

Homicides of people with developmental disabilities: An analysis of news stories

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Over the past decade, there has been increased interest in crimes against people with developmental disabilities (PWDD). While national and international information has been available on homicides of people in general, little attention has been given to homicides of PWDD specifically. This paper provides a preliminary description of homicides as they affect PWDD. Through content analysis, 1128 media cases of homicides of PWDD involving 1967 deaths were examined. Seven groups implicated in these deaths were identified: acquaintances, caregivers, family members, government representatives, roommates, strangers, and those who could not be identified given the information provided. For those PWDD who could be identified by age and gender, the majority killed were male and four years of age or younger. Individuals responsible for the deaths of PWDD were predominantly male, with the exception of the Family group. The deaths of PWDD primarily resulted from neglect, burns, beatings, shootings, and asphyxia. Discussion examines media presentation of homicides, research on homicide, models of violence and aggression, and prevention.

“From a distance, I can deny your humanity; and from a distance, I cannot hear your screams” (Grossman, 1995, p.102). Lieutenant Colonel Grossman wrote this about soldiers’ emotional desensitisation when required to kill. Grossman explained that, to be able to kill, one must achieve a psychological distance from one’s opponent. Distancing oneself from another may be accomplished through physical, cultural, moral, social, or mechanical means. By viewing others as different from us, by marginalizing people, it becomes easier to commit violence against them.

One group of people who have been marginalized in society is people with developmental disabilities (PWDD). Being marginalized, some PWDD have experienced forced sterilization, denial of medical treatment, involuntary medical experimentation, mercy killing, euthanasia, physical and sexual abuse, neglect and homicide (Sobsey, 1994; Sobsey, Wells, Lucardie, & Mansell, 1995; Williams, 1995). Research has shown that adults and children with developmental disabilities are at greater risk for being sexually and physically abused (Galey & Pugh, 1995; Sobsey, Randall, & Parrila, 1997; Sobsey & Varnhagen, 1991). Some researchers have suggested that children with disabilities are at a risk 1.8 times greater for physical abuse, and 1.6 times greater for sexual abuse, than children without disabilities (Crosse, Kaye, & Ratnofsky, 1993). Other studies place the relative risks even higher. According to Sullivan and Knutson (1997), children with disabilities are 3.44 times as likely to be abused than children without disabilities.

The incidence of violent crimes against PWDD is difficult to determine. Statistics Canada research on homicides does not provide victim information concerning physical or developmental disabilities (Fedorowycz, 2000). The Federal Bureau of Investigation's Violent Criminal Apprehension Program (VICAP) crime analysis report allows the respondent to list any outstanding physical features the victim of a violent crime may have. While, overall, this report is very detailed in its classification of violent crimes, it does not allow for any victim information to be collected regarding mental disorders (Douglas, Burgess, Burgess, & Ressler, 1992). The U.S. National Crime Survey has not provided information on whether the victim has a disability or not (Luckasson, 1992). However, this omission is now being addressed (Petersilia, Foote, & Crowell, 2001).

While crime against PWDD has received increasing awareness, little attention has been given to homicides of PWDD. The Criminal Code of Canada defines homicide as the killing of one person by another, either directly or indirectly, by any means. Homicide is either culpable, such as for murder, manslaughter, or infanticide, or not culpable, such as self-defence (Rodrigues, 1994). The present study focuses on these homicides to provide preliminary data concerning the number of homicides of

PWDD, a preliminary perspective on the characteristics of homicide of PWDD, a framework for understanding abuse issues and discriminatory practices against PWDD, and prevention issues concerning these acts.

History has witnessed the homicide of PWDD en mass. The role of German physicians, nurses, and other medical staff in the euthanasia of children and adults with developmental disabilities during the Third Reich has been well-documented (Burleigh, 1994; Gallagher, 1990; Mitscherlich & Mielke, 1962; Proctor, 1988, 1992). State sanctioned acts such as Germany's Aktion T-4 program ultimately resulted in the euthanasia and cremation of tens of thousands of children and adults with developmental disabilities residing in mental institutions and hospitals (Gallagher, 1990). In 1939, prior to Aktion T-4, the German Reich committee made registration of infants with developmental and physical disabilities compulsory for physicians and midwives. Once registered, children were admitted to "clinics" where almost all died from starvation, disease, drug overdose, or gassing (Burleigh, 1994).

Individual cases of homicide of PWDD have been diverse. There are homicides committed by caregivers and service providers, some of which have been rationalized as acts of mercy (Polman, 1995). Other deaths of PWDD involving caregivers appeared to be due to neglect (Christensen, 1997). Some deaths have been attributed to punishment procedures (Buser, 1995). Linda Cornelison, 19, described as having mental retardation and an inability to speak, received 61 aversives from caregivers on the day she died, while attending the Judge Rotenberg Center, formerly known as the Behaviour Research Institute. Aversives consisted of being repeatedly forced to smell ammonia, spanked, pinched, and forced to eat taste aversives such as a vinegar mix, jalapeno peppers, or hot sauce. The aversives were used as a means to influence her behaviour. It was reported that staff mistook Linda's attempt to communicate her pain and discomfort due to gastric bleeding for target behaviours (Lasalandra, 1995a, 1995b).

Similar to caregiver homicide cases, intrafamilial homicides have been justified as mercy. In some of these cases, the parent seemed unwilling to request or receive help with childcare (Bennetto, 2000). Murder-suicides

may also appear to be acts of desperation by a parent overwhelmed by his or her childcare responsibilities. However, in these cases, the parent takes his or her own life as well (LaSalle, 1995). Fedorowycz (2000) indicated that, in 1999, 8% percent of all homicides in Canada were murder-suicides. In 93% of cases, the accused was male. Almost 90% of murder-suicides were family related.

In some cases of intrafamilial homicide, victims endured chronic abuse, ultimately leading to their death (Kalfrin, 1999). In other cases of chronic abuse of children with developmental disabilities (CWDD), siblings without disabilities received preferential treatment from the parents (Associated Press, 1995). In the case of a mother and her three friends beating her 38-year-old son with developmental disabilities to death, prior to hiding his body in a cave, the intent to do harm was more direct (Stivender, 1999). In a number of cases of intrafamilial homicide, the child's non-biological parent has been implicated. These cases generally involve step, adoptive, and foster parents. They may also involve the boyfriend or girlfriend of the child's parent (Becka, 1999; Horswell, 2000; O'Doherty, 1989).

Roommates have been implicated in the deaths of PWDD. In these cases, the alleged perpetrator is usually another person with developmental disabilities (Bullard, 1995). Some homicides have involved strangers killing PWDD (Sowa, 1998), while others have been perpetrated by acquaintances. In these cases, the perpetrator is known to the victims, but is not considered a roommate, caregiver, or family member. These individuals may be fellow employees, or classmates ("Texas man sentenced to die for torture killing," 1998; "Two men on trial charged with killing a woman they used for target practice," 1998).

Method

Content analysis, "a research technique for the objective, systematic and quantitative description of the manifest content of communication" (Berelson, 1952, p. 18), was used to examine media stories about homicides of PWDD. Carney (1972) notes that, "analysis of the content of communications is, traditionally, the domain of classical content

analysis" (p.44). Krippendorff (1980) explains that its purpose is to "provide knowledge, new insights, a representation of 'facts,' and a practical guide to action" (p. 21).

Content analysis can employ qualitative methods, quantitative methods, or a combination of the two (Gall, Borg, & Gall, 1996). Qualitative content analysis allows more detailed interpretation of specific text passages. Quantitative content analysis provides more objective analysis of specific characteristics of a sample, but lacks the richness of detail available through qualitative analysis. In this study, quantitative content analysis is used as the primary tool for testing hypotheses. This analysis is supplemented by examples from selected articles that illustrate some of the thematic qualities relevant to those hypotheses.

Babbie (1999) comments that the advantage of content analysis over other types of research methods is its economy in terms of time and money. A single individual can collect a large amount of research over a short period of time. Content analysis is also unobtrusive and allows one to study a process longitudinally. With stories or accounts already written, subjects would rarely be affected by the analysis of their stories.

Babbie (1999) notes that weaknesses of content analysis stem from its dependence on recorded communication. By analyzing existing records, one is dependent on the accuracy and objectivity of those records. Inaccuracies in reporting cannot be substantiated unless conflicting or updated information is provided. Therefore, an assumption is made that the information communicated is accurate.

The research methods used in this study were similar to those used in Lucardie's (2001) study on news media accounts of intrafamilial homicide of PWDD. Richards (2000) used this method to analyze child homicide and fatal child abuse cases, and to help identify characteristics associated with the victim, perpetrator, and circumstances of the murder. Chermak (1995) utilized a similar method to examine the presentation of crime and victims in print and electronic media.

The terminology used throughout this study focuses on homicides and PWDD. The term homicide is used to indicate the death of an individual resulting from one of the following causes:

- death resulting from the deliberate action of another person who intends to cause death,
- death resulting from the deliberate inaction of another person who intends to cause death,
- death caused by the deliberate action or inaction of another person when death is a foreseeable possible outcome, and
- death caused by a negligent action or inaction of another person where death is a foreseeable possible outcome.

Cases involving the death of a PWDD as a result of homicide that were not included in this study consisted of those which were deemed to result from self-defense or state-sanctioned executions. In self-defense cases, the death of the PWDD resulted from self-defensive actions taken by the individual being attacked or in fear of being attacked. With state sanctioned executions, the death of a PWDD resulted from the person being executed by the state for crimes committed.

Kiernan and Schalock (1995) define developmental disability as any neurological condition that occurs prior to 18 years of age. The condition affects either mental or physical functioning or both. The condition is also chronic, meaning that the person will likely have this condition for the duration of his or her lifetime. The term developmental disability also emphasizes a person's functional capacity. Impairment or significant functional limitations are identified in three or more areas including self-care, both receptive and expressive language, learning, mobility, self-direction, capacity of independent living, and economic self-sufficiency. Significant functional limitations are defined by the amount of assistance required to perform activities, such as moderate to constant assistance. Disabilities which are included under this definition are mental retardation, autism, Down syndrome and other chromosomal anomalies, hydrocephalus, microcephalus, spina bifida, some metabolic and immune deficiency disorders, fetal alcohol syndrome, cerebral palsy, and epilepsy. Disabilities that do not fall under this description include those

occurring after age 18 such as those resulting from accidents or trauma, substance abuse, aging, or disabilities resulting from mental illness.

Electronic media cases, including newspaper articles, magazine articles, and transcripts of radio and television news reports that had been indexed for electronic retrieval, were utilized to obtain information pertaining to the homicides of PWDD. The mass media has been identified as a primary source of crime and criminal justice information (Graber, 1980). Media accounts were selected because of the ease of access and the information provided by reporters, which may not be easily available through other resources. This method also allows longitudinal examination of homicides of PWDD and is non-intrusive regarding access to information.

While several online services were used, Lexis-Nexis Directory of Online Services was used most extensively. Lexis-Nexis consists of numerous libraries, which consist of files, consisting of documents. The documents are in "full-text," meaning that every word of the original document is included. News Library, which consists of documents from North American and overseas English language newspapers, was predominantly used. The files used were Full-text Group Files, in particular, ALLNWS. Not all newspapers included in ALLNWS were catalogued according to the same time frame. For example, at the time this study was conducted, the *Washington Post* dated back to January, 1977, while the *Boston Herald* only dated back to January, 1994.

Searches on ALLNWS were conducted using key words as search terms. For the purpose of this study, homicide victims were considered to have a developmental disability if any of the following terms were used to describe them: mental retardation, mentally handicapped, Down syndrome, cerebral palsy, autistic, developmentally delayed, developmentally disabled, retarded, severely disabled, multiple handicapped, mentally challenged, intellectually disabled, feeble-minded, and mongoloid. The term mentally retarded was not used, because it would have been included in the search using the term retarded. The term Down syndrome also included cases that used the term Down's syndrome.

Search terms used to obtain information on homicides included homicide, murder, manslaughter, and killed. The combination of disability and homicide terms were given a parameter of “within 15 words,” meaning that the term used to describe the disability must occur within 15 words distance from the term used to describe the homicide. For example, the search “mental retardation w/15 homicide” would provide stories that included the words mental retardation and homicide, within 15 words of each other. Additional parameters were used to further limit searches. The word “and” was used to reduce the number of stories obtained by a search. For instance, the search “retarded w/15 homicide and victim” provides stories, which include the words retarded, homicide, and victim within 15 words of each other. This search excluded stories focusing on a person described as retarded, who killed another person who was not described as being retarded.

Because the search protocols for various electronic data bases differed, the exact search methods were altered to suit each specific database. Each story found by electronic search methods was reviewed to confirm that it described a homicide event involving a victim with a developmental disability. Many stories that were collected in the initial electronic searches were eliminated. Most of those eliminated were rejected for one of the following reasons:

- The homicide victim did not have a developmental disability (e.g., the victim worked with people with developmental disabilities);
- The event was not an apparent homicide (e.g., a person with a developmental disability was killed by accident); or
- The homicide event was fictional (e.g., a novel or movie depicting a murder).

Results

The results from this study found 1128 cases of homicides of PWDD, representing 1967 deaths. Some cases involved multiple deaths. Reporters described PWDD using different descriptors. When cases were categorized according to the most descriptive condition of the victim, the

most common condition was mental retardation (818), followed by cerebral palsy (110), Down syndrome (60), autism (43), developmental disability (40), fetal alcohol syndrome/fetal drug syndrome (24), epilepsy (18), spina bifida (9), hydrocephalus (5), and muscular dystrophy (1).

While one case of homicide dated as far back as early 1764, the majority of cases dated from 1980 to the present. This generally reflected greater access to media information pertaining to homicides of PWDD through electronic means, rather than an increase in incidence of homicide of PWDD. The average year reported was 1990, with a median year of 1992. Information obtained about earlier accounts of homicide resulted from present day coverage of these cases. The majority of homicide cases came from the United States (700/1128). This reflected the greater number of media sources in the database from the United States. It does not suggest that PWDD living in the United States are at greater risk of being killed. China (222), Canada (64), England (24), Japan (13), Germany (10), Yugoslavia (9), Australia (8) and other countries were also represented.

Not all stories used in this study provided full information concerning the circumstances of the homicide or the characteristics of the people involved. Some stories could not be followed up to determine if the individual who was first felt to be responsible for the homicide was later determined to be the actual person involved. In addition, reporters may have mislabeled some implicated individuals regarding their relationship to the person killed. The researcher accepted the label given by reporters as factual and did not attempt to re-label those implicated. If two or more stories conflicted regarding information, the most reliable source was retained. If this was not possible, the case was relabeled "unknown."

Those felt to be responsible in the death of PWDD were categorized according to one of seven groups to allow for easier comparison. The Acquaintance group consisted of those individuals who were known to the person killed, but were not considered family members, caregivers, or roommates. The Caregiver group consisted of those individuals who provided care to PWDD, such as paid caregivers (i.e., physicians, nurses,

nurses' aides), or other care providers (i.e., group home employees, teachers, and babysitters).

The Family group consisted of parents or parental figures, siblings, and other family members. Parents included biological, step, adoptive, and foster parents. Boyfriends and girlfriends of parents also were included in this group. Siblings consisted of biological, adoptive, and half siblings. Other family included aunts, uncles, grandparents, spouses, in-laws, nieces, and nephews. The researcher did not attempt to re-label those implicated in the death of PWDD regarding their relationship with person killed, or label those implicated based on the amount of time they had known the PWDD. For example, father's or mother's partner was assumed to be in a parental role within the family.

The Government group included those PWDD killed by representatives of the government, which included the state, militia or military, and police. Caregivers from orphanages in China were included in this group because China's Ministry of Civil Affairs oversees these institutions, thus reflecting state policy, not the independent acts of individual caregivers.

The Roommate group included those PWDD who were allegedly killed by someone who resided with the PWDD, usually in a group home setting, such as another PWDD. The Stranger group included those individuals who were not known to the PWDD. For the Unknown category, not enough information was available to more precisely determine who killed the PWDD.

Table 1 illustrates the gender division of PWDD who were killed, sorted by implicated group. Caregivers, family members and government representatives were implicated in the greatest number of homicide cases and PWDD killed. PWDD for whom gender information was available, were generally male regardless of who was implicated in their death. But the predominance of male victims was much stronger in some groups than others.

Table 1
Gender of PWDD Sorted by Implicated Groups

Perpetrators	Cases	Male	%	Female	%	Unknown	%	N	%
Acquaintances	93	72	75.79	22	23.16	1	1.05	95	100
Caregivers	212	136	21.28	65	10.17	438	68.54	639	100
Family	308	155	49.36	148	47.13	11	3.50	314	100
Government	268	150	25.51	119	20.24	319	54.25	588	100
Roommate	34	40	50.63	7	8.86	32	40.51	79	100
Strangers	65	46	67.65	22	32.35	0	0.00	68	100
Unknown	148	72	39.13	67	36.41	45	24.46	184	100
Total	1128	671	34.11	450	22.88	846	43.01	1967	100

For the Unknown gender category, the gender of those killed could not be determined based on the available information. Caregivers and Government groups accounted for 62.38% (1227/1967) of PWDD killed. For the majority of these PWDD, not enough information was provided regarding gender. A number of these cases involved multiple deaths. Family members were implicated in the death of an additional 15.96% (314/1967) PWDD. Of these, similar numbers of males and females were identified.

Table 2 illustrates the gender division of those implicated in the death of PWDD sorted by implicated group. The majority of those implicated in the deaths of PWDD could not be identified by gender, from the available information. The majority of those implicated, who could not be identified by gender, were from the Caregiver, Government and Unknown groups. In some cases of homicide, multiple individuals were implicated in the death of PWDD.

Of the 666 known individuals thought to be responsible for homicides of PWDD, 60.06% were male, and 39.94% were female. Implicated males dominated all groups with the exception of the Family group. For this group, biological parents, especially biological mothers were most often held responsible for the death of family members with developmental disabilities. This may reflect the primary role mothers continue to play in raising their children. This also has implications for fathers and boyfriends who generally have less responsibility with childcare, but are

still largely implicated in the deaths of children, given the amount of time spend caring for them.

Table 2
Known Gender of Individual(s) Implicated Sorted by Implicated Groups

Perpetrators	Male	%	Female	%	N	%
Acquaintances	53	89.83	6	10.17	59	100
Caregivers	70	61.40	44	38.60	114	100
Family	170	46.45	196	53.55	366	100
Government	11	100.00	0	0.00	11	100
Roommate	42	75.00	14	25.00	56	100
Strangers	20	80.00	5	20.00	25	100
Unknown	34	97.14	1	2.86	35	100
Total	400	60.06	266	39.94	666	100

Table 3 illustrates the age ranges of PWDD who were killed, sorted by implicated groups. Age information was available for only 1034 PWDD killed. The majority of homicides concerned the very young, with 35.11% (363/1034) of PWDD being four years of age or younger. The next largest group was between the ages of 5 and 9, with 55.32% (572/1034) of PWDD killed being 14 years of age or younger. The number of reported PWDD killed declined as their ages increased. Of the 933 PWDD who were killed, but for whom no specific age information was available, 54 were described by the media as children and 112 were described as adults. Of the 767 PWDD for whom no age information was available, 345 were from the Caregiver group and 320 were from the Government group and pertained to media cases documenting mass homicides of PWDD. One case involved the deaths of 200 institutionalized PWDD who died as a result of starvation in Sweden in 1941. Another case involved the deaths of 300 PWDD killed by Hutu militia in Rwanda in 1994.

Table 3
PWDD's Age Sorted by Implicated Groups

Age	Acquaint.	Caregiver	Family	Govt. Rm.	Stranger	Unknown	N	%
0-4	3	88	101	160	0	2	9	363 35.11
5-9	2	10	54	42	2	3	8	121 11.70
10-14	8	22	32	13	1	4	8	88 8.51
15-19	19	18	28	4	1	7	9	86 8.32
20-24	15	14	17	3	2	9	17	77 7.45
25-29	9	14	13	3	1	6	14	60 5.80
30-34	12	11	7	4	5	5	12	56 5.42
35-39	3	16	9	2	3	8	14	55 5.32
40-44	7	9	5	2	4	3	5	35 3.38
45-49	1	10	13	0	2	3	6	35 3.38
50-54	1	7	4	1	1	4	2	20 1.93
55-59	2	4	1	0	1	1	4	13 1.26
60-64+	3	8	6	0	1	2	5	25 2.42
Total	85	231	290	234	24	57	113	1034 100.00

Further examination of Table 3 indicates that caregivers, family members, and government representatives were primarily implicated in the deaths of very young children. Family members were implicated in 34.83% (101/290) of deaths of children under four years of age, with 64.48% (187/290) children being 14 years of age or younger. Government representatives were implicated in the deaths of 91.88% (215/234) of children 14 years of age or younger. A similar number of male and female deaths of children in this age group were observed. PWDD killed by acquaintances were generally between the ages of 15 to 34 years, with the majority being male. Those killed by strangers were generally between the ages of 15 to 39 years. The majority of PWDD killed by roommates were adults. For the Unknown group, the greatest number of PWDD killed were between the ages of 20 to 39 years.

Table 4
Primary Act Causing Death Sorted by Implicated Group

Act	Acquaint.	Caregiver	Family	Govt.	Rm.	Stranger	Unknown	N	%
Asphyxia	17	28	35	3	8	2	18	111	5.64
Beaten	34	21	62	11	9	11	36	184	9.35
Burned	2	139	25	2	55	6	10	239	12.15
Restraint	0	30	1	3	0	0	0	34	1.73
Drowned	3	17	16	0	1	5	0	42	2.14
Envir.	0	9	5	0	1	0	1	16	0.81
Neglect	0	325	41	212	0	0	3	581	29.54
Poisoned	1	20	24	1	0	0	0	46	2.34
Shot	13	2	50	23	2	14	9	113	5.74
Stabbed	11	3	16	1	2	5	16	54	2.75
Vehicular	0	10	2	0	1	20	3	36	1.83
Unknown	5	24	27	327	0	4	56	443	22.52
Others	9	11	10	5	0	1	32	68	3.46
Total	95	639	314	588	79	68	184	1967	100.00

Table 4 illustrates the primary act causing death, sorted by implicated group. While news information clearly reported that a PWDD had been killed, at times it was difficult to discern the primary act causing death if multiple means were used. In such cases, what appeared to be the singular primary act resulting in death was categorized.

The majority of PWDD died as a result of neglect. This category included death by medical neglect and starvation. Medical neglect consisted, in part, of denial of medical treatment and neglect of patients' needs, such as ensuring that their breathing tube was clear. Caregivers and the government representatives were primarily implicated in these acts with most PWDD dying as a result of starvation or denial of medical treatment. For the Caregiver group, neglect resulted in the deaths of 325 PWDD, or 50.86% of all deaths within this group. The majority of individuals killed in the Caregiver group who died as a result of neglect, could not be identified according to age. However, 71 were identified as being four years old or younger.

For the Government group, 212 PWDD died as a result of neglect, contributing to 36.05% of all deaths within the group. State orphanages in Shanghai, China, accounted for 215 infant and children's deaths between 1989 to 1992, termed "summary resolutions." Of these, 210

deaths generally resulted from complications due, in part, to starvation and denial of medical treatment. For this study, these homicides were not considered culpable, because they reflected government policy.

Neglect was the third most common cause of death of PWDD in the Family group, accounting for 41 deaths. Twenty-five victims were nine years of age or younger, 13 were four years of age or younger. Starvation contributed to the deaths of 33 PWDD.

Being burned was the second most common known cause of death of PWDD, accounting for 239 deaths. While the majority of PWDD died by fire, this category also included chemical burns and scalding. Death by burns was the primary cause of death of PWDD in the Roommate group and the second most common cause of death of PWDD in the Caregiver group. For the Caregiver group, death by fire generally resulted from negligent homicide, defined as the killing of another through negligence. The majority of these cases were incidents of group homes or institutions burned down in Argentina, Chile, and the United States. Approximately 90% of PWDD in the Caregiver group who died as a result of burns could not be identified according to age.

Beating was the third most common known cause of death of PWDD, and was the primary cause of death in the Acquaintance, Family, and Unknown groups. Beating was defined by punching, kicking, or hitting someone using an object. In the Acquaintance and Unknown groups, death by beating was twice as common a cause of death than any other act. The majority of PWDD in the Acquaintance group who were beaten to death were between the ages of 15 to 44 years of age. In the Family group, 54.84% of PWDD (34/62) who were beaten to death were four years of age or younger.

Death by shooting, defined by the lethal use of a firearm or crossbow, was the fourth most common known cause of death of PWDD and was the second most common act causing death for the Family, Government, and Stranger groups. Death by asphyxia was the fifth most common, and included death by suffocation, strangulation, smothering, and hanging.

Death by asphyxia was the second most common cause of death for the Acquaintance and Unknown groups.

Additional acts causing deaths that were categorized included death by "restraint," which referred to those PWDD who died as a result of being forcefully restrained by others. These acts were most frequently reported in hospital or institutional settings. A common scenario would involve the victim being pinned on the floor by hospital aides, unable to breathe. In other scenarios, victims would be tied up in leather wrist and ankle cuffs or vests and left unattended for periods of time. Death by restraint would generally result from asphyxia or cardiac arrest.

The drowned category predominantly involved caregivers and family members. In the Caregiver group, many of the victims drowned in the bathtub after being left unattended by their caregivers. These cases were generally considered negligent homicides, defined as the killing of another through negligence. In the Family group, while some cases involved children left unattended in the bathtub, others involved children who were purposefully drowned.

The environment category included deaths of PWDD resulting from exposure to the elements. Many cases involved victims who died as a result of hyperthermia after being left unattended by their caregivers or family in a vehicle on a hot day. These cases were most frequently labeled negligent homicides.

The poisoned category included those PWDD who died as a result of gassing or the over-administration of medication. Death by carbon monoxide was most frequently observed for the Family group. In all of these cases, the PWDD was killed by one of his or her parents. The child was usually left in the car, in an enclosed space, with the car running. For the Caregiver group, many of the PWDD died as a result of a drug overdose or lethal injection.

Death by stabbing included those cases where the PWDD's body was penetrated by an object such as a knife, sharp stick, or sword, resulting in death.

The vehicular category included those PWDD who died as a result of being struck by a vehicle or those who died during a motor vehicle accident. For the Caregiver group, the individual implicated in the homicide was usually under the influence of alcohol or drugs while operating a motor vehicle. The resulting vehicle accident, through collision or driving into a body of water, caused the death of passengers with developmental disabilities. For the Stranger group, the driver was usually not under the influence of substances. The majority of cases in this category were considered negligent homicides. Many involved multiple victims who were travelling by van or bus.

The Unknown category consisted of cases where the exact cause of death was undetermined. Provided information indicated that the PWDD had a developmental disability and that the death was considered a crime. For example, one case involved the discovery of a skeleton of a PWDD found within the wall of a building, entombed in concrete. This category also included over 300 PWDD who were killed by militia or military perpetrators. Many of these deaths resulted from mass homicides in Rwanda and Bosnia.

The Others category consisted of those acts causing death that did not fall under any of the previous categories. These include, in part, euthanasia, death by shaking, death by falling from a height, and electrocution.

Discussion

This study indicates that more homicide stories were written about the killing of males than females with developmental disabilities. Sorenson, Peterson Manz, and Berk's (1998) study on media coverage of homicides supports this finding and reports that significantly more males in the general population were victims of homicide. In addition, developmental disabilities occur more frequently among males. Therefore, while more news stories pertained to PWDD who are male, this does not necessarily mean there is a higher incidence of violence against males with developmental disabilities.

In this study, homicide stories most often implicated caregivers, government representatives, and family members in the deaths of PWDD. While caregivers and government representatives have not frequently been the focus of homicide media research, Pritchard and Hughes (1997) found that intrafamilial homicides such as infanticides received the greatest amount of news coverage, suggesting similarities with results from the present study. This finding was not supported by Sorenson, Peterson Manz, and Berk's (1998) media research, which found that homicides implicating strangers and acquaintances received more news coverage than victims killed by family. Findings of PWDD were similar to Statistics Canada research on homicide, which found that male perpetrators accounting for 90% of all homicides in 1999 (Fedorowycz, 2000).

Statistics Canada research on homicides indicates that, between 1989 and 1998, 36.1% of homicides, on average, were committed by family members, 49.0% of victims were killed by acquaintances, and 14.9% were killed by strangers and unknowns combined (Fedorowycz, 2000). By comparison, results from the present study indicate that 15.96% (314/1967) of homicides of PWDD implicated family members, 8.85% (174/1967) implicated acquaintances and roommates combined, and 12.81% (252/1967) implicated strangers and unknowns combined. Acquaintances and roommates, and strangers and unknowns were combined to allow for comparison with Canadian statistics. Statistics Canada findings did not focus specifically on caregivers or government representatives. If these two groups are removed from the database of homicides of PWDD, then family members were implicated in 42.43% (314/740) of homicides, acquaintances and roommates combined were implicated in 23.51% (174/740) of homicides, and strangers and unknowns combined implicated in 34.05% (252/740) of homicides of PWDD. While direct comparison is not possible, these findings suggest that family members and strangers may be implicated in a greater proportion of homicides of PWDD than people without developmental disabilities.

In this study, many PWDD were killed in hospitals and institutions by caregivers or government representatives. For PWDD living in institutions, their physical and social isolation may be among the many contributing factors to being victimized or discriminated against. If society is unaware of abuses or discriminatory practices occurring in group homes or institutions, then individuals responsible for these acts retain a degree of anonymity. Zimbardo (1970) suggested that an individual is more likely to behave aggressively if conditions allow for his or her anonymity to be safeguarded. Inhibition is reduced in part from the deflection of personal responsibility and lack of scrutiny. Zimbardo's research also demonstrated that assigned roles and situational forces could significantly contribute to aggressive behaviour (Haney, Banks, & Zimbardo, 1973). For caregivers, the responsibility to control and manage residents may result in behavioral interventions that are abusive and potentially fatal. In particular, the physical use of restraints to control or punish inappropriate behaviour has resulted in the deaths of residents (Weiss, 1998).

Homicides of PWDD by caregivers, family members, or government representatives frequently stemmed from neglect. A *summary resolution* policy of fatal neglect, defined by starvation and denial of medical treatment in China's state orphanages, contributed to the deaths of the majority of abandoned infants and children with developmental disabilities in the Government group (Human Rights Watch, 1996a; 1996b). In the media, the focus on such terms as *summary resolution*, *euthanasia* and *mercy killing* may imply that death is an appropriate alternative to life with a disability. Using the term *mercy killing* instead of *murder* may provide the reader with a different perspective concerning the relationship between PWDD and those providing for their care. While both terms may imply intent, one suggests that the intent is merciful while the other implies that it is not.

If society considers it acceptable to kill people with developmental disabilities because of their disability, then disability provides justification for killing someone. Whitmer (1997) explained that acts of violence are mediated by "the cultural context of expectations and acceptability or tolerance for the expression of violent behaviour" (p. 56).

Freud (1961) distinguished between legitimate violence, which is viewed as acceptable through its validation by law or social acceptance, versus illegitimate violence, which is not socially acceptable and hence a threat to society. The shift from legitimacy to illegitimacy may be based on people's perception of the circumstances surrounding the act of violence. If the deaths of PWDD can be justified in terms of *summary resolution*, *euthanasia*, or *mercy killing*, and are viewed by society as socially acceptable, then responsibility for the action or inaction resulting in death of PWDD can be attributed to the victim.

The shift of responsibility to PWDD for their death has historical roots. Douglas (1995) observed that the use of scapegoats was a universal phenomenon, traditionally used as a means of atonement for sins and evolving as a means to avoid blame and victimise innocent individuals. The mass exterminations of PWDD in Nazi Germany during the Second World War were in part justified because PWDD were portrayed as "useless eaters," who did not contribute to society because of their disability (Wolfensberger, 1981).

Societal validation of discrimination against PWDD is seen through such public mediums as film, television, newspapers, magazines, comic books, and computer games. Gerbner, Gross, Morgan, and Signorielli's (1994) cultivation theory in part explains how one's perception can change over time depending on the amount and kind of media products one watches. Watching violent films increases our tolerance of violent behaviour in others and reduces our feelings of empathy for the victim (Linz, Donnerstein, & Penrod, 1988). This becomes a concern when disability in television and film is frequently equated with criminality, evil embodiment, or punishment for evil. The person with a disability is often portrayed as impulsive, violent, sexually deviant, maladjusted, and less than human (Longmore, 1987). The death of these characters is often portrayed as the only humane and logical solution.

Bandura (1977) argued that aggressive behaviour is more likely to be modeled by others if the person behaving aggressively is rewarded for doing so. By negatively stereotyping PWDD, and by modeling violence against them through public mediums, society may be placing PWDD at

greater risk for abuse by communicating that abuse of PWDD is appropriate. For example, if a parent kills his or her child with developmental disabilities (CWDD) and receives public support and a more lenient sentence by the courts, as compared to the minimum punishment for murder, as seen with Robert Latimer's killing of his daughter Tracy (Woodward, 1998), then this may place other CWDD at risk for intrafamilial homicide. Lucardie and Sobsey (2001) documented the Canadian media's negative portrayal of people with cerebral palsy, through the use of stigmatizing language, particularly when they were victims of homicide. The possible implications of this media coverage for the public were also explored.

In this study, a significant number of homicide stories pertained to infants and children with developmental disabilities. These findings were similar to those of Pritchard and Hughes (1997), who found that the homicide of children accounted for the majority of news coverage. The authors concluded that the newsworthiness of homicides was increased when victims were Caucasian, female, children, or senior citizens. Sorenson, Peterson Manz, and Berk (1998) agreed that these victim groups received more news coverage than would be expected based on incidence of these types of homicides. However, their study also showed that victims over the age of 15 accounted for greater news coverage than victims who were younger, in part, contradicting the findings of our study. Results from Statistics Canada's research on children and youths as victims of violent crimes support the results of the present study, reporting a significantly higher number of homicides of infants and newborns compared to any other age group (Johnson, 1995).

Reporters appear to find some acts causing death more newsworthy than others. Sorenson, Peterson Manz, and Berk (1998) found that homicides involving guns were more newsworthy than homicides involving weapons other than guns. Statistics Canada reported similar findings when examining methods of committing homicide, where they found that the majority of deaths resulted from shooting (30.2%), followed by stabbing (26.5%), beating (22.6%), and strangulation (10.1%) (Fedorowycz, 2000). The results from the present study found that the majority of PWDD died as a result of neglect, followed by being burned,

beaten, shot, and asphyxiated. When weapons were used, guns were most frequently represented. However, death by beating, which included those PWDD who died as a result of being beaten with an object, was the third most common act causing death.

With many PWDD in this study dying as a result of being beaten, factors which would generally inhibit a person from killing another appear less inhibiting when the victim is disabled. With distance theory, Grossman (1995) explained that our resistance to killing others increased as our physical distance from them decreased. Being at knife range, or hand to hand combat range would foster greater resistance towards killing another versus handgun or rifle range.

Grossman (1995) also argues that resistance towards killing is related to our emotional distance from the victim as defined, in part, by cultural, moral, and social means. Cultural distance focuses on the perception that others are different from us, based on such attributes as ethnicity, gender, religion, or ability. Moral distance refers to the perception that one's actions or cause can be justified or legitimized, as seen in cases of mercy killings. Social distance, as fostered by a caste system or social ranking, focuses on those differences between individuals as defined, in part, by society. Like cultural distance, social distance is seen with hate crimes against identifiable minorities within society, such as PWDD. With the majority of PWDD dying as a result of neglect, resistance to their deaths may have been reduced for those responsible, by allowing them to be further removed emotionally from the victim. Many of those implicated in the deaths of PWDD, such as acquaintances, caregivers, family members, and roommates, knew the victim, and many provided care for them. While social distance suggests that resistance to killing someone whom one knows is high, that these PWDD were killed nonetheless suggests that additional factors associated in part with the victim, accused, or environment, may be placing PWDD at risk for homicide. One such factor may be the relationship bond between those responsible for the homicide of PWDD and the victim. Sobsey (1994) reported that disruption in attachment, caregiver attributes, substance use, history of violence, and perceived stress, were some caregiver factors identified as placing PWDD at risk for abuse.

The presentation of crime stories in newspapers has received recent coverage by researchers (Chermak, 1995; Liska & Baccaglini, 1990; Richards, 2000; Sorenson, Peterson Manz, & Berk, 1998). In a comparison study of newspaper stories about homicides and the epidemiology of homicide, Sorenson, Peterson Manz, and Berk (1998) found that the *Los Angeles Times* covered only 13.10 percent of all 9,442 homicide cases that occurred in Los Angeles County from 1990 to 1994. This suggests that those PWDD who have been identified as homicide victims may only represent a small number of overall homicides of PWDD. However, it is likely that newspapers in smaller population centres report a higher percentage.

Sobsey (1994) stated that prevention of abuse and discrimination of PWDD needs to focus on empowering individuals to resist abuse, providing appropriate supports to and careful selection of caregivers and families, building safer environments, education and training, law and law enforcement, and changing attitudes. Deinstitutionalisation, normalisation, integration, and inclusion are positive steps towards normalising the environment of PWDD. With greater awareness of the risks for abuse and discrimination, more can be done to prevent PWDD from being victimised.

Conclusion

While crimes against PWDD have received increased interest in the last decade, homicide of PWDD has not been given much attention. This paper provides a preliminary description of homicides of PWDD. The vulnerability of PWDD from abuse and discrimination resulting in their homicide through the action or inaction of others has been demonstrated by findings from this study. Acquaintances, caregivers, family members, government representatives, roommates, and strangers have all been implicated in these homicides. The very young appeared particularly at risk. Distance theory, in part, explains the methods used to commit homicide of PWDD. Disruptions in attachment between those implicated and their victims appear to play a significant role in the vulnerability of PWDD to abuse and discrimination.

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Note

The research described in this study was conducted with support from the Social Sciences and Humanities Research Council of Canada. [Award no. 752-98-1229]. The United States Department of Health and Human Services, Administration on Developmental Disabilities provided additional support for this project through a sub-grant from Temple University's Institute on Disability. The opinions expressed in this study represent only those of the authors and not necessarily those of the funding agencies.