use. Similarly, Busch et al. (1990), who compared homicidal adolescents to nonviolent delinquents found that 27 of the 71 (38%) adolescents comprising their homicidal group had previously abused alcohol while 26 (37%) of this same cohort had abused drugs, with marijuana being the drug of choice. In comparison, rates were significantly lower for the nonviolent group as 17 (24%) of these nonviolent delinquents had abused alcohol and 22 (31%) had abused drugs (Busch et al., 1990). Labelle et al. (1991) noted that eight of the 14 (57%) juvenile homicide offenders examined for their study had abused alcohol at some point within their lives. Bailey (1996), who assessed 21 juvenile homicide offenders, found that nearly 75% of her sample had abused alcohol, while 35% had abused drugs.

While the aforementioned studies have focused on the prevalence of substance use/abuse, others have highlighted the prevalence of substance abuse disorders present among juvenile homicide offenders. Myers et al. (1995), who assessed 25 juvenile homicide offenders, found that 45% of their homicidal youth sample had presented with a substance abuse disorder. Similarly, Myers and Scott (1998), who compared 18 homicidal youths to 15 matched adolescents of a psychiatric inpatient program, found that the most frequent diagnosis in addition to conduct disorder among their 18 homicidal youth was substance abuse disorder. In fact, nine of the 18 (50%) members comprising the homicide group presented with a substance abuse disorder (Myers & Scott, 1998).

In addition to a history of alcohol and/or drug use/abuse, many juvenile homicide offenders have been found to be under the influence of substances during the actual commission of their crime. Sorrells (1977), who examined offense characteristics and who studied 31 juveniles charged with murder or attempted murder between the years of 1973 to 1974 in California, found a lower prevalence rate of substance use during homicidal acts. Available probation department investigations, police reports and mental health records for these youth were reviewed (Sorrells, 1977). Sorrells (1977) noted that eight of these 31 (26%) offenders were under the influence of drugs when they committed their homicidal act, with alcohol being the drug of choice (Sorrells, 1977).

However, more recent research has presented much higher prevalence rates. Labelle et al. (1991) noted that five of the 14 (36%) adolescent murderers within their sample were under the influence of some substance during their act of

crime. Three of these adolescent murderers were under the influence of both alcohol and marijuana at the time of their offense, while two were observed to be under the influence of only alcohol at the time of their offense (Labelle et al., 1991). Shumaker and McKee (2001), who compared 30 juvenile homicide offenders to 62 juveniles who committed other violent crimes, found that 44% of the individuals comprising their homicide group were under the influence of some substance at the time of their offense. In comparison to 35 adolescents who committed larceny, Cornell et al. (1987) reported that 38 of their 72 (53%) juveniles who committed murder had consumed alcohol or utilized drugs during the commission of their crime.

### **Homicide-Related Crime Characteristics**

While the literature has explored characteristics common of the juvenile homicide offender, it has also reviewed specific commonalities centering on this horrific crime (Heide, 2003). Crime related factors commonly explored in the literature have previously included: victim-offender relationship, weapon type, and circumstances of the crime (i.e. during a crime or conflict).

Rowley, Ewing and Singer (1987) analyzed 787 cases of juvenile homicide documented in the 1985 Supplementary Homicide Report provided by the FBI. This report contains data regarding the following: age, sex, race, ethnicity, victim-offender relationship, and circumstance of the offense. There were 100 females present within this sample, and the youth were between the ages of 10 to 17. Rowley and colleagues discovered that an overwhelming majority of juvenile homicide offenders kill acquaintances (49%) or strangers (33%). In fact,

in reviewing this data, they found that only 8% of these youth killed a parent or stepparent, while 9% killed a family member. If the youth killed a stranger, this was most likely to occur in conjunction with an incident of theft.

Cornell et al. (1987), who compared 72 juvenile homicide offenders to 35 juveniles who committed larceny, noted that 34 of the 72 (47%) juvenile homicide offenders described their victim as a familiar person. The most common weapon was a gun regardless of victim type. These youth tended to act alone if the victim was a family member or familiar person, but if the victim was a stranger, they were more likely to have an accomplice (Cornell et al., 1987)

Cornell (1993) who had similar findings similar to Rowley et al. (1987), examined offense characteristics of a national sample of juvenile homicide offenders and adult homicide offenders listed within the FBI Supplemental Homicide Reports from the years 1984 or 1991. The juveniles (ages 10 to 17) and adults reviewed were pulled from arrest data sets and were 89% male. They compared juvenile homicide offenders ( $N = 1,668$ ) with adult homicide offenders ( $N = 11,012$ ) of 1991 on the following variables: number of victims, presence of accomplices, offender sex, race, and ethnic status, weapon used by the offender, victim-offender relationship, and offense circumstance. The offense circumstance was broken into crime-related homicides and conflict-related homicides. Cornell (1993) found that juvenile homicide offenders (57%) were most likely to kill acquaintances and that they (61%) were most likely to use a handgun to commit their crime. These youth (51.7%) typically committed their homicide in conjunction with a conflict-related incident (Cornell, 1993).



Myers, Scott, Burgess and Burgess (1995), who assessed 25 homicidal youth, found that the victim was known to the juvenile homicide offender in 60% of the cases, with 24% being family members and 36% being friends or acquaintances. They found that the most common weapon utilized was a firearm (56%). Crime-related homicide offenses accounted for 52% of the sample, while conflict-related homicide offenses accounted for 48% of the sample. Myers et al. (1995) additionally commented that nearly half of these homicides were premeditated and planned (44%).

Darby et al. (1998), who examined 112 adolescent homicide offenders, found that the majority of the victims knew their assailants in some form (acquaintance) (75.9%), with 11% of these being family members. They found that guns were the most common weapons used during the homicides (61.6%). Conflict-related homicides accounted for 48.2% of these acts of violence, while 40.3% were crime-related. The cause of the crime (conflict or crime) was unable to be determined in 11% of the cases. Interestingly, they noted that most of the subjects (63.4%) provided justification for the horrible acts they committed by blaming the victim, and 21.4% of the sample expressed remorse after the incident (Darby et al., 1998).

Findings that surfaced within Shumaker and McKee's (2001) study are similar to those observed and noted within the Darby et al. (1991) study. Shumaker and McKee (2001), who compared 30 juvenile homicide offenders to 62 other juveniles who committed other violent crimes, found that juvenile homicide offenders (50%) were most likely to use a gun. They also found that

juvenile homicide offenders (40%) were most likely to commit the crime within a domestic setting.

### **Treatment of Juvenile Homicide Offenders**

Philosophies and policies regarding violent children, which would include juvenile homicide offenders, typically focus on punishment and incapacitation methods (Heide & Solomon, 2003). It has been suggested that such methods are largely employed as a result of the need to “protect society” and to also adhere to legislation that requires mandatory sentencing for certain crimes (Heide & Solomon, 2003, p. 5). However, these methods are often inconsistent with a “century’s tradition of pursuing treatment goals and rehabilitative efforts through the juvenile justice system” (Heide & Solomon, 2003, p. 6). The literature of more than 40 years would suggest that there is very little rehabilitation of violent juvenile offenders, despite the fact that many of these violent youth, regardless of juvenile or adult-based sanction, will be eligible for release back into society (Heide & Solomon, 2003).

As a result, rehabilitation of violent youth has been a popular stance in the United States for more than two decades (Heide & Solomon, 2003). Political leaders and policies have demonstrated a heightened awareness of the essential need to effectively treat violent youth (Heide & Solomon, 2003). For example, The Office of Juvenile Justice and Delinquency Prevention (OJJDP) stated that, “effective programs for rehabilitating violent juvenile homicide offenders must be developed” (Heide & Solomon, 2003, p. 8). Additionally, OJJDP devised a “Comprehensive Strategy for Serious, Violent and Chronic Offenders” which

incorporated prevention and intervention components in an effort to reduce delinquency and “manage juvenile crime more effectively” (Heide & Solomon, 2003, p.8). This initiative encouraged holding violent youth offenders accountable for their actions utilizing sanctions, but also demanded intensive treatment and rehabilitation modalities (Heide & Solomon, 2003).

Literature regarding the treatment of juvenile homicide offenders is sparse and ultimately suffers from the same methodological limitations that the general literature on juvenile homicide offending does (Heide & Solomon, 2003). Most treatment results are based on clinical studies, are not representative of the collective juvenile homicide population, and are not based on empirically established principles or successes (Heide & Solomon, 2003). Institutional placement of the juvenile homicide offender is typical and they likely encounter minimal treatment as a result of financial limitations and a lack of knowledge regarding the needs of this population (Heide & Solomon, 2003). If treatment is available, programs are not specifically tailored to the type of juvenile homicide offender which proves unfortunate as many of these youth possess unique and differential needs (Heide & Solomon, 2003).

Successful intervention would require that treatment be tailored to the youth’s developmental level and specific needs as not all offenders are alike (Heide & Solomon, 2003). It has been noted within the literature that juvenile homicide offenders fundamentally differ from other violent youth (Heide & Solomon, 2003). Juvenile homicide offenders tended to minimize their homicidal behavior, formulated strong defenses that protected them from accepting

responsibility of such, and possessed delicate egos (Heide & Solomon, 2003). Therefore, it has been suggested that treatment directly deal with such problematic issues through the acceptance of responsibility, identification of feelings associated with such, and the rebuilding of egos through education regarding life skills and social skills training (Heide & Solomon, 2003).

Agee (1995) has suggested that effective intervention with juvenile homicide offenders incorporates the following 11 components of intervention: (1) effective and extensive assessment using a variety of sources, (2) comprehensive cognitive behavioral programming or restructuring, (3) prosocial skills training, (4) positive peer communities, (5) anger management, (6) empathy training, (7) clear, firm and consistent discipline, (8) drug and alcohol abuse counseling and education, (9) transition assistance, including family counseling when appropriate, (10) intensive and extended aftercare, and (11) medication when necessary. These components should be implemented in individual, family and group therapy when possible (Agee, 1995). Furthermore, when working with juvenile homicide offenders, it is desirable that treatment occur in a secure and structured facility as the “community must be protected while the youth is facing the effects of his or her actions on others and learning more adaptive coping strategies and ways of looking at life” (Heide & Solomon, 2003, p. 13).

Very few treatment programs that target the violent juvenile offender in secure correctional settings have proven to be effective (Heide & Solomon, 2003). While it is true that incapacitative sanctions should be utilized to protect society when necessary and that rehabilitation efforts sometimes fail, such should never

not be attempted or discounted (Heide & Solomon, 2003). Without treatment, juvenile homicide offenders will likely never rehabilitate themselves fully (Heide & Solomon, 2003). Sentencing structures should be devised to allow for adequate differential treatment of these youth based on measurable outcome criteria associated with rehabilitation (Heide & Solomon, 2003). From a rehabilitative standpoint, intensive treatment for several years that allows for “maturation in addition to treatment effects” is more desirable than long periods of incarceration (Heide & Solomon, 2003, p. 23). It is recommended that juvenile homicide offenders be thoroughly evaluated for “fitness” of release back into the community and that programs and policies be implemented to ensure the smooth transition of such (Heide & Solomon, 2003).

In conclusive review, intensive treatment should be provided to juvenile homicide offenders within institutional settings whenever possible (Heide & Solomon, 2003). Incapacitative sentences should be used when rehabilitative efforts fail and when necessary to protect society (Heide & Solomon, 2003). An appropriate benchmark should be established for evaluating the “fitness” of release back into the community and programs/policies should be implemented to support smooth transition from correctional care to community settings (Heide & Solomon, 2003).

## **Conclusion**

As a result of the efforts of various researchers and clinicians seeking to explain why youth kill, it is evident that a typical profile has been developed of the juvenile homicide offender, but that tailored treatment is lacking. Among the

studies, various categories structure this profile and typically embrace some form of the following: familial dysfunction and disorganization, mental health issues, academic functioning, prior delinquency, substance abuse, and homicide-related crime characteristics. However, this profile is not representative of all juvenile homicide offenders and although this profile is intriguing, it must be noted that correlations, as opposed to causations have been revealed due to the methodological limitations noted earlier (Heide, 2003).

The prevalence of childhood maltreatment identified among this cohort and typically incorporated into the profile has not been well explored. In fact, Darby et al. (1998) noted that this correlation, in particular, should be explored further. Darby et al. (1998) is the only known study to have investigated the experience of childhood maltreatment among this cohort in greater detail. As noted earlier, Darby et al. (1998) who sought to explore psychosocial factors, crime affiliated characteristics and family abuse among 112 adolescents convicted of homicide between the years of 1983 to 1993, found that family abuse was prevalent in the lives of 20 (18%) of these youth. Due to the prevalence of this experience among their sample, they performed within group comparisons based on this history of family abuse in order to determine the fundamental role that the abuse experience may play in the act of juvenile homicide.

Darby et al. (1998) noted that family abuse appeared to have relevant implications in terms of homicidal behavior. They noted that this factor merits further attention as it likely places youth at risk for committing homicide (Darby et al., 1998). As a result, the current study will strive to emulate the study

conducted by Darby et al. (1998), but will review a number of additional variables.

This study will seek to compare juvenile homicide offenders with a history of childhood maltreatment to juvenile homicide offenders with no history of childhood maltreatment among the following domains: familial dysfunction and disorganization, mental health issues, academic functioning, prior delinquency, substance abuse, and homicide-related crime characteristics. It is hoped that similarities and/or differences will surface to guide possible differential treatment modalities. The present study will strive to answer the following fundamental question: When comparing male juvenile homicide offenders with a childhood maltreatment history to male juvenile homicide offenders without a childhood maltreatment history, do they differ according to: familial dysfunction and disorganization, mental health issues, academic functioning, prior delinquency, substance abuse and homicide-related crime characteristics?

## Chapter 3

### METHODS

This methods section will be divided into four subsections. First, the procedures regarding the data collection of this study will be noted. Second, the properties of each instrument utilized to collect data will be described. Third, variables to be examined in this current study will be defined. Finally, the characteristics of the subjects of this study will be described.

#### **Procedures**

Permission for this study was obtained by the Institutional Review Board at FLDJJ and Arizona State University. For this study, secondary data from case files in the statewide database, which is maintained by FLDJJ, were collected. The male juveniles included in this study completed various questionnaires, screening instruments and interviews conducted by FLDJJ juvenile probation officers at a juvenile assessment center in Florida within the first six hours of their arrest. Information collected by the juvenile probation officers was obtained utilizing the following forms of assessment: Supervision Risk Classification Instrument (SRCI), the State Attorney's Recommendation form (SAR), and the predisposition report (PR). In addition to information obtained utilizing these tools, the juveniles independently completed the Massachusetts Juveniles Screening Instrument 2 (MAYSI-2).

#### **Instruments**

The SRCI measures criminogenic risk factors that have been empirically shown to indicate whether a juvenile is of low, moderate, high or very high risk of



reoffending and therefore a threat to the public safety of others (Lipsey, 1992; Roe-Sepowitz, 2009). There are 10 items in the SRCI: prior referrals, current status which includes prior disposition, age at current arrest, level of drug or alcohol use (no use, occasional use, chronic use), school attendance issues (in school, not in school, truant), information pertaining to peer relationships (positive peer relationships, negative peer relationships, friends who are gang members), level of parental supervision (no control/supervision, limited control/supervision, effective control/supervision), and history of abuse/neglect (yes/no). The dependent variable of childhood maltreatment was obtained from the SRCI and was answered in yes/no format to the following question: “Has the youth been neglected and/or physically and sexually abused?” Each item was measured on a scale that increased in value with the severity of the problem. Items of greater value are likely stronger predictors of risk. The SRCI is an actuarial instrument that encompasses a sum of points which then identifies a total level of risk that the youth poses to the community should he or she be released (Roe-Sepowitz, 2009; Roe-Sepowitz & Krysik, 2008).

The SRCI was developed by the FLDJJ to assist in the determination of program placement for youth. The SRCI was completed for all juveniles in Florida at intake by a juvenile probation officer within the first six hours of custody in order to determine whether the juvenile should be detained or released prior to his/her court hearing. The probation officer completes the SRCI using collateral information which is obtained from intake personnel, the family and the juvenile. It should be documented that no normative, reliability or validity related

data is currently available regarding this assessment tool (Roe-Sepowitz, 2009; Roe-Sepowitz & Krysik, 2008).

The juvenile probation officer also completed the SAR within the first six hours of arrest. The SAR consists of a brief narrative description of the offense(s) and risk(s) that the youth poses to the community. Additionally, the probation officer also completed a PR online within 21 days following the youth's arrest. This report contains collateral information from the youth, the youth's family and/or guardian, the Department of Children and Families, the arresting law enforcement agency, and past service agency or program providers. The report includes a summary of the youth's previous involvement with the juvenile justice system (type and incidence), family (who they lived with, if their homes were chaotic or disorganized (yes/no)), school history (truancy, suspensions/expulsions, drop out), psychological/physical history (history of abuse/neglect as reported to Child Protective Services, history of suicidal ideations/attempts or self-mutilation), any drug use (yes/no) and/or psychiatric issues (mental health diagnoses). It should be noted that the PR content varied tremendously among the cases with regards to the depth of information provided by the various sources (Roe-Sepowitz, 2009; Roe-Sepowitz & Krysik, 2008).

The MAYSI-2 is a screening instrument designed to measure special mental health, emotional and behavioral needs of juveniles aged 12 to 17 years old and was intended for use within a juvenile justice setting. The MAYSI-2 consists of a 52 yes/no self-report item inventory which measures the truthfulness of a statement "within the past few months," except for items regarding traumatic

events, which specifically assesses if the statement was “ever true in the past”.

The MAYSI-2 includes seven subscales which are titled as follows: Alcohol/Drug Use, Anger/Irritability, Depressed/Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance and Traumatic Experiences. (Grisso & Barnum, 2000; Roe-Sepowitz, 2009; Roe-Sepowitz & Krysik, 2008).

With regards to scoring, the MAYSI-2 assigns one point for each positive answer (yes) within each subscale. Each MAYSI-2 subscale maintains a unique “caution” or “warning” cutoff score, except for the Traumatic Experiences subscale. The cutoff scores are used to assist the interpreter in determining which youth needs additional screening and/or intervention. If a youth should score at or above these cautionary cutoff scores, it is suggested that the youth may have a clinically significant degree of a mental and/or emotional disturbance(s). It is recommended that those juveniles who score at or above these clinical cutoff scores (within any subscale), receive more comprehensive mental health services and/or interventions (Grisso & Barnum, 2000; Roe-Sepowitz, 2009; Roe-Sepowitz & Krysik, 2008).

The Alcohol/Drug Use subscale is comprised of eight questions related to significant drug use and/or alcohol use. This subscale is ultimately utilized to determine if a youth is at risk for drug or alcohol dependence, but does not seek information regarding experimental use. The more “yes” answers acquired in regards to these questions, the higher the overall score will be for this subscale, which exhibits a cutoff score of four. A score of four or above for this subscale would suggest that there is not only a higher risk for potential substance

dependency, but also that there is also a higher risk for having withdrawal like symptoms while residing in a residential setting as there is no access to drugs or alcohol (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Anger/Irritability subscale contains nine questions which were developed to identify feelings of anger, vengefulness, irritability, frustration and tension associated with anger. The cutoff score for this subscale is five. A high score on this subscale would be indicative of a youth who is more likely to exhibit impulsive behavior which may result in harm to self or harm to others. It has been suggested that this subscale score is likely linked directly to physically aggressive behaviors, noting that a higher score within this subscale is indicative of a youth that is more likely to act out his/her annoyance, frustration, or anger in physically aggressive manner (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Depression/Anxiety subscale concentrates on symptoms of depression and anxiety. This nine question subscale addresses internal conflict, anxiety, and depressed mood. The caution cutoff score for this subscale is three. This score must be interpreted with caution as those who developed this scale found that some scores decreased after a few weeks, which would indicate that such is not an ongoing or continuous problem. It should be noted that being arrested, transported and transferred are all experiences that may occur prior to completing the MAYSI-2, and may in fact influence a youth's reported symptoms related to anxiety and depression (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Somatic Complaints subscale is comprised of six questions which assess body aches and pains, including the physical displays of anxiety. The caution cutoff score for this subscale is three. Elevated scores on this subscale may occur as the result of a variety of reasons. For example, an elevated score on this subscale may occur as a result of the comorbidity of depression and/or anxiety, a physical illness or as a physical expression of a previous traumatic history or thought disorder (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Suicide Ideation subscale was devised to specifically address suicidal ideations/attempts, self-mutilation, and depressive symptoms. This subscale, which consists of five questions, explores current feelings and behaviors, but does not inquire about past experiences with self-destructive behaviors. The caution cutoff score for this subscale is two, as any positive answer on this subscale is considered indicative of suicide risk and/or intent. It should be noted that no research has been conducted regarding the relationship between a high score on this subscale and the subsequent likelihood of suicide attempt(s) (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Traumatic Experiences subscale seeks to discover if the youth has ever had exposure to a traumatic event(s). This subscale considers traumatic experiences such as childhood abuse (physical and sexual) and exposure to violence within the home or community. This subscale consists of five questions and measures a youth's traumatic experience(s) throughout his or her lifetime and does not have a published caution cutoff score. A caution cutoff score is not

published for this subscale as trauma is typically only defined by the absence or presence of such, and can vary radically in form. While the youth may demonstrate or possess negative emotional responses or symptoms of posttraumatic stress disorder, elevated scores within this subscale alone are not substantial to diagnose posttraumatic stress disorder, but rather suggest that the youth has witnessed or experienced a traumatic event (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

The Thought Disturbance subscale is for males only and encompasses experiences of unusual beliefs or thought perceptions. It is intended to indicate possible serious mental disorder(s) associated with problematic reality orientation. It is a five question subscale, and four of these questions explicitly relate to altered perceptions of reality which is character of many psychotic disorders. The fifth question focuses primarily on symptoms of derealization. It should be noted that this subscale can suggest an early indication of a psychotic state, but such may also be indicative of dissociative or anxiety-related states. The clinical cutoff score for this subscale is two. This scale was not intended for and should not be utilized in conjunction with female cohort (Grisso & Barnum, 2000; Roe-Sepowitz & Krysik, 2008).

Using the data from this study, the MAYSI-2 has adequate reliability. The Cronbach's alpha reliability estimates in the present sample for the subscales are as follows: Alcohol/Drug Use (.81), Anger/Irritability (.78), Somatic Complaints (.80), Suicide Ideation (.86), Traumatic Experiences (.71) and Thought Disturbance (.60). Previous validation studies have found the MAYSI-2

to be comparable to other validated instruments that measure juvenile mental health, emotional and behavioral needs such as the Million Adolescent Clinical Inventory (MACI) (Millon, Green and Meagher, 1982) and the Youth Self-Report (YSR) (Achenbach & Edelbrock, 1983). The MAYSI-2 has continuously demonstrated internal consistency and test-retest reliability (Grisso & Barnum, 2000).

### **Subjects**

The sample for this study consisted of 415 male juveniles each charged with a homicide-related crime (murder or attempted murder) within the juvenile justice system. The juveniles included in this study were either charged with homicide ( $N = 206$ , 49.6%), negligent homicide ( $N = 61$ , 14.7%), or attempted homicide ( $N = 148$ , 35.7%). Those charged with homicide and those charged with attempted homicide were combined, as previous research indicated that frequently what distinguishes a homicide from an attempted homicide is simply chance (Myers et al., 1995; Roe-Sepowitz, 2009). For example, this chance could be due to the actual ability of the perpetrator to carry out the offense or the availability of medical care and response time. (Roe-Sepowitz, 2009). This sample was obtained over a five year period (2000-2005) within the state of Florida. The original sample consisted of 537 male juveniles charged with a homicide -related crime (murder or attempted murder), but information regarding a history of abuse/neglect (the dependent variable of this study) was unavailable for 122 of the juveniles due to incomplete case file reports with the Florida

Department of Juvenile Justice (FLDJJ); therefore, these 122 juveniles were excluded from this study.

These male juveniles ( $N = 415$ ) ranged in age at the time of offense from 9.68 to 18 years old ( $M = 16.4$ ,  $SD = 1.3$ ). The racial make-up was 55.4% African American ( $N = 230$ ), 26% Caucasian ( $N = 108$ ), 17.1% Hispanic ( $N = 71$ ), 1% Asian ( $N = 4$ ), .2% American Indian ( $N = 1$ ) and .2% Pacific Islander ( $N = 1$ ). This sample of 415 male juveniles was compared to the sample of 122 male juveniles for which information was missing utilizing t-tests and chi-square analyses. No significant differences were found among these two samples regarding age or race. For example, the average age for those juveniles included ( $N = 415$ ) was 16.4 years old, while the average age of those excluded ( $N = 122$ ) was 16.6 years old. Of these 415 male juveniles, 51 (12.3%) were reported to have a history of abuse/neglect, and 364 (87.7%) juveniles were reported to have no history of abuse/neglect. More specifically, of the 51 male juveniles who were reported to have a history of abuse/neglect, 37 (72.5%) specifically reported to have a history of neglect, while 14 (27.5%) specifically reported a history of physical or sexual abuse. Those male juveniles with a history of abuse/neglect ( $N = 51$ ) will be further compared to the male juveniles without a history of abuse/neglect ( $N = 364$ ) utilizing t-tests and chi-square analyses.



## Chapter 4

### FINDINGS

Bivariate statistics, such as chi square and t-tests, were utilized to examine the differences between male juvenile homicide offenders with a history of childhood maltreatment ( $N = 51, 12.3\%$ ) and male juvenile homicide offenders without a history of childhood maltreatment ( $N = 364, 87.7\%$ ) among a variety of domains. Male juvenile homicide offenders that had a history of maltreatment were found to be somewhat different from non-maltreated male juvenile homicide offenders.

#### **Familial Dysfunction and Disorganization**

The following variables associated with familial dysfunction and disorganization were examined: parental control, previous runaway history, contact with parents, death of a parent, parental involvement with prison, previous history of involvement with the Department of Children and Families, sibling involvement with the Department of Juvenile Justice, and family homelessness. When comparing male juvenile homicide offenders with a history of childhood maltreatment and male juvenile homicide offenders without a history of childhood maltreatment, the relationship between childhood maltreatment and parental control was found to be highly significant. Regarding family dysfunction and disorganization, analysis revealed that parental control for maltreated male juvenile homicide offenders significantly differed from the parental control of non-maltreated male juvenile homicide offenders,  $\chi^2, (2, N = 415) = 23.63, p < .000$ . Maltreated male juvenile homicide offenders were more likely to report no

control or supervision ( $N = 29, 56.9\%$ ) when compared to non-maltreated male juvenile homicide offenders ( $N = 88, 24.2\%$ ). Additionally, a significant relationship specifically existed between childhood maltreatment and the experience of being a runaway as a youth,  $\chi^2, (1, N = 202) = 4.74, p < .030$ . Maltreated male juvenile homicide offenders were more likely to report to have been a runaway youth ( $N = 4, 16.7\%$ ) when compared to non-maltreated male juvenile homicide offenders ( $N = 9, 5.1\%$ ).

Non-significant findings between the two groups were: contact with parents, death of a parent, parental involvement with prison, a history of involvement with the Department of Children and Families, sibling involvement with the Department of Juvenile Justice, and family homelessness.

### **Mental Health Issues**

Due to limited data regarding mental health characteristics, with only 6.2% ( $N = 26$ ) reporting any information, this information will not be analyzed in this study. This lack of information may be due to the lack of connectivity between the youth and mental health service agencies, or that there were in fact few mental health issues present among the participants, or perhaps that the information was not available from the youth and the data collectors (juvenile probation officers) did not seek collateral information.

### **Academic Functioning**

Academic functioning was examined utilizing the following variables: type of educational program, school adjustment, school attendance, school behavior problems, and peer relationships. Among male juvenile homicide

offenders, the relationship between childhood maltreatment and the type of educational program that the juvenile attended was found to be significant. The frequency of the type of educational program attended or not attended by the maltreated male juvenile homicide offenders significantly differed from the type of educational program attended or not attended by non-maltreated male juvenile homicide offenders,  $\chi^2$ , (5,  $N = 252$ ) = 13.17,  $p < .022$ ). Maltreated male juvenile homicide offenders were significantly more likely to report that they were not in school ( $N = 9$ , 34.6%) when compared to non-maltreated male juvenile homicide offenders ( $N = 45$ , 22.7%). If these male juvenile homicide offenders were attending school, maltreated male juvenile homicide offenders were significantly more likely to report that they were in an alternative school placement ( $N = 8$ , 30.8%) when compared to non-maltreated male juvenile homicide offenders ( $N = 22$ , 11.1%).

Non-significant findings between the two groups were: school adjustment, school attendance, school behavior problems, and peer relationships.

### **Prior Delinquency**

When comparing maltreated male juvenile homicide offenders to non-maltreated male juvenile homicide offenders, the following variables associated with prior delinquency were examined: age at first offense, history of previous property offense(s), gang involvement, and whether or not the homicide-related offense was the youth's first offense. The relationship between childhood maltreatment and some aspects of the prior delinquency history for male juvenile homicide offenders was found to be significant. Maltreated male juvenile

homicide offenders are reported to be significantly younger in age at the time of their first offense ( $M = 12.57$ ,  $SD = 2.00$ ) when compared to non-maltreated male juvenile homicide offenders ( $M = 13.61$ ,  $SD = 2.38$ ),  $t(413) = 2.57$ ,  $p < .003$ ). A significant relationship existed between childhood maltreatment and previous property offense(s),  $\chi^2$ , (1,  $N = 415$ ) = 9.86,  $p < .002$ . Regarding prior delinquency, maltreated male juvenile homicide offenders were found to have more often committed a property offense ( $N = 42$ , 82.4%) when compared to non-maltreated male juvenile homicide offenders ( $N = 217$ , 59.6%). Although a statistically significant relationship does not exist between childhood maltreatment and whether or not this homicide-related offense was the youth's first offense or not, it should be noted that 90.2% of the maltreated male juvenile homicide offenders reported that this incident was not their first offense, compared with 79.1% of the non-maltreated male juvenile homicide offenders who reported the same.

Non-significant findings between the two groups were: gang involvement and whether or not the homicide-related offense was the youth's first offense.

### **Substance Abuse**

The relationship between childhood maltreatment and substance use/abuse for male juvenile homicide offenders was not found to be significant.

### **Homicide-Related Crime Characteristics**

Among male juvenile homicide offenders, the following associated crime characteristic variables were examined: total number of criminal charges associated with the homicide-related offense, the relationship to the victim, and

weapon type utilized. The relationship between childhood maltreatment and homicide-related crime characteristics for youth who kill was found to be highly significant. Maltreated male juvenile homicide offenders show significantly higher mean-scores on the total number of criminal charges associated with their homicide-related offense ( $M = 13.37$ ,  $SD = 11.48$ ) when compared to non-maltreated male juvenile homicide offenders ( $M = 8.78$ ,  $SD = 9.93$ ),  $t(413) = -3.04$ ,  $p < .003$ ). A significant relationship also existed between childhood maltreatment and the relationship to the victim. The frequency of the victim relationship of maltreated male juvenile homicide offenders significantly differed from the victim relationship of non-maltreated male juvenile homicide offenders,  $\chi^2(3, N = 137) = 9.56$ ,  $p < .023$ . Maltreated male juvenile homicide offenders were less likely to report to kill a stranger ( $N = 9$ , 52.9%) when compared to non-maltreated juvenile homicide offenders ( $N = 86$ , 71.7%). Additionally, another analysis also revealed a significant relationship present between childhood maltreatment and weapon utilized in the homicide-related act,  $\chi^2(2, N = 156) = 6.810$ ,  $p < .033$ . Maltreated male juvenile homicide offenders were more likely to report to utilize a gun ( $N = 11$ , 78.6%) to harm their victim when compared to non-maltreated male juvenile homicide offenders ( $N = 97$ ; 68.3%).

### **MAYSI-2 Subscales**

When comparing male juvenile homicide offenders with a history of childhood maltreatment to male juvenile homicide offenders without a history of childhood maltreatment, analysis revealed no significant relationships present between childhood maltreatment and the collective scores of the following

MAYSI-2 subscales: Alcohol/Drug Use, Anger/Irritability, Depression/Anxiety, Somatic Complaints, Suicide Ideation, Traumatic Experiences, and Thought Disturbance (*See Table 3*). Therefore according to collective MAYSI-2 subscale scores, maltreated male juvenile homicide offenders were not significantly different from non-maltreated male juvenile homicide offenders. Additionally, provided that there is no clinical cutoff score for the Traumatic Experiences subscale, it is important to note that both maltreated ( $M = 1.39, SD = 1.50$ ) and non-maltreated ( $M = 1.04, SD = 1.25$ ) juvenile homicide offenders had scores on this subscale that demonstrated previous traumatic experience(s),  $t(339) = -1.67, p < .169$ . For all other subscales of the MAYSI-2, the mean scores of both maltreated and non-maltreated juvenile homicide offenders were below the clinical cutoff scores (*See Table 3*).

**Table 1*****Differences Between Maltreated Male Juvenile Homicide Offenders and Non-Maltreated Male Juvenile Homicide Offenders (Chi Square Analysis)***

Variable	Maltreated (N = 51)		Non-Maltreated (N = 364)		$\chi^2$
	N	%	N	%	
<b>Familial Dysfunction and Disorganization</b>					
Parental Control** (N = 415)					23.63
Effective	5	9.8%	67	18.4%	
Limited	17	33.3%	209	57.4%	
None	29	56.9%	88	24.2%	
Runaway History (yes)* (N = 202)	4	16.7%	9	5.1%	4.74
Contact with Parents (yes) (N = 99)	12	85.7%	46	54.1%	4.95
Death of a Parent (yes) (N = 49)	1	14.3%	8	19.0%	.09
Parental Involvement in Prison (yes) (N = 40)	3	75.0%	11	30.6%	3.13
History of Involvement with Division of Children, Youth and Families (yes) (N = 129)	5	38.5%	26	22.4%	1.65
Sibling Involvement with Dept. of Juvenile Justice (yes) (N = 20)	1	33.3%	6	16.2%	.56
Family Homelessness (yes) (N = 165)	1	.7%	2	66.7%	8.53
<b>Academic Functioning</b>					
Type of Education Program* (N = 224)					13.16
Not in School	9	34.6%	45	22.7%	
Regular	8	30.8%	97	49.0%	
ESE	0	.0%	13	6.6%	
Alternative	8	30.8%	22	11.1%	
GED	0	.0%	14	7.1%	
Home Study	1	3.8%	7	3.5%	
School Adjustment (N = 415)					1.92
Regular Attendance	15	29.4%	138	37.9%	
Chronic Tardiness or Truancy	7	13.7%	56	15.4%	
Suspended, Expelled or Dropped Out	29	56.9%	150	46.7%	
School Attendance (yes) (N = 252)	18	58.1%	138	62.4%	.22
School Behavior Problems (yes) (N = 151)	10	55.6%	62	46.6%	.51
Peer Relationships (N = 415)					.76
Primarily Positive	7	13.7%	64	17.6%	
Primarily Negative	37	72.5%	261	71.7%	
Gang Involvement or Peers in Gang	7	13.7%	39	10.7%	

Variable	Maltreated		Non-Maltreated		$\chi^2$
	<i>N</i>	%	<i>N</i>	%	
<b>Prior Delinquency</b>					
Previous Property Offense(s) (yes)** ( <i>N</i> = 415)	42	82.4%	217	59.6%	9.86
First Offense (yes) ( <i>N</i> = 415)	46	90.2%	288	79.1%	3.49
Gang Involvement (yes) ( <i>N</i> = 327)	3	7.5%	33	11.5%	.57
<b>Substance Abuse</b>					
Previous Drug Offense(s) (yes) ( <i>N</i> = 415)	14	27.5%	115	31.6%	.36
<b>Homicide-Related Crime Characteristics</b>					
Relationship to Victim* ( <i>N</i> = 137)					9.56
Stranger	9	52.9%	86	71.7%	
Friend or Acquaintance	2	11.8%	15	12.5%	
Family Member	4	23.5%	18	15.0%	
Law Enforcement Officer, Program or Jail Member	2	11.8%	1	.8%	
Weapon Type* ( <i>N</i> = 156)					6.81
Other (Hands, Blunt Instrument, Car, Rope, Poison)	0	.0%	35	24.6%	
Gun	11	78.6%	97	68.3%	
Knife	3	21.4%	10	7.0%	

Note: \* $p < .05$ , \*\* $p < .01$



**Table 2**

*Differences Between Maltreated Male Juvenile Homicide Offenders and Non-Maltreated Male Juvenile Homicide Offenders (T-test Analysis)*

Variable	Maltreated (N = 51)		Non-maltreated (N = 364)		t
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
<b>Prior Delinquency</b> (N = 415)					
Age at First Offense**	12.57	2.00	13.61	2.38	2.98
<b>Homicide-Related Crime Characteristics</b> (N = 415)					
Total Number of Charges Associated with Offense**	8.78	9.93	13.37	11.48	-3.04

Note: \*p < .05, \*\*p < .01

**Table 3**

*MAYSI-2 T-test Analysis*

MAYSI-2 Subscales	Maltreated (N = 44)		Non-maltreated (N = 297)		t
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Alcohol/Drug Use	.89	1.57	.83	1.58	-.23
Anger/Irritability	2.45	2.79	1.82	2.21	-1.71
Depression/Anxiety	1.30	1.95	1.01	1.69	-1.01
Somatic Complaints	1.70	1.95	1.35	1.73	-1.25
Suicide Ideation	.50	1.30	.31	.94	-1.16
Traumatic Experiences	1.39	1.50	1.04	1.25	-1.67
Thought Disturbance	.45	.79	.21	.63	-2.30

Note: \*p < .05, \*\*p < .01

## Chapter 5

### DISCUSSION

This section will first note the implications of the findings presented previously. The findings will be detailed and discussed in reference to possible explanations that either converge or diverge with the previous literature. These implications must be considered within the context of the strengths and limitations of this study. Lastly, clinical implications of the findings will be noted to guide future practice and research efforts.

Previous research has suggested that childhood maltreatment is a characteristic common to juvenile homicide offenders (Busch et al., 1990; Darby et al., 1998; Heide, 2003; Labelle et al., 1991; Lewis et al., 1985; Myers et al., 1995; Shumaker & McKee, 2001). Childhood maltreatment has the potential to impact a child's life in many ways. For example, the experience of childhood maltreatment demonstrates a model of violence within the home and may affect a child's decision making ability or his or her impulsivity related to violent offending. From this information regarding the impact of childhood maltreatment, we wanted to explore the relationship between childhood maltreatment and extreme interpersonal violence (homicide). The primary purpose of this study involved exploring the relationship between childhood maltreatment and juvenile homicide offending among 415 youth charged with homicide. Consistent with previous findings, this study found that childhood maltreatment ( $N = 51, 12.3\%$ ) was a factor experienced by some of the male juvenile homicide offenders of this study. To answer the research question,

maltreated juvenile homicide offenders were compared with non-maltreated juvenile homicide offenders among the following: familial dysfunction and disorganization, mental health issues, academic functioning, prior delinquency, substance abuse and homicide-related crime characteristics.

### **Familial Dysfunction and Disorganization**

In the exploration of the family experiences, maltreated male juvenile homicide offenders were more likely to report no parental control or supervision. Brown, Cohen, Johnson and Salzinger (1998) found that no or little parental involvement, and therefore no or little control, was a predictable variable associated with childhood maltreatment and early problematic behavior (Wilson, 1980). Those children who experience maltreatment are at a higher risk of becoming delinquent (Smith & Thornberry, 1995) due to a lack of supervision and having the opportunity to commit crime (Wilson, 1980). Therefore, a lack of parental control is associated with childhood maltreatment (Brown, Cohen, Johnson & Salzinger, 1998) and provides the opportunity for engagement in delinquent activity, which in turn could lead to more violent offending, such as homicide (Wilson, 1980). Consistent with previous research, this study demonstrated that a statistically significant relationship was present between childhood maltreatment of male juvenile homicide offenders and a lack of parental control.

Also related to family issues, the maltreated male juvenile homicide offenders were more likely to report the experience of being a runaway youth. Previous literature has suggested that maltreated youth often engage in “acting

out” behaviors which typically results in youth being brought to the attention of authority figures, such as the courts or law enforcement (Powers, Eckenrode & Jaklitsch, 1990). For example, youth may try to escape maltreatment by running away from home, which is also known as “survival crime” (Powers et al., 1990). In fact, the research has found a high prevalence of maltreatment history in today’s runaway youth (Powers et al., 1990). Although maltreated youth who run away may escape some harm, they likely expose themselves to other risks and are also more likely to become involved in the justice system (Powers et al., 1990). It is evident that the combination of childhood maltreatment and run away behavior greatly increases the risk of delinquency involvement and juvenile arrest (Kaufman & Widom, 1999), which could in turn contribute to more serious offending and perhaps engagement in more violent criminal acts (Smith & Thornberry, 1995).

### **Academic Functioning**

With regards to academic functioning, maltreated male juvenile homicide offenders were more likely to report to not be enrolled in school. Previous literature has suggested that childhood maltreatment and educational vulnerability are highly correlated (Stone, 2005). Maltreated youth are likely to exhibit higher levels of absenteeism and lower levels of caregiver involvement with regards to schooling, which is likely a factor that potentially contributed to school dropout among these youth (Stone, 2005). Youth who are not in school may then be more likely to engage in risky or delinquent behavior that could potentially lead to violent offending (Stone, 2005).

This study also found that maltreated male juvenile homicide offenders were more likely to report being in an alternative school placement if they were in school. Maltreatment of a youth often fosters some form of external response, which could be displayed behaviorally within the school (Eckenrode, Laird & Doris, 1993). For example, Zima et al. (2000) found that 34% of their maltreated sample reported to have at least one behavior problem in the classroom, and 27% scored in the clinical range of behavior problems. Problematic behavior within the school environment could potentially result in discipline referral(s) that lead to expulsion and/or an alternate placement (Zima et al., 2000). Alternative school placements are educational school settings designed to meet the needs of youth who exhibit behavioral, emotional, and/or medical needs that are not otherwise adequately addressed in traditional school environments. Therefore, children with behavior or discipline problems, such as those typically exhibited by maltreated youth, are more likely to be placed in alternative school placements when compared to their peers who do not exhibit such (Zima et al., 2000). In addition, among the general population of juvenile homicide offenders, a history of alternative school placement due to behavior issues is not uncommon (Myers et al., 1995). Youth in alternative school placements are likely to engage in delinquent behavior, which in turn could lead to a life of criminality and more serious offending (Zima et al., 2000). In collective review of the previous literature, the relationship present between childhood maltreatment and alternative school placement among male juvenile homicide offenders becomes evident.

### **Prior Delinquency**

Similar to the study conducted by Darby et al. (1998) who compared abused adolescent juvenile homicide offenders to non-abused juvenile homicide offenders, this study found that maltreated male juvenile homicide offenders were significantly more likely to be younger at the time of their first offense when compared to non-maltreated male juvenile homicide offenders. This is consistent with previous research which suggests that youth who are maltreated are significantly more likely than non-maltreated youth to experience problematic behavior that emerges in childhood and early adolescence (Eckenrode et al., 2001). This problematic behavior is then more likely to contribute to serious delinquency at a much younger age (Eckenrode et al., 2001). It appears that youth who are maltreated have had a “model of violence in the home that spurred their aggressive tendencies at a younger age” (Darby et al., 1998, p. 373).

In addition to this age factor associated with prior delinquency, maltreated male juvenile homicide offenders were significantly more likely to have previously committed a property offense when compared to non-maltreated male juvenile homicide offenders. Previous literature has suggested that children who suffer maltreatment are more likely than non-maltreated children to engage in delinquent behavior and that this delinquent behavior is often progressive (Smith & Thornberry, 1995). For example, as evidenced by this study, maltreated youth when compared to non-maltreated youth, sometimes engage in less severe criminal behavior such as a status offense or a property offense, and are at greater risk of engaging in serious chronic offending as time progresses. Research regarding juvenile homicide offending would also suggest that this violent crime

is often preceded by previous, less severe offending (Bailey, 1996; Cornell et al., 1987; Darby et al., 1998; Labelle et al., 1991; Myers et al., 1995; Myers & Scott, 1998; Shumaker & McKee, 2001).

Although not statistically significant, but consistent with the findings of Darby et al. (1998), who examined family abuse in depth, maltreated male juvenile homicide offenders were less likely to report to be involved in a gang ( $N = 3$ , 7.5%) when compared to non-maltreated male juvenile homicide offenders ( $N = 33$ , 11.5%). In an abusive environment, a model of violence is provided by the individual(s) who inflicted the abuse (Darby et al., 1998). In contrast, a gang also serves as a model of violence for its members in displays of brutality towards others (Darby et al., 1998). Unfortunately, in either environment, a model of violence is displayed and the youth likely learns to respond in such a manner (Darby et al., 1998).

### **Substance Abuse**

Drug use and childhood maltreatment was not found to have a significant relationship in this study of male juvenile homicide offenders. Both maltreated and non-maltreated male juvenile homicide offenders reported similar rates of having had a previous drug offense. This finding is inconsistent with the literature. In general, the literature would suggest that there is a high correlation present between childhood maltreatment and substance use (Arellano, 1996). Literature on juvenile homicide offending suggests that the juvenile homicide offenders were likely to have had a history of substance abuse (Busch et al., 1990; Cornell et al., 1987; Fendrich et al., 1995). Therefore, according to this study,

some juvenile homicide offenders are likely to exhibit substance use/abuse problems, but it was not dependent on if the male juvenile homicide offender had encountered maltreatment.

### **Homicide-Related Crime Characteristics**

Consistent with the findings of Darby et al. (1998), who conducted a comparison based on family abuse, these analyses revealed that maltreated male juvenile homicide offenders were significantly less likely to kill a stranger when compared to non-maltreated juvenile homicide offenders. Findings also showed that maltreated male juvenile homicide offenders were significantly more likely to have more criminal charges associated with their homicide-related offense. In addition to the number of charges associated with this homicide-related offense, analyses also demonstrated that maltreated male juvenile homicide offenders were more likely to harm their victim utilizing a gun when compared to non-maltreated male juvenile homicide offenders. Consistent with the previous literature, juvenile homicide offenders, regardless of maltreatment history, are also most likely to kill their victim(s) with a gun (Cornell et al., 1987; Cornell, 1993; Darby et al., 1998; Myers et al., 1995; Shumaker & McKee, 2001).

### **Conclusion**

The results of this study suggest that maltreated male juveniles are significantly different from non-maltreated male juvenile homicide offenders according in some specific areas which may warrant specific treatment needs. Developing a statistical portrait to describe the 51 maltreated male juvenile homicide offenders of this sample (in comparison to the non-maltreated sample)



produces a 16 year old male who is likely to experience no parental control at his home and likely to have been a runaway youth at some point during his life. He is likely to have dropped out of school or to be in an alternative school placement, have a previous delinquent history, specifically a property offense, beginning at an age of about 13 years old and likely to report that the homicide-related offense was not his first offense within the legal system. In addition to this previous delinquency, the youth is likely to have approximately 13 criminal charges associated with this homicide-related offense. His victim is less likely to be a stranger and he is most likely to kill them with a gun.

In comparison, developing a statistical portrait to describe the 364 non-maltreated male juvenile homicide offenders of this sample produces a 17 year old male, who is likely to exhibit little parental control in his home and less likely than his maltreated peers to run away. He is most likely to attend regular school. He is less likely to have a previous delinquent history, but it is still common and such likely begins at about age 14. Additionally, the youth is likely to have approximately nine criminal charges associated with his homicide-related offense. His victim is more likely to be a stranger and he is most likely to harm with utilizing a gun.

### **Strengths**

This study is unique in that it examines a large sample of male juvenile homicide offenders over a five year period (2000-2005). The study contains rich data as it was aggregated from multiple sources (i.e. youth, parents, law enforcement, and the juvenile justice system). Data on juvenile homicide

offenders is often difficult to collate because in many states juvenile charged with homicide go directly to the adult system, while in Florida, where these data were collected, the youth first enter the juvenile justice system and have at least a brief evaluation prior to possible direct file into the adult system. This study specifically explores the relationship between childhood maltreatment and juvenile homicide offending, which is only the second time that such has been undertaken within the literature. This study also incorporates many other comparison variables not previously examined, and as a result a profile of the maltreated male juvenile homicide offender has been suggested.

### **Limitations**

Despite these strengths, this study, as with any study, has considerable limitations to the interpretations of the results. The data was obtained from only one state and only included cases of arrest for a juvenile homicide-related offense. Therefore, the findings of this sample are not generalizable due to the fact that the sample was not random and is limited to male juveniles charged with a homicide-related offense within the state of Florida. In addition, all of the information obtained was secondary data, which prohibited expansion or clarification of any information reported. Limits of the actual instrumentation utilized also existed. The SRCI instrument has not been normed, validated, or tested for reliability. All of the data collected, with the exclusion of the data from the MASYI-2, was subjective to the interpretation of the probation officer completing the assessment. Hundreds of probation officers with varying levels of training completed the case files which differed in terms of details and comprehensiveness. Additionally, it is

possible that the youth may have elevated scores on the MAYSI-2 due to completing it directly following arrest and transportation to a juvenile detention facility. Information detailing the specific experience of maltreatment was not included in the data, which limited more comprehensive analyses surrounding such (i.e. using severity and frequency as covariates). Finally, a major limitation to this study was the missing data due to limited contact, as many youth were quickly transferred to the adult system.

### **Clinical Implications for Practice**

The findings of this study have important implications for social work practice with maltreated male juvenile homicide offenders. The noteworthy findings related to the impact of childhood maltreatment among male juvenile homicide offenders should be addressed in terms of both prevention and treatment of these youth. There is a need for these efforts to occur among various systems while simultaneously focusing on the specific and individual needs of the maltreated juvenile homicide offender.

Prevention and treatment specific to maltreated male juvenile homicide offenders would best fall under an ecological systems framework, as all aspects of the youth's life would be addressed including individual issues, family issues, school issues, and community issues. Ecological systems theory focuses primarily on the relationships that exist between people and their environments (Maguire, 2002). This theoretical framework posits that individuals constantly interact with others within various systems, such as: family systems, institutions, court systems, etcetera (Maguire, 2002). Therefore change within one system

affects change within another, which consequently impacts the individual (Maguire, 2002). Within a system-based approach, the person is to be viewed within and as a product of his or her environment (Maguire, 2002). When examining juvenile homicide offenders, this theoretical framework is largely applicable because these youth likely come from backgrounds with multi-systemic issues in chaotic environments sometimes plagued with maltreatment, which is also accompanied by problems related to academic functioning and prior delinquency (Maguire, 2002). Using this theoretical approach, system-based prevention and treatment should incorporate family-based intervention when possible, and should specifically focus on the development of appropriate attachment or mentoring relationships with adults due to family system dysfunction and chaos (Maguire, 2002). Prevention and treatment efforts should involve the act of “encouraging, understanding, adaptation, coping and integration with the environment or the system” (Maguire, 2002, p. 44).

### **Prevention**

Primary prevention efforts should in general focus on early detection of childhood maltreatment and the associated factors present among maltreated male juvenile homicide offenders. The findings suggest that familial dysfunction and disorganization, academic functioning and prior delinquency are related to maltreatment, and together, these may be an indicator of prevention efforts towards preventing youth from committing homicide. Assessment of males with multiple referrals/problems within the child welfare, school and legal systems

should include exploration of possible homicide ideation(s) or potential increase in delinquency severity.

Prevention efforts should specifically focus on providing adequate and consistent training regarding the definition, warning signs, symptomology and reporting procedures related to child abuse/neglect for all individuals who have contact with or who engage with children so that maltreatment may be identified as soon as possible to prevent traumatic impact from leading to other problematic issues. Related to familial dysfunction and disorganization, this study found that maltreated male juvenile homicide offenders were more likely to exhibit no parental control. Specifically, prevention efforts related to this area should focus on education and parent training related to proper control and supervision within the home environment. Also in relation to family dysfunction and disorganization, maltreated male juvenile homicide offenders were more likely to report being a runaway. Youth who runaway or flee the home environment likely have reason for such, which could be associated with the maltreatment and trauma that the youth endured. Outreach programs targeted at male juvenile runaways could provide these youth an opportunity to mend familial conflict, return to home or receive safe housing services with transitional living training, and possibly prevent further engagement in delinquent behavior that is typical of runaway youth and likely leads to more serious, violent offending, such as homicide.

The academic functioning of maltreated male juvenile homicide offenders warrants increasingly focused efforts. Preventative programming should focus on

school retention of at risk youth and early treatment of related problematic behavior. Teachers, school-based counselors and school-based social workers should be provided training on the specialized risk factors of youth with multi-systemic problems. If a youth is presenting with problematic academic functioning or truancy issues, further assessment should be required as these could be a precursor to future delinquency and later violent offending. The identification of other positive academic-based supports (i.e. tutoring, organization/club involvement, social skill development, etcetera) could then assist in minimizing comorbidity issues and help ensure continued academic success. If these youth were able to remain in school, regardless of placement, there is likely less opportunity for these youth to then engage in delinquent behavior, which could sometimes lead to more serious, violent offending.

A prior delinquent history is prevalent among maltreated male juvenile homicide offenders and also warrants prevention efforts. Provided this history, it is critical for immediate treatment, and consequential prevention efforts to comprehensively address all needs of this population upon first entry into the system as if not adequately addressed, such could lead to further, more serious offending. Also, given that maltreated male juvenile homicide offenders were substantially younger at the time of their first offense, outreach programs focused upon early engagement in delinquency could be beneficial.

Provided these possible multi-systemic effects of maltreatment, prevention efforts directed at the co-occurring issues are necessary. Prevention efforts suggested previously have the opportunity to intervene with other comorbid

aspects of juvenile homicide offending and therefore, ultimately have the potential to prevent this violent crime if the risk factors and constellation of problems are addressed. Prevention efforts are desirable and essential, but treatment is also necessary for the rehabilitation of those who have already engaged in this violent crime.

### **Treatment**

If prevention fails, treatment efforts must be comprehensive and tailored to meet the needs of this present societal problem and unique cohort within such. Although targeted treatment, aside from the typical care provided to all youth involved in the juvenile justice system, is not common among this population, it is essential that researchers establish a manner to address this societal problem as many of these youth charged with homicide will return to the community at age 18 or at some point during their lifetimes. Despite the fact that most juvenile homicide offenders will be released back into society, few ever receive comprehensive treatment (Heide, 2003). Placement of these youth within an institutional juvenile offender program focused on detention is common (Heide, 2003). These institutional programs typically focus on “behavioral control and conformity to the institutional regime as a measure of progress and success rather than individualized and specialized treatment of youth offenders” (Heide, 2003, p. 22). Although these programs are successful in some regards, maltreated male juvenile homicide offenders likely require more intensive treatment to address the many issues that these youth typically present with. It has been “advised that

effective treatment planning for this population should include all of the possible factors that lead to murder” (Heide, 2003, p. 23).

Treatment programs specific to juvenile homicide offenders are rare and are certainly not specifically tailored to the type of juvenile homicide offender (i.e. maltreated male juvenile homicide offender). Just as juvenile homicide offenders fundamentally differ from other violent youth, so to do maltreated male juvenile homicide offenders differ from non-maltreated male juvenile homicide offenders. Consistent with the previous literature regarding the treatment of juvenile homicide offenders, maltreated male juvenile homicide offenders likely benefit from the following: effective and extensive assessment using a variety of sources, comprehensive cognitive behavioral programming or restructuring, prosocial skills training, positive peer communities, anger management, empathy training, clear, firm and consistent discipline, drug and alcohol abuse counseling and education, transition assistance, including family counseling when appropriate, intensive and extended aftercare and medication when necessary.

Additionally, the treatment of all male juvenile homicide offenders should be sensitive to the possibility of a history of childhood maltreatment and the implications that such has on the youth’s life. Childhood maltreatment of male juvenile homicide offenders impacts the youth’s life in a multifaceted manner and maltreatment or trauma focused treatment is recommended. These youth will also have to deal with and somehow cope with the fact that they either killed someone or nearly took the life of another human being. This experience may prove to be traumatic and difficult to navigate, and therapy specific to this should



be provided. Consistent with the previous literature, treatment should also then specifically focus on acceptance of responsibility for their homicide-related behavior, and identification of the feelings associated with such. Additionally, maltreated male juvenile homicide offenders also likely require treatment that will specifically address the manifestations of this trauma in: no parental control, runaway experiences, school dropout or alternative placement, and prior delinquent behavior that began at a young age.

Most youthful offenders likely return to the living environment they previously left upon committing their violent act of crime. Consistent with previous literature, treatment efforts should incorporate the family and facilitate substantial family involvement if possible. If not possible, identifying a caring adult who can act as a mentor or role model may also benefit the youth and demonstrate appropriate, caring relationships. Due to a lack of parental control, treatment efforts designed to reduce family conflict (maltreatment), increase parental involvement and improve parental monitoring are desirable.

Additionally, provided that maltreated juvenile homicide offenders were more likely to report being a runaway, perhaps an examination of this previous experience may solicit further information related to that child's home environment with particular assessment of maltreatment. This assessment or exploration of why the child ran away may then serve to highlight future goals of treatment related to the home environment, as if the child is released, he will likely return to that same environment that he previously resided in.

Due to the high prevalence of maltreated male juvenile homicide offenders either not in school or at an alternative placement within this study, discharge or release of these youth should include the incorporation of detailed academic planning devised to ensure academic achievement post release. Additionally, a life of crime, which was typical of these maltreated male juvenile homicide offenders, likely has profound impact on subsequent functioning. Therefore, treatment of these youth must consider previous delinquent history and the implications that such had on their homicide-related offense.

The prevention and treatment efforts of male juvenile homicide offending should not only focus on the homicide-related crime, but also on their possible maltreatment history and associated factors. It is only through tailored prevention and treatment efforts that maltreated youth may be prevented from committing homicide or that maltreated male juvenile homicide offenders may be fully successful in terms of rehabilitation. The unique needs of this population cannot be ignored if this societal problem is to be prevented or treated appropriately.

## Chapter 6

### CONCLUSION

The results of this study have demonstrated that childhood maltreatment is prevalent among male juvenile homicide offenders and there are significant differences in the treatment needs between maltreated male juvenile homicide offenders and non-maltreated male juvenile homicide offenders. This study found that the significant differences among these two groups are related to: family dysfunction and disorganization, academic functioning, prior delinquency and homicide-related crime characteristics. Specifically, among these were differences in level of parental control, experience of being a runaway youth, school dropout, alternative school placement, age at first offense, prior property offense, number of criminal charges associated with the homicide-related offense, relationship to victim, and weapon type. These findings provide critical implications for further prevention and treatment efforts.

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APPENDIX A

IRB APPROVAL: 1009005532



Office of Research Integrity and Assurance

**To:** Dominique Roe-Sepowitz  
UCENT

**From:** Mark Roosa, Chair *SM*  
Soc Beh IRB

**Date:** 09/27/2010

**Committee Action:** Expedited Approval

**Approval Date:** 09/24/2010

**Review Type:** Expedited F7

**IRB Protocol #:** 1009005532

**Study Title:** Juvenile Homicide and Arson: A Comparison Study Examining the Effects of Trauma, Abuse and Family Factors

**Expiration Date:** 09/23/2011

The above-referenced protocol was approved following expedited review by the Institutional Review Board.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. You may not continue any research activity beyond the expiration date without approval by the Institutional Review Board.

**Adverse Reactions:** If any untoward incidents or severe reactions should develop as a result of this study, you are required to notify the Soc Beh IRB immediately. If necessary a member of the IRB will be assigned to look into the matter. If the problem is serious, approval may be withdrawn pending IRB review.

**Amendments:** If you wish to change any aspect of this study, such as the procedures, the consent forms, or the investigators, please communicate your requested changes to the Soc Beh IRB. The new procedure is not to be initiated until the IRB approval has been given.

Please retain a copy of this letter with your approved protocol.