

CHAPTER 2

The Homicides of Children and Youth

A Developmental Perspective

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☐ Murders of children, the ultimate form of child victimization, have received a great deal of deserved public notoriety in recent years, whether in the form of homicides by strangers, as in the death of Polly Klaas, kidnapped from her home in Petaluma, California, or homicides by relatives, such as Susan Smith, the South Carolina mother who drowned two sons, or Joel Steinberg, the New York lawyer who battered his daughter to death. Indeed, the statistics on child murder in the United States are grim and alarming. In 1994, according to Federal Bureau of Investigation data, 2,521 persons under 18

were victims of homicides.¹ That rate of 3.8 per 100,000 (over six children per day) makes the United States first among developed countries in juvenile homicide. In fact, the U.S. rate is dramatically out of line with other places in the world, really double even the next most murderous country for all ages of children except infants. (Table 2.1 illustrates this, albeit somewhat piecemeal because World Health Organization data do not have a consolidated category for ages 0-17.) Of course, the U.S. "gold medal" in child homicide is not unrelated to the generalized American prowess in lethal violence: The homi-

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TABLE 2.1 Child and Youth Homicide Rates for 22 Developed Nations With Populations Greater Than 1 Million (by age, per 100,000)

Country	<1 Year Old	Country	1-4 Years Old	Country	5-14 Years Old	Country	15-24 Years Old
United States	8.0	United States	2.5	United States	1.5	United States	19.3
Denmark	7.3	Switzerland	1.2	Sweden	0.8	UK N. Ireland	7.9
UK Scotland	6.0	Canada	1.1	Canada	0.7	UK Scotland	5.8
Austria	5.1	Japan	1.1	Japan	0.5	Finland	4.2
New Zealand	5.1	Netherlands	0.9	Switzerland	0.5	Canada	3.1
Switzerland	4.6	New Zealand	0.9	New Zealand	0.4	Italy	2.7
Portugal	4.4	Norway	0.9	Australia	0.3	New Zealand	2.3
Japan	3.9	Sweden	0.9	Austria	0.3	Australia	2.1
Germany	3.5	Finland	0.8	Belgium	0.3	Israel	2.1
Norway	3.2	Germany	0.8	Finland	0.3	Portugal	1.7
Canada	2.9	UK Scotland	0.8	France	0.3	Austria	1.6
France	2.3	Australia	0.7	Germany	0.3	Belgium	1.5
Belgium	1.7	Belgium	0.7	Italy	0.3	Switzerland	1.5
Sweden	1.7	France	0.5	Netherlands	0.3	Netherlands	1.3
UK Wales, England	1.7	Portugal	0.5	Portugal	0.3	Sweden	1.3
Finland	1.5	UK Wales, England	0.5	Denmark	0.2	Denmark	1.2
Italy	0.9	Denmark	0.4	Norway	0.2	Germany	1.2
Netherlands	0.5	Italy	0.3	UK Wales, England	0.1	France	0.7
Australia	0.4	Austria	—	UK Scotland	0.1	UK Wales, England	0.7
Ireland	—	Ireland	—	Ireland	—	Norway	0.6
Israel	—	Israel	—	UK N. Ireland	—	Ireland	0.5
UK N. Ireland	—	UK N. Ireland	—	Israel	—	Japan	0.4

SOURCE: Figures are from World Health Organization (1995).

cide rate for all persons in the United States is 10.1 per 100,000, 3 times higher than any other developed country.

Murder is actually one of the few crimes in which children are *not* more victimized than adults. But the homicides of children have been increasing quite dramatically in recent years. They rose 53% from 1976 to 1992 according to FBI data, most of the jump coming since 1987 (Figure 2.1). Importantly, homicide is the only major cause of childhood death to have increased in incidence in the past 30 years. While deaths due to accidents, congenital defects, and infectious diseases were falling, growing numbers of children were being murdered. Homicide is now among the five leading causes of childhood mortality, accounting for 1 out of 20 deaths for those under age 18. More children now die from homicides than from cancer or infectious disease (Table 2.2).

Overall, juvenile homicides are among the most unequally distributed form of child victimization, with certain groups and certain lo-

calities experiencing the brunt of the problem. Minority children are particularly affected, making up 69% of all child homicide victims. Overall rates for Black children (8.4 per 100,000) and Hispanic children (4.7 per 100,000) dwarf the rate for Whites (1.7 per 100,000). The maldistribution is geographic, too. The difference between the states with the highest rates (California and Illinois) and those with the lowest rates (Maine, Montana, South Dakota, and Iowa) is a factor of about 25 (Table 2.3). Large cities have exposures that greatly exceed that of rural areas. Washington, D.C., which is entirely urban and heavily African American, has 10 times more child murders than the national average. On a regional basis, the West has the most child homicide. And boys are substantially more likely to be victims than girls.

However, a global summary like this of statistics on juvenile homicide is misleading and masks the multifaceted nature of the problem. There are really several different forms of the child homicide problem that are only revealed

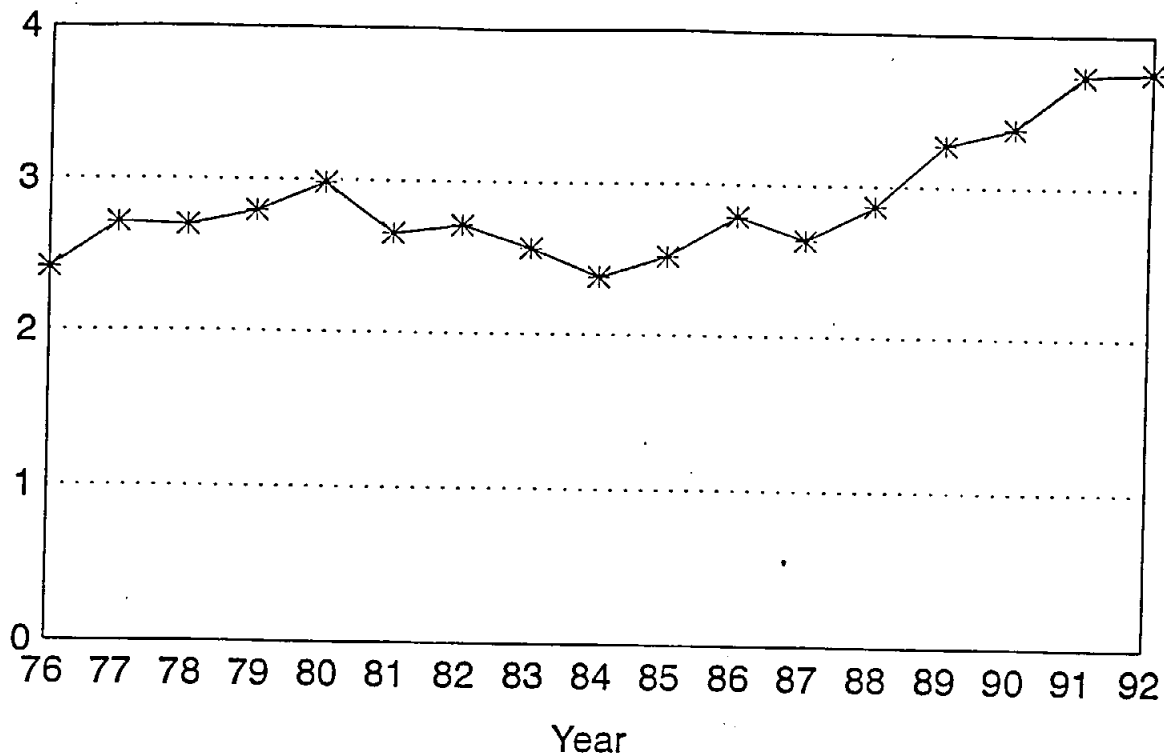


Figure 2.1. Child Homicide Rates, 1976-1992 (rate per 100,000 U.S. children, ages 0-17)

SOURCE: Uniform Crime Report.

by taking a developmental perspective. Not all of them are increasing. They have different sources, and ultimately different strategies for preventing them. This chapter tries to look at them individually.

From a developmental perspective, juvenile homicides should be broken down into at least three distinct segments, each of which has its own reality: young children, including infanticide and child abuse homicide; school-aged children; and teenagers. This chapter will discuss each in order of decreasing frequency, starting with teens, then young children, and finally, school-aged children. It will conclude with some general principles about development and violent victimization.

Teen Homicides

■ The murder of teenagers has received substantial publicity in recent years in part because it has been the most rapidly increasing form of homicide. Whereas the overall homicide rate was growing 44% from the early 1980s to the

early 1990s, teen homicides were increasing 80%. Teens (ages 13-17) now are killed at a rate that is 50% higher than the average rate for all persons. Age 13 is clearly the line of demarcation for this phenomenon: That is the age at which rates begin to rise dramatically (Figure 2.2) and the age above which the recent historical increase has occurred (Figure 2.3).

The murder of teenagers is the type of juvenile homicide that most resembles and appears to be an extension of the adult homicide problem. Like adult homicides, teen homicides overwhelmingly involve male victims (83%), killed by other males (96%), using firearms (86%) and knives (10%). In contrast to other juvenile homicides, relatively few of these teen homicides are committed by family members. Also in contrast to other juvenile homicides, a much larger percentage are committed by other youth. But in spite of the stereotype that most teens are killed by other teens, in fact, almost two thirds of these teens (62%) were killed by an adult offender. Although teen murderers are predominantly youthful, they are primarily young adults, not juveniles themselves.

TABLE 2.2 Causes of Death for 0- to 17-Year-Olds in the United States

Cause	Total	Rate Per				
		100,000	<1	1-4	5-14	15-17
Congenital/perinatal condition	27,005	41.9	25,452	963	448	142
Motor vehicle accidents	6,679	10.3	190	783	1,975	3,731
Other accidents	5,339	8.3	740	1,783	1,675	1,141
Homicide	2,449	5.3	332	377	512	1,228
Cancer	2,243	3.5	90	513	1,094	546
Heart/circulatory disease	2,145	3.3	1,019	342	409	378
Suicide	1,725	2.7	—	—	264	1,461
Infectious diseases	1,329	2.1	734	294	188	113

NOTE: Figures are for 1990 and are from World Health Organization (1995). Figures for 15- to 17-year-olds were calculated by taking 30% of the number of deaths for 15- to 24-year-olds.

The big jump in teenage homicides in recent years has been popularly attributed to the rise of gangs, the spread of drugs, and increasing availability of handguns. The statistics clearly bear this out. In assigning a circumstance to the homicide, over half (56%) the teen killings for which

a circumstance was listed were labeled by police as gang related. Drug-related homicides made up another 15%. There has been an enormous proliferation of handguns in the youth population, instigated by youth in the drug trade who needed to protect valuable drugs and money, but accelerated as other youth acquired guns to protect themselves from other armed youth (Sheley & Wright, 1995; Simonetti Rosen, 1995).

TABLE 2.3 Child Homicide Rates by State, 1991-1992, per 100,000

State	1991-1992 Rate Per 100,000		State	1991-1992 Rate Per 100,000	
	U.S. Children			U.S. Children	
Washington, D.C.	36.71		Ohio		2.72
California	6.60		Connecticut		2.67
Illinois	5.83		Tennessee		2.64
Missouri	5.25		Mississippi		2.55
New York	5.16		Hawaii		2.50
Texas	5.12		Delaware		2.45
Maryland	5.08		Indiana		2.33
Arkansas	4.35		Utah		2.23
Nevada	4.04		Vermont		2.10
Louisiana	4.00		New Mexico		2.01
Michigan	3.94		Kentucky		1.99
Virginia	3.92		Massachusetts		1.85
North Carolina	3.74		Rhode Island		1.77
Arizona	3.66		Florida		1.71
Colorado	3.61		Alabama		1.70
Oregon	3.59		Minnesota		1.63
Georgia	3.47		Nebraska		1.63
Oklahoma	3.35		South Carolina		1.41
Kansas	3.17		West Virginia		1.35
Wisconsin	3.10		Idaho		1.30
Wyoming	2.95		New Hampshire		1.08
New Jersey	2.94		North Dakota		.85
Alaska	2.90		Iowa		.28
Pennsylvania	2.79		South Dakota		.25
Washington	2.78		Montana		.23
			Maine		0

But sinister as this arms race is, this ecology of teenage homicide suggests also that it is somewhat limited in scope demographically and geographically, primarily to communities with gang and drug problems. Available data do bear out that in spite of the widespread publicity about the jump in teen homicides, the increase has not affected all segments of the population equally. Most dramatic has been disproportionate rise in risk for minority group teens. Teen homicide rates for Whites have been almost flat (up only 9% since the early 1980s), whereas they have skyrocketed for minorities, doubling in the same period. The rate for Blacks is up 132% and Hispanics up 93%. Most disturbing is the astronomical rise of rates for Asian teens, up 343%. Rural areas seem also to have been relatively unaffected. Rates barely rose between the early 1980s and 1990s in towns with populations under 25,000 while teen homicides were more than doubling in cities over 250,000.

The particular risk of homicide victimization among minority teens has led criminologists to look there for possible underlying explanations. For example, Sampson (1987) analyzed the social correlates of specifically Black teen homi-

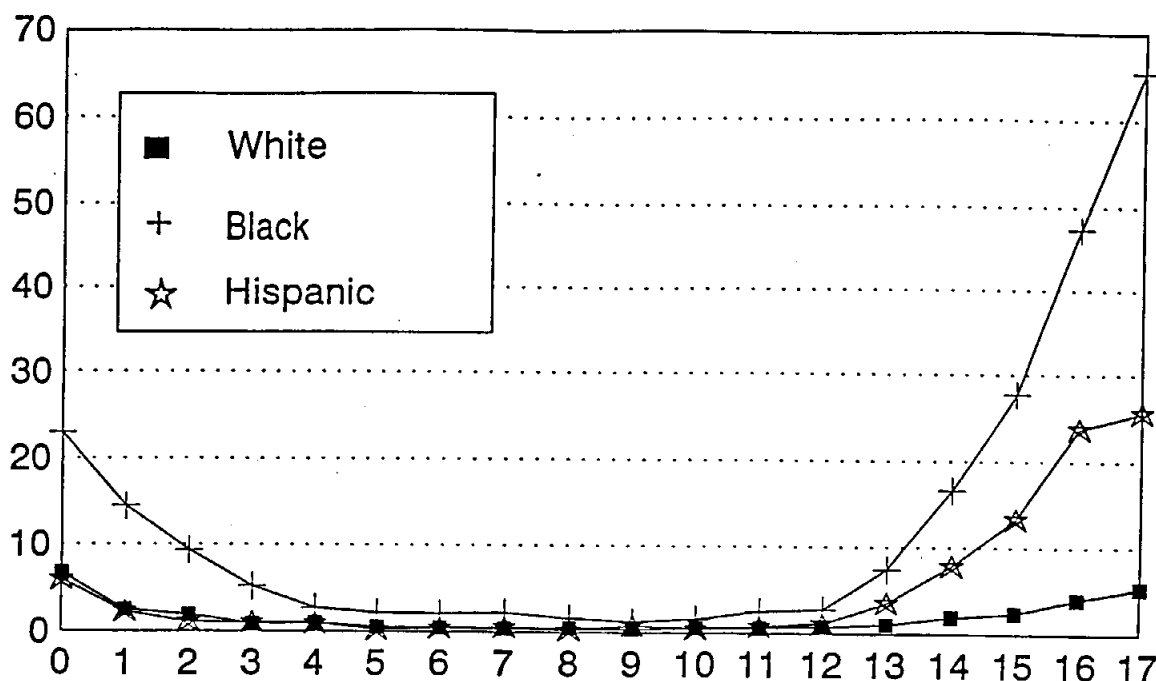


Figure 2.2. Race of Child Homicide Victims by Victim Age (rate per 100,000 U.S. children)

SOURCE: Uniform Crime Report, 1991-1992.

cide using 1980 data (that is prior to the big recent uptick in rates). Whereas communities with high levels of Black teen homicide had more economic adversity (higher unemployment,

lower income, and lower welfare payments), the even more highly associated factor was the percentage of Black households headed by a woman. Sampson speculated that Black family

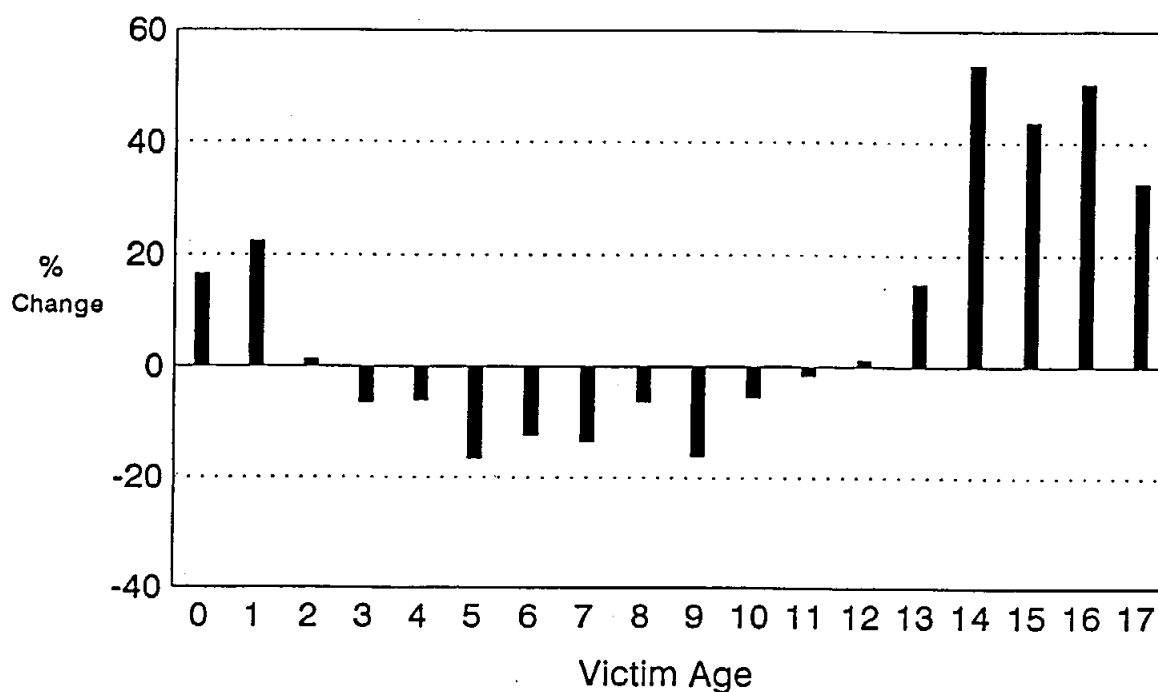


Figure 2.3. Percentage Change in Homicide Rate for U.S. Youth, 1981-1982 to 1991-1992

SOURCE: Uniform Crime Report, 1991-1992.

disruption meant among other things less effective social control over children, less involvement in community activities, and less general neighborhood surveillance, all of which permitted more delinquent activity and more vulnerability to homicidal violence.

Beyond the question of why homicide victimization rates may be high for minority teens is the question of why they are high for teens in general. Certainly, a major part of the explanation has to do with the marginal and transitional status of youth. As a group with relatively weak ties to and a lower stake in many conventional roles (family and job), they are available for risky and dangerous activities. The powerlessness of the status (less access to money, prestigious work, or influential individuals) gives them a motivation for quick but potentially high-risk avenues to money, power, and respect. But even the many teens who are not prone to risk taking themselves may be made vulnerable because they have relatively frequent and involuntary contact with others who are.

Although the increase in the teen homicide rate is serious in its own right, Fox (1995) has added to the alarm, arguing that it is just a harbinger of a future escalation in adult homicides as today's violent teens age and carry forward their violent habits. Moreover, the current demographic trends project a 28% increase in Black teens and a 50% increase in Hispanic teens by the year 2005, potentially more fuel for homicide rates, if the sources of alienation for these minority groups remain unchanged. Although Fox describes one plausible development, other scenarios are possible, too. It may be that the age for involvement in lethally risky activities has declined in recent years but primarily for those who would have become violent as adults anyway, meaning that there will not necessarily be an increase in the number of such individuals overall compared to historical rates. It may also be that such individuals kill one another off, perhaps earlier than later now, so some homeostasis is maintained. Moreover, some of the etiologic factors behind the increase in youth homicides such as competition for the drug market may have been a short-term phenomenon and may abate. In 1995, to the surprise

of many, there was a decline in overall homicide rates, demographics notwithstanding. In any case, the prediction of future crime rates has been a notoriously risky endeavor. Although the problem of teen homicides is a tragic problem requiring urgent remedies, it is not clear that alarm about future violent explosions will create more policy willpower than concern about the explosion we have already experienced.

Homicides of Young Children

■ Often eclipsed by the concern about teen murders is the fact that very young children are also quite vulnerable to homicide, although under different conditions. The official rate for children under age 5 is 3.6 per 100,000, and for many years was equal to the rate for teens, before the latter's recent rise. In fact, the rate of homicide for White children under age 5 is still nearly as high as the rate for White teens.

Moreover, there are strong hints that the actual homicide rate for young children is substantially higher than official statistics suggest. The homicides of young children are among the most difficult to document, because their presentation so often resembles deaths due to accidents and other causes. Thus, it is difficult to distinguish children who are suffocated from those who die from sudden infant death syndrome (SIDS). It is difficult to distinguish young children who are dropped, pushed, or thrown from those who die from falls. Even in many so-called accidental deaths, such as falls or auto fatalities, there may be a major component of willful parental negligence that is difficult to establish.

Thus, knowledgeable physicians have in recent years urged more careful examinations of child fatalities (Christoffel, Zieserl, & Chiaramonte, 1985), and most states have established child death review teams to ferret out child abuse fatalities that may have been previously overlooked (Durfee, Gellert, & Tilton Durfee, 1992; U.S. Advisory Board, 1995). When a team of such experts in Missouri carefully examined all the fatalities for children age 0-4 over a 4-year period, they found a great underestimation of the true extent of child maltreatment deaths using

any individual record source, such as coroners' death certificates or police reports. In particular, only 39% of definite maltreatment fatalities and 18% of the combined definite/possible maltreatment fatalities got reported as homicides for purposes of the FBI Uniform Crime Report (UCR) (Ewigman, Kivlahan, & Land, 1993). This highlights how many actual homicides the official homicide data may miss.

This underestimation of young children's inflicted deaths has several distinguishable sources. One part is the definition of homicide that does not include many deaths that may have a large component of child maltreatment. So, for example, deaths due to gross negligence (a child left unsupervised on a window ledge falls to his death) may not meet a criminal standard of homicide or even manslaughter, so they are not counted. A second problem is the ambiguity of evidence in many child deaths and the lack of well-trained and systematic investigators. Finally, many states do not list a child fatality as a homicide unless charges are actually filed. Charges may not be filed for a variety of reasons.

All this means that some analysts have estimated the actual rate of homicides for young children to be double the official rate (see also Christoffel, 1990; McClain, Sacks, Froehlke, & Ewigman, 1993). The Centers for Disease Control and Prevention (CDC) believes the true rate of deaths due to child abuse and neglect is between 5.4 and 11.6 per 100,000 (U.S. Advisory Board, 1995). If child abuse deaths can all be equated with homicide, the upper bound of the CDC estimate would mean that young children have homicide rates higher than the rest of the population.

Moreover, the homicide rates for young children have been on the rise over the past 10 years. This is true whether one looks at the UCR data or at national child abuse fatality statistics, which, for example, show a rise between 1985 to 1992 from 1.30 to 1.94 per 100,000 (McCurdy & Daro, 1993; Weise & Daro, 1995). However, most of that increase has been among the youngest children, those age 0-1, and there are reasons to think that it could be artifactual. Because of the potentially large quantity of undiagnosed or unlabeled child homicide, particu-

larly among these very young children, better efforts to screen for it in ambiguous cases of child death could easily pump the numbers. As we indicated, many states have established child death review teams in recent years and it is very possible that this greater scrutiny has pushed up rates without any true underlying increase. Others, though, noting the growth of births to unmarried young mothers in very disorganized, drug- and crime-ridden environments, have believed that the rise was real.

Infanticides

■ Most of the homicides of very young children are committed by parents and caretakers and thus fall into what would be defined as child abuse. But within this group there appears to be justification for distinguishing a special category called "infanticide," although the boundaries of this distinction are sometimes unclear. A definition of infanticide suggested by the legal tradition in Britain and Canada is the killing of a recently born child by a relative in situations where the relative does not want the child, is ill-equipped to care for him or her, or is suffering from a childbirth-related psychiatric disturbance such as postpartum depression or psychosis. A prototypical situation is a mother who smothers, strangles, or drowns an unwanted child shortly after the birth. It is characterized by an actual intent to destroy the child, unlike much other child abuse, which tends to be an expression of frustration, anger, or extremely reckless or negligent behavior that goes too far. Unfortunately, instead of following some such definition, many studies of infanticide simply define it as murders by parents of children under the age of 6 or 12 months (Christoffel, Anzinger, & Amari, 1983; Jason, Carpenter, & Tyler, 1983). This is probably overly broad. In Canada, which has a special crime of infanticide similar to our proposed definition, more than 40% of the homicides by mothers of children under age 6 months did not qualify for this crime category (Silverman & Kennedy, 1988). Moreover, 13% of the homicides of children between ages 6 and 12 months did qualify. Thus, generalizations

about infanticide from statistical profiles based on age, as most are, are possibly misleading.

If infanticides are defined by motive, and not age, it would appear that mothers are the predominant perpetrators. Studies suggest that these women tend to be teenage, single mothers, who receive very little or no prenatal care, some of whose births occur outside the hospital and involve low-birth-weight children (Emerick, Foster, & Campbell, 1986). This suggests a clearly defined group of young women, who do not wish to be pregnant, are very ambivalent about it or are psychiatrically disturbed, and who kill their children because they do not want them, are overburdened, or see them as a threat to themselves.

But men can be the perpetrators of infanticide, too. Fathers and boyfriends may assist mothers in killing unwanted children. Grandfathers and other relatives may participate in killing children whose out-of-wedlock birth brings shame on the family. Fathers may kill new babies when they disagree over the decision to have the child or feel resentful over the competition for the mother's attention. And boyfriends may kill children of girlfriends when they know or suspect that the child is not their own. It is significant to note that according to FBI homicide statistics, men predominate overall as the murderers of children under age 1.

One curious sociological fact about infant homicides, however, is that they show much less international variation than other homicide. Thus, although the United States has twice as much child homicide as even the next highest developed country, there is only a marginal difference for infant homicide (Table 2.1).

One possibility is that infant homicide is more related than other homicides to biological factors that have less variation across populations and socioeconomic strata. So, for example, if postpartum depression and colicky, difficult babies are significant contributors to the infant homicide and such conditions occur at similar rates across most groups of women and children, regardless of environment or nation, then we might expect that this form of child murder to be less related to social indicators or to vary less from country to country.

Child Abuse Homicides

■ Child abuse homicides are homicides of children by persons who are charged with their care, which would include parents, family members, baby-sitters, and friends who were taking responsibility for the children. The vast majority of child abuse deaths (92%) are to children age 5 and under (McClain et al., 1993), and a majority of what get recorded as homicides for children under age 5 are due to child abuse. Most statistics or studies on child abuse homicide do not segregate out the special group of "infanticides" that we have described above, so that generalizations from those statistics include the infanticide group. Moreover, statistics on child abuse *fatalities*, as opposed to *homicides*, which is how many studies are organized (Ewigman et al., 1993; U.S. Advisory Board, 1995), often encompass more than what gets recorded as homicide per se, counting also deaths due to neglect or negligence. Neglect deaths generally include situations in which a child dies because parents fail to feed the child or get obviously needed medical attention, and deaths due to negligence involve parents who fail to provide such basic supervision or precaution that the child dies in some obviously preventable accident, for example, a child left unattended on an open window-sill. About 42% of what are counted by child protection authorities as child abuse fatalities are classified as due to neglect, 54% to abuse, and 5% to both abuse and neglect (Weise & Daro, 1995).

Fatal outcomes in child abuse result most often among the youngest children, with 40% occurring to children under age 1, 18% to children between ages 1 and 2, and 13% to children ages 2 to 3 (McClain et al., 1993; see also Weise & Daro, 1995). The figures for children under 1, however, certainly include a large number of the homicides that we have termed infanticide (i.e., a recently born child killed because the parent does not want the child, is incapable of caring for him or her, or is suffering a childbirth-related psychiatric disturbance). But even excluding an estimated one third of the caretaker-inflicted deaths to children under 1 that might be classified as infanticides, child abuse homicides are

still heavily concentrated among very young children.

Three factors account for the unusual vulnerability of this particular group of young children. First, of course, is the large burden and responsibility that such children impose on caretakers. The complete dependence and constant attention required by young children who are needy, impulsive, and not amenable to verbal control can readily overwhelm vulnerable parents. Not surprisingly, two of the most common triggers for fatal child abuse are crying that will not cease and toileting accidents (Krugman, 1985). Second, and perhaps most important, children of this age are small and physically vulnerable. This has several implications. They can still be picked up and shaken or thrown. Moreover, a limited amount of physical force is able to cause serious damage, and the immaturity of certain anatomical features (such as the relatively large size of the head and weakness of the neck) means that they are more likely to suffer fatal traumas than older children. As an indication of this, fatal child abuse is more concentrated among very young children than nonfatal child abuse. The major cause of death is cerebral trauma (Copeland, 1985), especially for the youngest victims. Third, there is often a delay in help-seeking that accompanies violence against young children. When such children are injured, but not fatally, they may not be able to communicate the seriousness of their injuries, and they are isolated in the care of those who may have hurt them, who also are reluctant to seek help. Thus, nonfatal injuries may turn fatal in the absence of care.

Child abuse homicides are more common in conditions of poverty, in families marked by paternal absence or divorce, and perhaps as a result, also among African Americans (2 to 3 times that of other racial groups). Drug use is implicated in 29%. Several studies show that boys and girls are at roughly equal risk for fatal abuse, but boys are at slightly higher risk for fatal neglect (Levine, Freeman, & Compaan, 1994). A possible explanation may be that young boys, more active and aggressive on average, may be more difficult to supervise, or treated as needing less care and supervision (Margolin, 1990). Interest-

ingly, male caretakers account for a disproportionate share of the child abuse homicides, whereas females, who spend more time caring for young children, are responsible for a greater portion of the child neglect fatalities (Levine et al., 1994). The inadequate preparation men receive for assuming the caretaking role with young children may result in lower levels of tolerance for crying, soiling, and disobedience.

A tragic fact about child abuse fatalities is that a large minority, ranging from 24% to 45% (Alfaro, 1988; Levine et al., 1994; Weise & Daro, 1995), occur in families that are already known to child protective authorities because of some family or child care problem they had been having. In as many as one in eight, the case was currently active (Levine et al., 1994). This clearly raises the hope that many deaths could, with proper intervention, somehow be prevented. Unfortunately, the 2,000 child abuse fatalities need to be placed in the context of over 1 million cases of child abuse and neglect that are substantiated by child welfare authorities every year. Some observers have doubted that the homicidal subgroup could ever be reliably detected from that larger pool, in part because the fatalities are so comparatively rare, and in part because so many of the factors that contribute to an actual death may be unpredictable (U.S. Advisory Board, 1995). Others, however, have noted that an important subgroup of child abuse homicides occurs in families with a long and serious history of child maltreatment and parental incompetence and that better research and more aggressive child welfare intervention might save a substantial number of lives (Kaufman Kantor, Williams, & Jasinski, 1995).

Interestingly, there is quite a bit of evidence that the homicides of young children are a very distinct social phenomenon. Unlike homicides for other age groups, the rate for young children does not appear to vary in close correlation with the overall murder rate. This has been found in state-to-state analyses (Straus, 1987) and in international comparisons (Christoffel & Liu, 1983; Fiala & LaFree, 1988). Some countries like Japan that have very low overall homicide rates have relatively high levels of young child homicide. The United States, which has an over-

all homicide rate 3 times higher than any other developed countries is only modestly higher when it comes to infants (Table 2.1). Straus has found that the sociodemographic variables that predict overall homicide levels in states have no predictive power when it comes to infant homicides, and reduced power for children ages 1 to 4.

If general violence levels do not predict young child homicide, what does? Fiala and La-Free (1988), analyzing the international data, find that levels of child homicide for young children are most closely related to conditions that affect the lives of women and mothers. When women have high labor force participation in the absence of access to education and generous social welfare spending, child homicide rates tend to be higher. Thus, in countries where females were less likely to work like Ireland and Italy (the data were for the 1960s and 1970s), the young children appeared to be more protected from homicide. When women worked but had substantial social welfare supports and education like in Sweden and Denmark, young children had low murder rates. By contrast, the United States has high female labor force participation but comparatively low social welfare spending, and this tended to account for the higher rates.

Baron (1993), analyzing U.S. state data, found gender inequality also a factor that predicted young children's homicide rates, possibly because it increases stress on women and undercuts their ability to protect children. Interestingly, Baron also found the percentage of households headed by females and the level of alcoholism (as measured by deaths due to cirrhosis) to be correlated with young child murders.

Thus, the implication from several comparative studies is that the homicides of young children are a quite distinct social problem from homicide in general and may be most closely related to the conditions of life for women and mothers.

Homicides of Middle Childhood

■ Middle childhood, the period from age 5 to age 12, marks a time of relative immunity from the risks of homicide. Although children of this age face substantial violence, in the form of both

parental assaults at home and peer aggression at school, relatively little of it is lethal. The overall rate of 1.5 per 1,000 is far smaller than that for any other age, and the rate is even low among some of the population subgroups in which there are high overall child murder rates, such as Blacks. It is a rate lower than any other segment of the population including elderly persons.

This is a period of transition, which probably accounts for the low rate (Holinger, Holinger, & Sandlow, 1985). Children in middle childhood have outgrown some of the characteristics that create vulnerability for the very young, but have not begun to engage in the activities that make the rate so high for adolescents. Thus, they are less dependent, require less continual care, and have a certain self-sufficiency and socialization and verbal skills. This makes them less of a burden and less potentially frustrating for their parents and other adult caregivers, who are the primary perpetrators of early childhood homicide. They are also bigger and better able to hide, dodge blows, and get away from angry parents. It also takes more force and more energy to inflict a lethal injury on them. By the same token, children of middle childhood still are protected from some of the dangers that affect adolescents. They are under adult supervision and protection most of the time. They have yet to get access to weapons, drugs, and cars. Gang activity, although starting for some of them, is yet to become highly dangerous. Other criminally minded older children and adults are less likely to consider these children as threats or as candidates for involvement in criminal enterprises.

Yet children still do get murdered in this period, and the murders appear to be from a mixture of causes, some related to the homicides of early childhood and some to those of adolescence. Related to their still dependent status, children of middle childhood, like younger children, tend primarily to get murdered by family members (52% of the perpetrators). But unlike the case of younger children, these are not murders committed by hand. Over half are actually committed with firearms. Moreover, reflecting their greater independence, children in middle childhood begin to be prey for stranger homicides. One out of seven children killed in this

period is killed by a stranger, more than 3 times the percentage for younger children. Children in this age group, especially the older ones, begin to be touched by the ravages of gang-type violence. About a quarter of these homicides for which police listed a cause were listed as gang related.

The homicides of middle childhood appear to stem from a wide variety of motives. For example, in addition to gang murders, children in this period begin to be vulnerable to sexual homicides. Pedophiles are attracted to children in this age range, and sometimes murder to hide their crimes. There are a significant number of negligent gun homicides for these children. Youth and other family members wield or misuse firearms that they believe to be harmless or unloaded. Some children in this period are killed in the course of other crimes, like robberies or car-jackings, in which children happen to be innocent participants. When family members murder children of this age, sometimes it is in the course of whole-family suicide-homicides (Resnick, 1970). The perpetrators of these crimes are typically fathers who shoot their wives and children before turning their weapons on themselves. Family members also play a role in arson murders, when youth or alienated parents start fires to a family household, and other children are caught in the blaze.

One of the most interesting and unrecognized facts about homicides in middle childhood, however, is that they appear to be on the decline, according to FBI data analyzed for this chapter. This decline may have been missed because overall rates for childhood, influenced by big rises for teen homicide, have been on the increase. But when changes in rates are examined by individual ages (Figure 2.3), using the FBI's supplementary homicide data file, one notes a marked decline for the ages of middle childhood from the 1980s to the 1990s. The decline has occurred for most nonteenage children down to age 2. In fact, it is quite possible that the decline has even affected the infants and 1-year-olds and that the appearance of a statistical increase is due, as suggested earlier, to the recent effect of child death review committees and the more intensive scrutiny being given to the deaths of very young children in ambiguous situations such as

accidents and SIDS. But if we exclude these infants, for whom the increase may have been an artifact, homicide rates for 2- to 12-year-olds have dropped 19% over the decade, a fact all the more impressive in that the rate for teens was rising 80% during the same period.

A look at some of the subcategories of homicide for this age group over this time period shows that the decrease has not been uniform (Figures 2.4 and 2.5). It occurred for Whites and Hispanics, but barely at all for Blacks. It occurred in all regions but the West and all city sizes except for the large ones. It applied to family and acquaintance homicides but not those committed by strangers. And all forms of homicide went down except for those by firearms. It would appear that there has been a decline except for the same kinds of homicides that result in the increase in the rate among teens, that is, African American or Asian victims, involving gangs, drugs, and firearms.

What kinds of factors could be responsible for this apparent decrease in child homicide among nonteenagers? A variety of considerations may be at work. The decade of the 1980s, for example, saw a much intensified effort to identify and report child abuse and neglect and some expansion of treatment programs in this area. This may have protected some children from family homicides who had not previously been protected. The decade has also seen a dramatic development and dissemination of medical technology and emergency medical care. It may be that many more children are surviving inflicted wounds and injuries than have in the past. The decade has certainly *not* seen a drop in firearm availability, as families from all walks of life have become concerned about crime, but it may be that due to publicity about the problem they are being better safeguarded against misuse. The drop in the 1981-1991 rate for negligent gun homicide was particularly marked. There was also a marked drop in the number of children killed as a result of arson: The 1980s saw a great expansion in the use of smoke detectors. A host of other factors may be at work in explaining the decline. This drop is not entirely isolated in that it corresponds to a drop that has also occurred for middle-age Americans (MacKellar & Yanagishita, 1995), and may

OUT OF THE DARKNESS

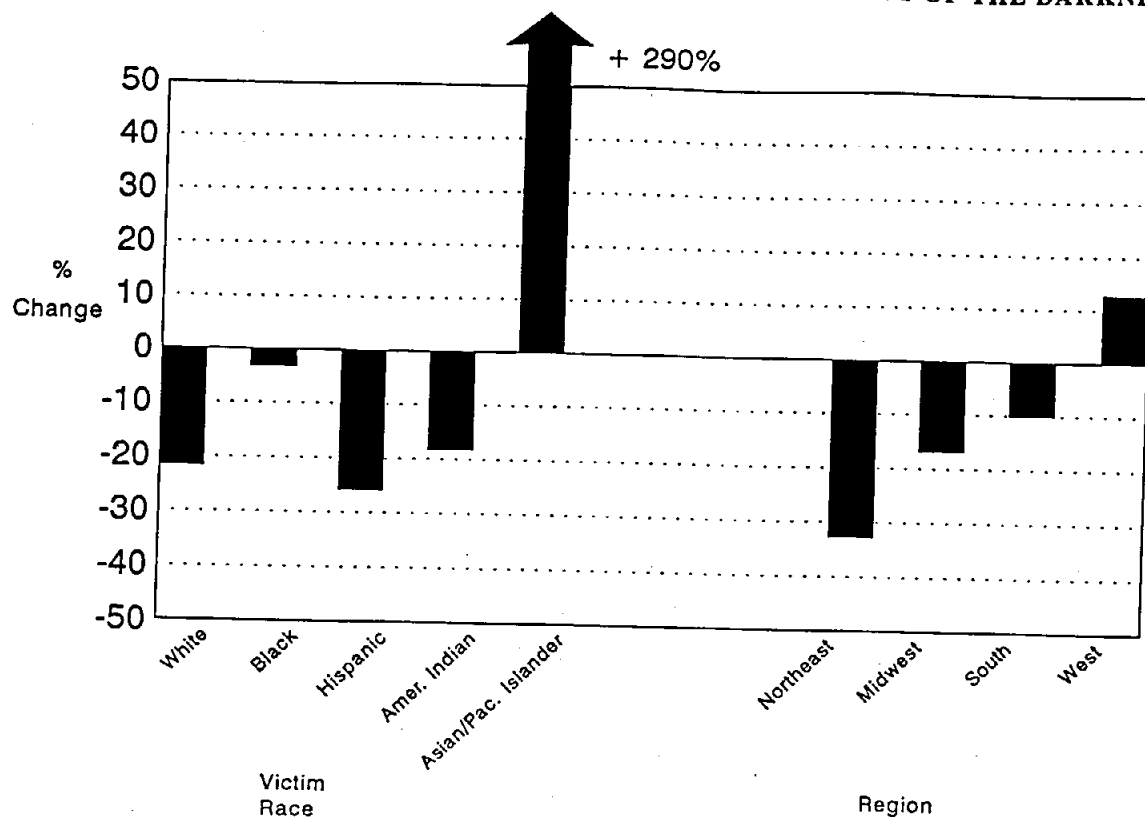


Figure 2.4. Percentage Change in Homicide Rate for 2- to 12-Year-Olds, 1981-1982 to 1991-1992, by Race and Region

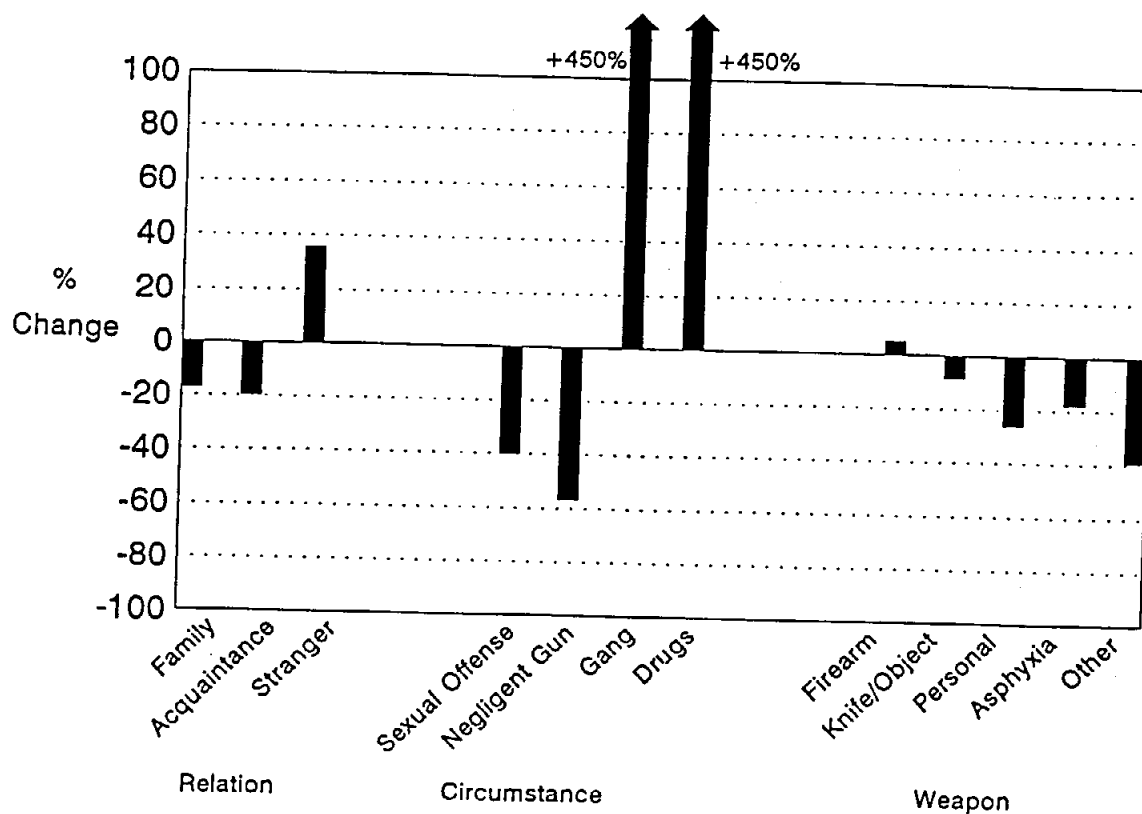


Figure 2.5. Percentage Change in Homicide Rate for 2- to 12-Year-Olds, 1981-1982 to 1991-1992, by Relation, Circumstance, and Weapon

share common roots. But because apparent successes in the fight against crime seem so infrequent, this is a phenomenon that warrants further study.

Child Homicide: The Developmental Perspective

■ The preceding sections, breaking down juvenile homicide into three different subcategories, was organized in a largely developmental framework. The analysis could have, alternatively, organized the discussion in other ways, for example, emphasizing the perpetrator-victim relationship or the weapon choice, regardless of the children's age. However, the developmental framework has been particularly compelling in the analysis of child homicide (see also Christoffel et al., 1983; Crittenden & Craig, 1990) because it helps make sense of much of the other information about the crime. Elsewhere we have coined the term *developmental victimology* to describe this approach, one that asserts that the nature of crime victimization (and its effects) vary in certain patterned ways as children pass through the life cycle (Finkelhor, 1995; Finkelhor & Dziuba-Leatherman, 1994).

Juvenile homicide is particularly amenable to this kind of developmental analysis for a number of reasons. First, the definition of homicide is relatively clear and uniform across most of childhood. This is not true for other kinds of victimization. For example, in dealing with assault victimization, one is faced with the problem of how to categorize corporal punishment by parents, or in dealing with sexual assault, one is faced with the fact that the crime definition may differ for adolescents compared to prepubertal children. Second, because it is so serious, better and more complete data are available for homicide than for other kinds of crime and victimization. Most homicides are reported to authorities, even if they do not all get counted as homicides, which minimizes the problems of reporting biases. Third, homicide data are available across the whole age spectrum. Much other crime victimization data, like the National Crime Survey, only covers youth ages 12-17 or like the UCR, is not broken down by age at all.

A goal of developmental victimology is to demarcate developmental patterns that can be formulated as general principles regarding crime victimization. Three such principles are relatively easy to observe in the case of homicide and are worth articulating in the possibility that they might in fact be applicable to other kinds of crimes.

Principle 1: As children get older, family perpetrators make up a smaller portion of all perpetrators. With increasing age, children interact with a larger and larger circle of other individuals. They also spend less time with family members. So family-perpetrated homicides should decline as a proportion of the total. The data on homicide clearly bear this out (Figure 2.6), as the percentage of homicides declines with age, with three particular drops, after infancy, after age 7 and then again after age 12.

Principle 2: As children get older, their victimizations come to resemble those of adults. Thus, as children engage in more and more adult activities and take on adult responsibilities and characteristics, their crime victimization patterns should become more like adults. Indeed, the data on homicide show that in addition to more acquaintance homicides, as children age, more of the homicides involve firearms (Figure 2.7), one of the hallmark distinctions between child homicide and adult homicide.

Principle 3: As children get older, gender patterns become more specific. Among younger children, there is less differentiation between the sexes, so presumably gender would be less of a factor in differentiating the patterns or rates of victimization. As children age and activities and physical characteristics are more differentiated by gender, patterns of victimization should become more gender specific. In the case of homicide, we do see that there is a marked divergence of rates for boys and girls as they age (Figure 2.8). Prior to age 12, the male and female rates are extremely similar. After age 12, rates for males rise much more rapidly, so that they are nearly

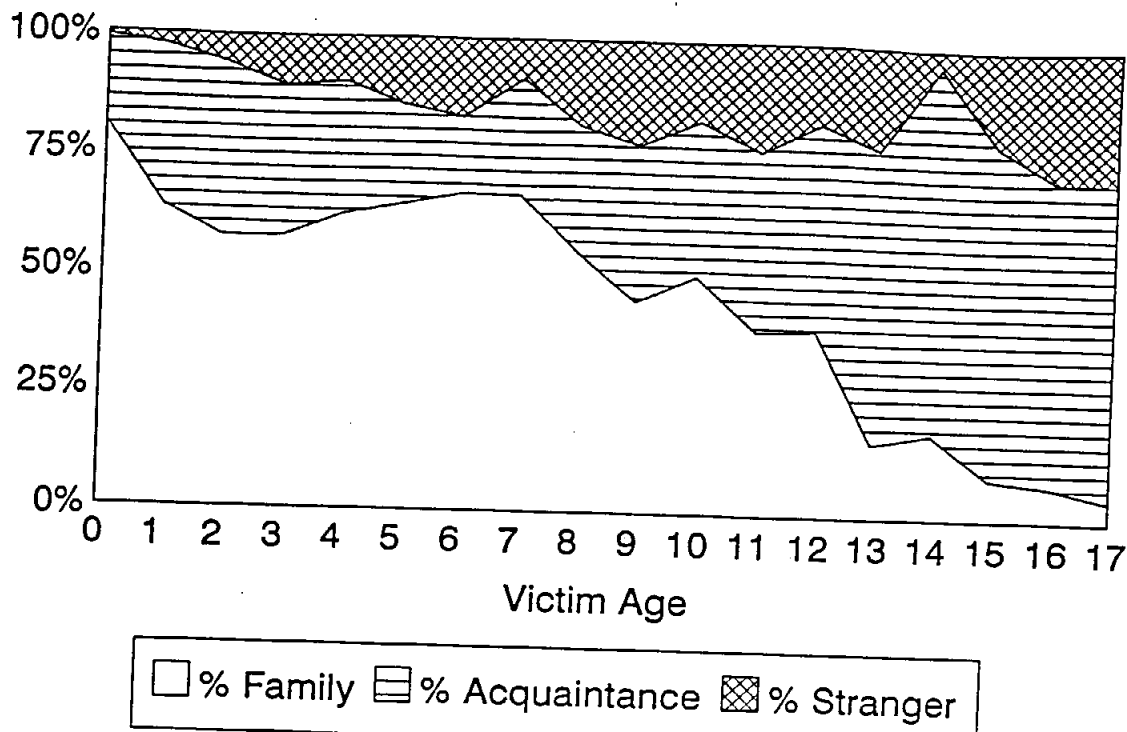


Figure 2.6. Relationship of Child Homicide Victims to Perpetrators

SOURCE: Based on 1991-1992 homicide data.

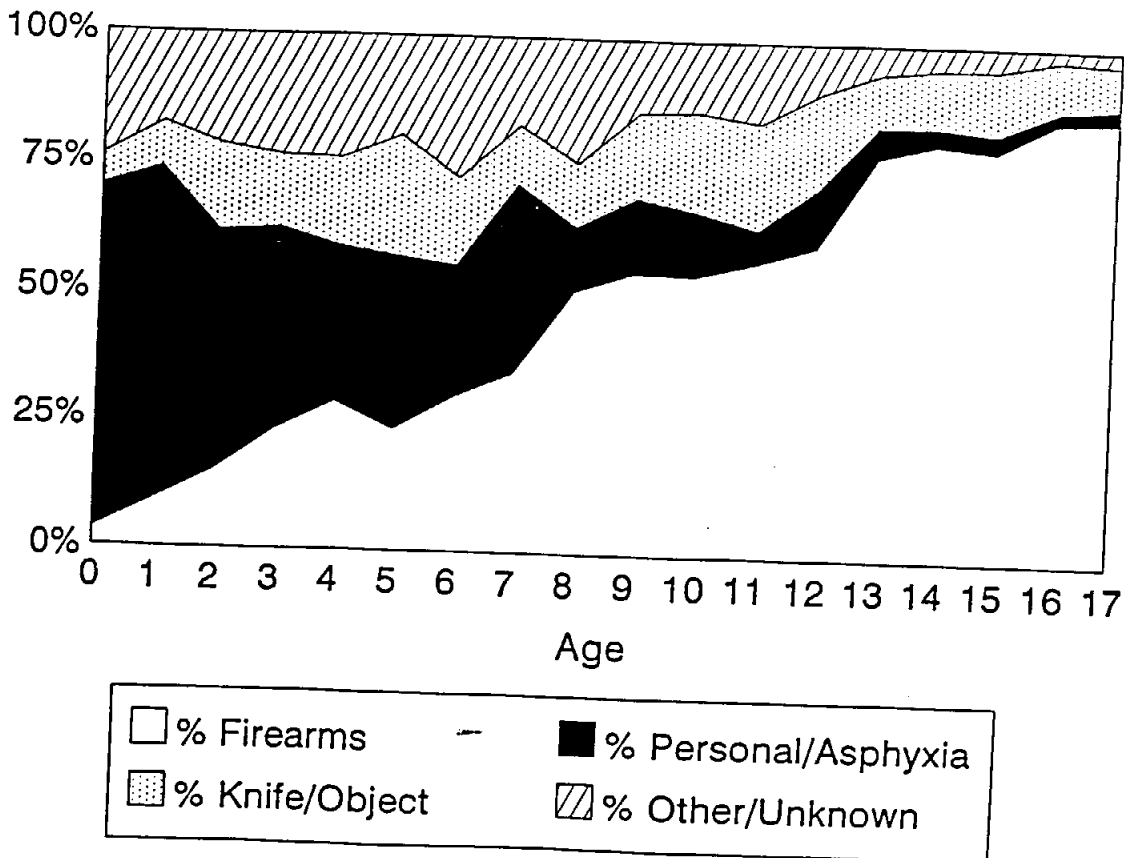


Figure 2.7. Homicide Weapon by Victim Age

SOURCE: Based on 1991-1992 homicide data.

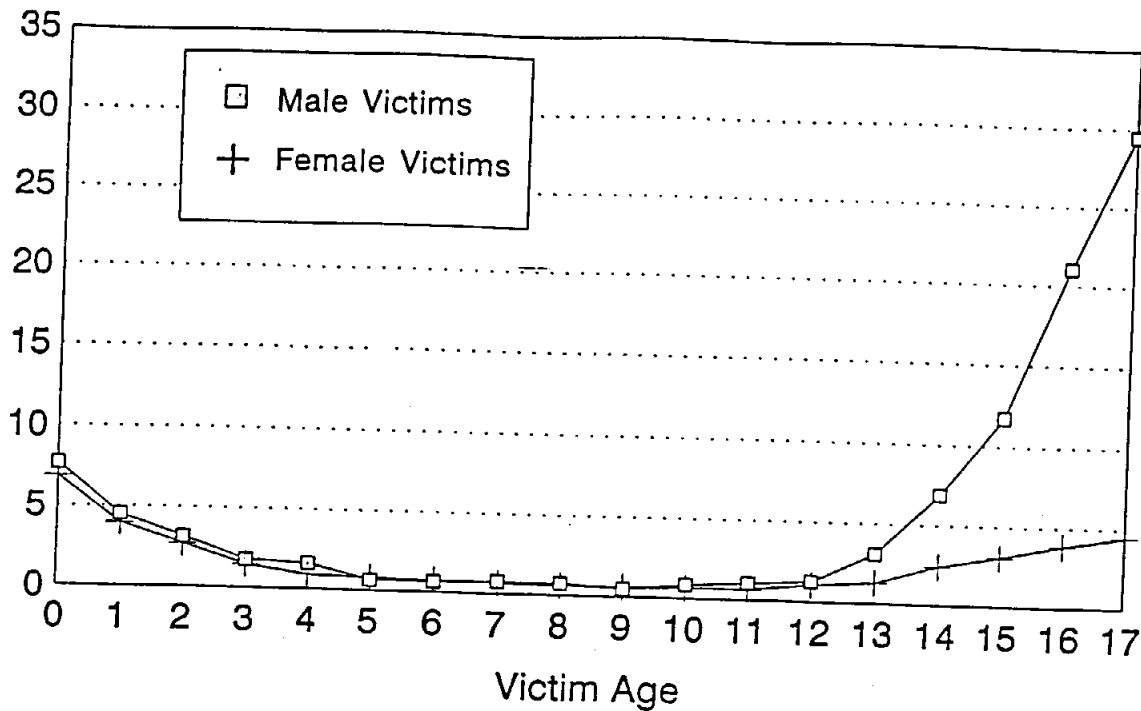


Figure 2.8. Gender of Child Homicide Victims by Victim Age (rate per 100,000 U.S. children)
NOTE: Average rate for 1991-1992.

7 times that of girls by age 17. Interestingly, unlike the previously indicated patterns, this is not a change that occurs gradually or in several steps over childhood, but undergoes a single, marked shift with the onset of adolescence.

One additional principle seems plausible from the prior principles, but we do not have data to explore it so clearly.

Principle 4: As children get older, their risk for victimization is decreasingly determined by family-related factors and increasingly related to more general social factors. Because families and parents govern the lives of younger children much more directly, factors such as maternal well-being, family composition, and quality of parenting should have a correspondingly greater effect on their risk of victimization. As children age and begin to interact with community institutions like schools and other individuals outside the family, general social and community factors such as race, community violence levels, and so forth should play a greater role in their risk for victimization. Some of the studies reviewed earlier provide support for this kind of propo-

sition, for example, Fiala and LaFree's (1988) findings that maternal conditions affect the homicide rate for young children internationally and Straus's (1987) findings that general sociological variables do better at predicting the homicides of older children. But Sampson's (1987) research finds that family factors are important in predicting teen homicide rates as well. It may be that in spite of its logic, such a proposition will not withstand careful empirical scrutiny.

Nonetheless, we present these propositions as examples of the kinds of empirical issues that might be part of the domain of a more formal field of developmental victimology.

Child Homicide Statistics

■ As illustrated by these examples, homicide statistics have a utility and credibility that other crime and abuse statistics often do not. Because of the seriousness of the crime, and other factors such as the common performance of a criminal investigation or an autopsy, there is often a substantial amount of information about the crime

on which the statistics are based. Assault and abuse statistics may be based on a single self-report, as in the case of the National Crime Survey, or on a professional decision that is not subject to much review, as in the UCR or child abuse reports. Moreover, national homicide statistics are available for the whole universe of homicides over an extended period of time, rather than being based on a sample or on the aggregation of possibly incompatible state data.

Because homicide statistics exist when other data do not exist or are seen as inferior, analysts often want to use them to answer more general questions, such as trends in nonlethal violence against youth or level of child abuse. So, for example, people have been eager to read success (Besharov, 1990; Pritchard, 1992) or failure (Weise & Daro, 1995) in the fight against child abuse in general from decreases (in the United Kingdom) or increases (in the United States) in the child homicide rate.

But there are good arguments against trying to use homicide statistics and particularly child homicide statistics as indicators for other, more general kinds of crime, violence and maltreatment of children (Trocme & Lindsey, 1995). For one thing, homicides generally constitute only an extremely tiny fraction of the universe of violence and abuse suffered by children. Compared to estimates of child abuse homicides (1,200 to 2,000 per year) estimates of nonfatal child abuse run from 500,000 to 4 million per year, making the homicides far less than even 1% of the total. The ratio of homicides to assaults is equally lopsided. It is risky to make generalizations from such a tiny portion of the problem to something so much bigger and potentially more diverse.

One of the risks of making such generalizations is that small factors can affect the small problem but have little relevance for the larger problem. Thus, if improvements in emergency medicine result in saving the lives of a few dozen more severely assaulted children every year, it could make a dramatic change in the child homicide rate, but have no bearing on the overall issue of child assault or child abuse in general.

In addition, there is good evidence that homicide is a problem very distinct from the general problems of child abuse or violence against children in general. Studies of homicide suggest that

it is not distributed in the same way or predicted by the same characteristics as the more general problems (Gelles, 1991; Trocme & Lindsey, 1995). For example, older teens are much more likely to be murdered than younger teens, but the two groups have generally equivalent risks for being assaulted. Teen homicides seem to be much more disproportionately distributed geographically than assault. Similarly, child abuse homicides are much more heavily concentrated among very young children than child abuse in general.

Thus, much as we would like to be able to use child homicide data to interpret general trends in youth victimization, it is risky to do so. Child homicide needs to be considered a distinct phenomenon from other child victimization, and child homicide statistics primarily tell us about child homicide.

Another more general problem in using homicide statistics is that, even if better than other crime data, they have themselves many serious imperfections, particularly in regard to children. This was illustrated by a study in Missouri that scrutinized all deaths of children ages 0-4 in Missouri between 1983 and 1986 (Ewigman et al., 1993) and found many cases of homicide and child abuse deaths, even some of the obvious ones, being missed by the data-gathering systems. The three major sources of information—the FBI's UCR, child protective services agencies (CPS), and the death certificates that get reported as vital statistics—all had large areas where they failed to overlap. Of all the cases identified as definite child maltreatment deaths by one of the systems, the UCR failed to record 61%, vital statistics failed to identify 52%, and the CPS system failed to identify 21%. Part of the issue for the UCR data is that not all child maltreatment deaths can be classified as "homicides." But, remarkably, the UCR data failed to identify fully one third of the cases in which there was a *criminal* conviction as a result of the death. The death certificates missed many cases of child homicide for a number of additional reasons including a restrictive definition of homicide and the practice of filling out the certificates before criminal and child welfare investigations are complete. The CPS system misses homicide cases especially when the per-

petrator is not a caretaker or when the case goes directly to the police and there are no additional children in the household who need to be protected.

In addition to these obvious missed cases, the systems almost certainly miss a great deal of homicide and child abuse that is more subtle and hidden. It is frequently hard to distinguish between intentional injuries and those due to accidents or natural causes or SIDS. Crimes against children are also relatively easy to conceal. Thus, the careful review of child deaths in Missouri determined that in addition to the definite maltreatment cases, there were an equal number of possible or probable maltreatment cases, most of which had been classified on death certificates as accidents. It would seem that a great deal of child homicide is being overlooked. Taking into account the lack of overlap among known cases and the hidden portion of the problem, some analysts have estimated that the actual rate of child homicide or child maltreatment fatality may be about double the numbers officially reported (U.S. Advisory Board, 1995).

Statistics on the homicides of older children have not been subject to the same scrutiny as those on younger children. But because accidents and intentional killings for this group may be more easily distinguished, the data may be more accurate for this group.

The existence of a large number of potentially uncounted homicides of young children has a number of important implications. One is simply that the problem may be much more serious than previously thought, rivaling in size the problem of teenage homicide. Another implication is that trends in homicide statistics for young children risk being affected by social change artifacts. If police get more training in child abuse issues, if autopsies and coroners' reviews become more systematic, if child death review teams bring more professional points of view to bear on child deaths, the number of child homicides may rise without any true underlying increase. In Los Angeles, for example, the local child death review team took credit for increasing from 50% to 87% the percentage of child abuse and neglect deaths that were sent to the district attorney for prosecution from 1989 to

1992 (U.S. Advisory Board, 1995). It is not certain that this sending of cases to the DA increased the number of cases that were classified in the UCR system as child homicides, but it seems quite probable that this would be one effect. In short, homicide statistics for young children in particular have a substantial imprecision and need to be well understood by those who compile them as well as those who use them.

Note

1. This chapter is concerned about persons ages 17 and younger because that is the statutory age of dependency in most states for most purposes. As the time when secondary education ends for most young people in the United States, it is also the point of an important life stage transition.

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