

## **Intrafamilial homicide of people with developmental disabilities**

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*An increase in interest in crimes against people with developmental disabilities (PWDD) has been observed in the past decade. However, little attention has been given to intrafamilial homicides of PWDD. This paper provides a preliminary description of these types of homicides as they affect PWDD. Content analysis of media accounts of intrafamilial homicides of PWDD describes the characteristics of those involved and the circumstances of the homicides. This study examined a subset of data of 1967 homicides of PWDD and found 308 cases of intrafamilial homicide representing the deaths of 314 PWDD. These homicides represented 15.96% of overall homicides of PWDD obtained in the original study. A similar number of homicides of male and female victims were reported. Compared to other family members, biological parents were most frequently implicated in the deaths of PWDD, with biological mothers, acting alone, implicated most often. Biological mothers were most frequently implicated in the deaths of daughters, while biological fathers were most frequently implicated in the deaths of sons. The majority of PWDD who were killed were four years of age or younger. Beating, shooting, neglect, asphyxia, burns, and poisoning were the most common causes of death. Discussion focuses on media representation of homicides, intrafamilial homicide, and prevention.*

While the presentation of crime stories in newspapers concerning the general public has received recent attention from researchers (Chermak, 1995; Richards, 2000; Sorenson, Peterson Manz, & Berk, 1998), accounts of intrafamilial homicides of people with developmental disabilities (PWDD) have not been researched. Neither Statistics Canada (Fedorowycz, 2000) nor the U.S. National Crime Survey (Luckasson, 1992) provide homicide victim information concerning physical or developmental disabilities. The Federal Bureau of Investigation's Violent Criminal Apprehension Program (VICAP) crime analysis report does

allow 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).

This study examined media accounts of intrafamilial homicides of PWDD to provide a preliminary description of these acts and how they affect PWDD. It was part of a larger study that focused on news stories featuring PWDD as victims of homicide. Characteristics associated with PWDD who are killed, family members implicated in their homicides, and the circumstances of the homicides will be examined. The results from this study hopefully will foster a number of hypotheses concerning the homicide and victimization of PWDD and factors that place them at risk from family members. It is hoped that greater awareness and understanding of these types of homicides may also lead to their prevention and may bring about change in the way society perceives and treats PWDD and those who kill them.

Homicide is defined as the killing of one person by another. The term *homicide* differs from *murder* which implies the unlawful killing of one person by another (Houghton Mifflin Company, 2000). While no formal studies have yet been completed about the homicide of PWDD, it has been well documented that PWDD have been victims of physical and sexual abuse, assault, and homicide (Sobsey, Wells, Lucardie, & Mansell, 1995; Williams, 1995). History has also witnessed the homicide of PWDD, individually and en mass (Burleigh, 1994; Gallagher, 1990; Mitscherlich & Mielke, 1962; Proctor, 1988, 1992).

Research has shown that people with disabilities are at greater risk for sexual and physical abuse (Sobsey & Varnhagen, 1988), and three times more at risk for assault at home (Galey & Pugh, 1995) upon comparison to people without disabilities. Sobsey, Randall, and Parrila (1997) found that boys with disabilities were more frequently physically abused or neglected, than girls with or without disabilities, and boys without disabilities. In a report on the maltreatment of children with disabilities, Crosse, Kaye, and Ratnofsky (1993) found that children with a variety of

disabilities were at a risk 1.8 times higher for physical abuse, and 1.6 times higher for sexual abuse than children without disabilities. Sullivan and Knutson (1997) reported that children with mental disabilities were 3.3 times more at risk for experiencing maltreatment compared to nondisabled peers. Given these findings, the conclusion can be drawn that children with developmental disabilities (CWDD) may also be more at risk for the most severe form of physical abuse, homicide.

Intrafamilial homicide research from Statistics Canada found that 35% (143) of Canadian victims killed in 1999 were killed by family members. Nine in ten murder-suicides were family related, and a parent perpetrated four in five child homicides (Fedorowycz, 2000). Ewing (1997) reported that domestic violence, overwhelming social stress, mental illness, substance abuse, and the availability of firearms were some causal factors in family violence. Sobsey (1994) noted that factors associated with intrafamilial violence concerning PWDD directly related to the degree of social isolation of the family, disruptions in attachment between parents and their children, family history of violence, and the perceived stress of the caregivers.

### **Method**

Content analysis was used to identify individual cases and information pertaining to these homicides. Content analysis is a research technique that has traditionally been used to analyze the content of communications (Carney, 1972), and can employ both qualitative and quantitative methods (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.

The advantages of content analysis over other types of research methods are that it is economical, regarding time and money (Babbie, 1999). A

single individual can collect a large amount of research over a short period of time. This method is also unobtrusive and allows one to study a process longitudinally. Carney (1972) states that "content analysis is a technique designed for processing abundant data" (p. 193), requiring a specific minimum amount of samples, rich in detail. As Berger (1998) notes, studying a sizable amount of content is one means to address potential difficulties with representative sampling. Babbie notes that weaknesses of content analysis stem from its dependence on the accuracy and objectivity of recorded communication. Inaccuracies in reporting cannot be substantiated unless conflicting or updated information is provided. Therefore, an assumption is made that the information communicated is accurate.

This study focused on homicides rather than other types of crimes against PWDD because of the frequency with which this type of crime is reported in print and electronic media (Chermak, 1995). 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 intrafamilial homicides of PWDD. Graber (1980) identified the mass media as a primary source of crime and criminal justice information. 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 study of the topic and is non-intrusive regarding access to information.

The terminology used throughout this study focuses on homicides of PWDD. 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 outcome;

- death caused by a negligent action or inaction of another person where death is a foreseeable outcome.

Homicide cases not included in this study consisted of those PWDD who were killed by someone other than family and those cases in which the homicides were deemed to result from self-defense. 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.

Kiernan and Schalock (1995) defined developmental disabilities as any chronic neurological condition that occurs prior to 18 years of age, affecting either mental or physical functioning or both. Impairment or significant functional limitations are identified in three or more areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, and economic self-sufficiency. 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 are included under this definition.

Lexis-Nexis Directory of Online Services was one of several electronic retrieval sources used to obtain media cases about homicides of PWDD. 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. Not all newspapers included in ALLNWS were catalogued according to the same time frame; while the *Washington Post* dated back to January 1977, the *Boston Herald* only dated back to January 1994.

Searches on ALLNWS used 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's 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 was included in the search using the term retarded. The term Down's syndrome also included cases that used the term Down 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 which included the words mental retardation and homicide within 15 words of each other. 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 that 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.

Additional online services were also used in this study. 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 resulting in the death of a PWDD. Many stories that were collected in the initial electronic searches were eliminated. Most of those eliminated were rejected for one of the following reasons:

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

## Results

This study examined a subset of data of 1967 (1128 media cases) homicides of people with developmental disabilities (PWDD). The results from the present study found 314 (308 media cases) intrafamilial homicides of PWDD, representing 15.96% (314/1967) of overall homicides of PWDD obtained by the original study. Some cases involved multiple deaths. By comparison, Statistics Canada reported that, in 1999, family members committed 35% of all solved homicides (Fedorowycz, 2000). However, Canadian figures included only solved homicides involving family members, acquaintances, and strangers. If results from this present study were adjusted to reflect only these three groups, thus excluding caregivers (639/1967), government representatives (588/1967), and unknowns (184/1967) from the original database, then intrafamilial homicides of PWDD represents 56.47% (314/556) of overall homicides of PWDD. While direct comparison is not possible, these findings suggest that PWDD may be at greater risk for intrafamilial homicide than people without developmental disabilities.

When cases were categorized according to the most descriptive condition of the PWDD, the most common condition was mental retardation (151), followed by cerebral palsy (58), Down syndrome (39), developmental disability (21), autism (18), fetal alcohol syndrome/fetal drug syndrome (13), epilepsy (5), spina bifida (2), and hydrocephalus (1). Some cases of homicide dated as far back as the early 1900s; however, the majority of cases dated from 1980 to the present, with a mean of 1991 and a median of 1994. Information obtained about earlier accounts of homicide resulted from present-day coverage of these cases. The greater number of newspaper stories concerning homicides in the last 20 years generally reflected greater access to electronic information pertaining to homicides of PWDD rather than an increase in incidence of homicide of PWDD.

The majority of homicide cases came from the United States (245). This disproportionate number of American homicides reflected the greater number of newspapers 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. The fewer number of stories about homicides of PWDD reported in other countries may also reflect the types of stories receiving coverage. English language newspapers from countries where English is a second language, may have focused more on stories with greater national or international versus local appeal. Canada (17), England (10), Israel (6), Japan (6), China (4), New Zealand (4), Australia (2), France (2), and other countries were also represented in this study. For three cases, no country of origin could be determined.

Not all homicide 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. For example, an individual labeled mother may have actually been the stepmother, foster mother, or adoptive mother. The researcher accepted the label given by reporters as factual and did not attempt to re-label suspects unless two stories about the same event reported conflicting information. In these cases, an attempt to identify the most reliable information was made. If conflicts could not be resolved, the case was reclassified as unknown.

The Family group consisted of parents or parental figures (266 cases/272 victims) such as mother's boyfriend/partner or father's girlfriend/partner, siblings (28 cases and victims), and extended family members (14 cases and victims). Parents included biological, step, adoptive, and foster parents. As well, boyfriends and girlfriends of parents were included in this group. Siblings consisted of biological, adoptive, and half siblings. Extended family included aunts, uncles, grandparents, spouses, in-laws, nieces, and nephews. The researcher did not attempt to re-label suspects regarding their relationship with the victim, or label suspects based on the amount of time they had known the victim. For example, father's girlfriend or mother's boyfriend was assumed to be in a parental role within the family.



As seen in Table 1, males represented 49.36% (155/314) of PWDD and females represented 47.13% (148/314). The gender of 11 PWDD could not be ascertained from the information gathered. The average age of individuals killed, for whom this data was available, was 14.40 years. The median age was 8.00 years.

**Table 1**  
Gender of PWDD Sorted by Implicated Group

	Parents	Siblings	Extended Family		
Gender	n	n	N	N	%
Male	136	13	6	155	49.36
Female	125	15	8	148	47.13
Unknown	11	0	0	11	03.50
Total	272	28	14	314	100.00

As seen in Table 2, 345 individuals felt to be responsible for the homicide of PWDD were identified. Approximately 52 percent were (180/345) female and 47.54% (164/345) were male. There was insufficient information to determine the gender of one individual. All together, 303 parents were implicated in the deaths of family members, representing 266 cases. In 228 cases, individual parents acted alone. In 38 cases, parents acted with another person, usually the other parent.

**Table 2**  
Gender of Individuals Implicated Sorted by Implicated Group

	Parents	Siblings	Extended Family		
Gender	n	n	N	<u>N</u>	%
Male	134	20	10	164	47.54
Female	169	8	3	180	52.17
Unknown	0	0	1	1	00.29
Total	303	28	14	345	100.00

Parents were implicated in 86.62% (272/314) of family homicides, of which 36.40% (99/272) were CWDD four years of age or younger. In 55.15% (150/272) of these deaths, children were nine years or younger. Biological parents were implicated in 68.47% (215/314) of familial homicides (see Table 3). Biological mothers acting alone were implicated in 38.21% (120/314) of deaths. They were implicated twice as often in the

deaths of children four years of age or younger than biological fathers, and were predominately implicated in the deaths of their daughters. Biological mothers were also implicated in a greater number of deaths of children in the five- to 24-year-old categories than biological fathers. Biological fathers acting alone were implicated in 21.34% (67/314) of deaths and were predominately implicated in the deaths of their sons. Biological parents acting together were implicated in an additional 8.92% (28/314) of deaths of family members.

**Table 3**  
Relationship of Implicated Individual to PWDD

	Male	%	Female	%	Unknown	%	Total	%
Parents								
Biological Mother	50	41.67%	63	52.50%	7	5.83%	120	100
Biological Father	42	62.69%	25	37.31%	0	0.00%	67	100
Biological Parents	12	42.86%	12	42.86%	4	14.29%	28	100
Step Mother	0	0.00%	1	100.00%	0	0.00%	1	100
Step Father	5	62.50%	3	37.50%	0	0.00%	8	100
Adoptive Mother	4	66.67%	2	33.33%	0	0.00%	6	100
Adoptive Father	2	100.00%	0	0.00%	0	0.00%	2	100
Adoptive Parents	1	33.33%	2	66.67%	0	0.00%	3	100
Foster Mother	6	60.00%	4	40.00%	0	0.00%	10	100
Foster Father	2	33.33%	4	66.67%	0	0.00%	6	100
Foster Parents	2	40.00%	3	60.00%	0	0.00%	5	100
Mother's Boyfriend	10	62.50%	6	37.50%	0	0.00%	16	100
Siblings	13	46.43%	15	53.57%	0	0.00%	28	100
Extended Family	6	42.86%	8	57.14%	0	0.00%	14	100
Total	155	49.36%	148	47.13%	11	3.50%	314	100

Step-parents, adoptive parents, and foster parents were also implicated in the death of their children, with mothers implicated more frequently than fathers, except in the step-parent category. Step-parents were thought to be responsible for 2.87% (9/314) of homicides, while adoptive

parents were implicated in 3.50% (11/314). Foster parents were implicated in 6.69% (21/314) of homicides.

Mothers' boyfriends were implicated in 5.10% (16/314) of familial homicides. Fifteen of those killed were under 18 years of age, 10 of whom were 4 years of age or younger. The average age of those killed was 5.97 years with a median of 3.25 years. Ten PWDD were male and nine PWDD died as a result of being beaten.

Siblings were implicated in 8.92% (28/314) of familial homicides, with biological siblings held responsible for the majority of those. Specifically, biological brothers were implicated in 18 homicides, while biological sisters were thought to be responsible for 8 homicides. Biological siblings were implicated in an equal number of male and female homicides. Two cases of family members being killed involved an adoptive brother, and half brother. Extended family members were implicated in an additional 14 homicides. No cases were found implicating step-parents acting together or fathers' girlfriends.

While the newspaper articles used were clear on the fact that the PWDD were killed, sometimes it was difficult to discern what act resulted in death. For instance, if a PWDD was tortured for an extensive period of time, the act causing death may have come from the blow to the head, dehydration, or internal bleeding. In such cases, what appeared to be the singular primary act resulting in death was categorized.

Table 4 lists the most common acts causing the death of a family member with developmental disabilities. For the "Child" and "Adult" categories, the exact age of the PWDD killed, could not be determined. For the "Unknown" category, the only information available indicated that a family member had killed a PWDD.

**Table 4**  
**Category of Homicide by Age**

Age	Beaten	Shot	Neglect	Asphyxia	Burns	Poison	Other	Total
0-4	34	8	13	10	6	5	25	101
5-9	14	1	12	6	3	2	16	54
10-14	4	3	7	6	4	2	6	32
15-19	2	5	3	2	5	5	6	28
20-24	3	5	2	0	2	1	4	17
25-29	0	5	0	1	2	2	3	13
30-34	0	3	1	1	0	2	0	7
35-39	2	3	1	0	1	1	1	9
40-44	0	4	0	0	0	1	0	5
45-49	1	7	0	1	1	1	2	13
50+	1	3	1	1	0	2	3	11
Child	1	0	0	2	0	0	7	10
Adult	0	3	1	5	0	0	1	10
Unknown	0	0	0	0	1	0	3	4
Total	62	50	41	35	25	24	77	314

Being beaten by family accounted for 19.75% (62/314) of all deaths of PWDD, and was the most common cause of death. Beating was defined by punching, kicking, or hitting someone using an object. Children four years of age or younger were most frequently killed in this manner. More specifically, 54.84% (34/62) of PWDD who were beaten to death were four-years of age or younger, and 77.42% (48/62) were nine years of age or younger. Children four-years of age or younger dominated the majority of acts causing death categories, with the exception of the poison category. Implicated individuals who beat a PWDD to death were most commonly charged with murder. Not enough information was available from the data to determine if the implicated individuals were actually convicted of these charges.

Shooting, defined by the lethal use of a firearm, was the second most common act causing death and accounted for 15.92% (50/314) of all

deaths of PWDD. It accounted for 16.00% (8/50) of deaths of children four years of age or younger and seemed to dominate the 15 to 49 year old age group. Those implicated individuals, for whom information was available, were usually charged with murder.

Neglect was the third most common act causing death and pertained to the neglect of an individual's medical or nutritional needs. It accounted for 13.05% (41/314) of all deaths of PWDD. Of the total number of PWDD who died as a result of neglect, 31.71% (13/41) were four years of age or younger, 60.98% (25/41) were nine years of age or younger. The majority (33/41) of PWDD died as a result of starvation. The data indicate that seven cases of starvation resulted in a charge of manslaughter and eight had resulted in charges of murder.

The asphyxia category included death by suffocation, strangulation, smothering, and hanging. Thirty-five PWDD or 11.15% (35/314) died by means of asphyxia, 28.57% (10/35) were four years of age or younger and 45.71% (16/35) were nine years of age or younger. The majority of implicated individuals were charged with murder.

Burns were the fifth most common cause of death of PWDD, accounting for 7.96% (25/314) of all deaths. This category included death by fire, chemical burns, and scalding. The majority (20/25) of these deaths were due to fire. In eight cases involving death by fire, the implicated individual was charged with murder. In four additional cases, the charge was involuntary manslaughter. One case resulted in a charge of aggravated manslaughter.

Poisoning resulted in 7.64% (24/314) of deaths of PWDD. The "poisoned" category included PWDD who died as a result of gas or medication overdose. Fifty-four percent (13/24) of PWDD in this category died as a result of carbon monoxide poisoning. In all of these cases, the victim was killed by one of his or her parents. The child was usually left in a running car in an enclosed space. Six of these 13 cases resulted in murder-suicides, in which the parent also took his or her own life.

The “others” category consisted of those acts causing death that did not fall under any of the previous categories. These acts included, in part, death by drowning (16), stabbing (16), hyperthermia (5), and shaking (4). Individuals who died as a result of hyperthermia were usually left unattended by family members in a vehicle on a hot day. Death by shaking usually involved infants with developmental disabilities. For 27 deaths, no specific act causing death was identified.

#### *Murder-Suicides*

A total of 47 murder-suicide cases were found in this study. In murder-suicides, 30 males were implicated in the deaths of PWDD. Biological fathers (20) and mothers (16) were most frequently implicated in these deaths. Biological brothers (4), sisters (1), stepfathers (1), grandfathers (2), brother-in-laws (2), and a mother’s boyfriend (1) were also implicated. Thirty-one PWDD were male, 16 were female. PWDD ranged in age from infancy to 72 years old. Twelve were 14 years of age or younger, six were under four years of age. The average age of victims, for whom this information was available, was 28.89 years with a median of 27.00 years. Shooting was the most common act reported, accounting for 31 deaths. Carbon monoxide poisoning resulted in six deaths.

#### *Conviction and Sentencing Information*

For most culpable homicide cases, no information was provided regarding the outcome of any criminal investigations. For some cases, conviction information was available. For others, only sentencing information was available. In a few cases both conviction and sentencing information was provided. Of the 93 cases for which conviction information was available, 35 family members were convicted of murder, 28 of manslaughter, three of child abuse, and 18 were acquitted. In nine additional cases, the only information provided indicated that the implicated individuals were convicted of a crime. Of the 86 cases for which sentencing information was available, 62 implicated individuals received some form of incarceration. Of these, one individual was sentenced to death and three to life in prison. Of the remaining cases, the

average number of years of incarceration was 10.71, with a median of 4.75 years.

### Discussion

The media coverage of homicides of PWDD in this study represents only a sample of the total number of cases of homicides involving PWDD as victims. 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. Child abuse literature also suggests that reported fatal abuse cases underestimate the actual number of children being killed. In a ten-year retrospective study of child abuse homicides, reclassification of these cases indicated that abuse homicides were under-reported by 61.6% (Herman-Giddens et al., 1999). The authors concluded that the original 2,973 abuse homicides of children 11 years of age or younger greatly underestimated the actual 9,467 abuse homicides which occurred between 1985 through 1996. These findings from both media and child homicide research would suggest that the number of PWDD who were included in this study might only represent a fraction of those actually killed. In addition, the number of PWDD who survive victimization may likely be much greater than those killed.

Sorenson, Peterson Manz, and Berk's (1998) study on news media coverage of homicide found that family members or intimates were implicated in 11.3% of cases in which the victim-suspect relationship was known. Victim-suspect relationships also included strangers, friends or acquaintances, and gang members. By comparison, intrafamilial homicides of PWDD represented 15.96% (314/1967) of overall homicides of PWDD obtained by the original study (see Lucardie & Sobsey, this issue). By excluding caregivers (639/1967), government representatives (588/1967), and unknowns (184/1967) from the original study of homicides of PWDD, intrafamilial homicide would represent 56.47% (314/556) of overall homicides of PWDD. This may suggest that more stories are written about intrafamilial homicide of PWDD than people without developmental disabilities.

Results from this study found that parents were most frequently implicated in intrafamilial homicide cases followed by siblings and extended family members. Homicides implicating biological relatives were more prevalent than for adoptive, step, or foster relations. These findings may generally be reflective of the greater caregiving roles taken on by parents and biological relations, or may suggest that news editors feel homicides implicating these individuals are more newsworthy.

Statistics Canada findings indicated that, between 1984 and 1993, the average percentage of parent-child homicides of children under 12 years old, as a percentage of all homicide incidents, was 4.9%. This percentage increased to 7.1% for 1994 to 1998 (Fedorowycz, 2000). Parents were defined as biological or step-parents. Statistics Canada data on the victim-offender relationship focused on homicides committed by acquaintances, family, and strangers, and excluded unsolved homicide incidents. By comparison, results from the present study found that parents were implicated in 8.4% (165/1967) of homicides of CWDD under 12 years old as a percentage of all homicides of PWDD. When excluding caregivers (639/1967), government representatives (588/1967), and unknowns (184/1967) from the original database, and focusing only on biological and step-parents, these parents were implicated in 21.40% (119/556) homicides of CWDD younger than 12 years, as a percentage of all homicides of PWDD. While not conclusive, these findings suggest that CWDD may be at greater risk for filicide than children without disabilities living in Canada.

This study found a similar number of male and female victims reported in intrafamilial homicide stories. These results were not supported by other media research studies, which indicated more newspaper stories involved male victims (Sorenson, Peterson Manz, & Berk, 1998). The gender results from the present study were similar to findings from Richards' (2000) study on child homicide.

In this study, more homicide cases implicated mothers in the deaths of CWDD, especially daughters. This finding was supported by results from a study of 60 filicidal women, which found that, of the 76 children killed, 55% were female (Lewis, Baranoski, Buchanan, & Benedek, 1998).



The present study also found that more stories were written about biological fathers killing their sons with developmental disabilities. In a study of paternal filicide, 10 fathers were responsible for the deaths of 13 children. Nine fathers killed their biological children. Seven children were girls (Marleau, Poulin, Webanck, Roy, & Laporte, 1999). Fathers have also been implicated in a greater number of intrafamilial homicides of children in the 13-18 year age group (Kunz & Bahr, 1996).

In this study, twice as many stories concerned biological mothers than biological fathers killing CWDD four years of age or younger. While Pritchard and Hughes (1997) concluded that the news-worthiness of homicides increased when victims were children, research on child abuse also suggests that very young children are most at risk for being killed (Richards, 2000). Mothers have been more frequently implicated in the deaths of very young children (Lowenstein, 1997), especially in the deaths of children during their first week of life (Kunz & Bahr, 1996).

This study found that acts causing death were diverse, with the majority of stories featuring PWDD dying as a result of being beaten, followed by shooting, neglect, asphyxia, burns, and poison. The majority of stories were written about CWDD four years of age and younger who were beaten. Child homicide research suggests that with infanticides, as the age of the victim increased, the level of violence used to kill the infant increased (Smithey, 1998). The author found that most victims died as a result of trauma to the head or body, supporting, in part, findings from the present study. The author noted that other causes of death included asphyxia, exposure, stabbing, gunshot, burns and neglect. Kunz and Bahr (1996) found that young children were most frequently killed by means of personal weapons, asphyxiation or drowning. As the age of victims increased, weapons mostly consisted of guns and knives. In a study of 60 filicidal women, one in four used a weapon, defined by a gun or knife, during the homicide. Mothers presenting with psychosis were 11 times more likely to use a weapon than non-psychotic mothers. Weapons were more frequently used to kill older children. Most mothers (18) strangled or smothered their children. Eight mothers shot their children, eight beat them, seven stabbed them, and 19 used various other means to commit homicide (Lewis, Baranoski, Buchanan, & Benedek,

1998). Stabbing predominantly characterized the homicide of children killed by their fathers in one study (Marleau, Poulin, Webanck, Roy, & Laporte, 1999).

Factors contributing to the homicide of family members appear to be diverse. In the present study, biological mothers were implicated in the largest number of homicides of CWDD, especially of children four years of age or younger. In research on infanticide, young maternal age was found to be strongly associated with these acts, particularly if the mother had previously given birth (Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998). McKee and Shea's (1998) findings on maternal infanticide suggested that these women were generally new or recent mothers under 30 years of age. Smithey (1997) suggested that economic deprivation and lack of interpersonal support were some other predisposing factors for mothers who killed their infants. Low socioeconomic status, poor social support networks, and conjugal stress have characterized filicidal fathers (Marleau, Poulin, Webanck, Roy, & Laporte, 1999).

Mental disorders may also explain why parents kill their children (McKee & Shea, 1998). The American Psychiatric Association (2000) has recognized that postpartum psychotic episodes, characterized by hallucinations to kill one's infant or delusions that one's infant is possessed, have most frequently been associated with infanticides. In a study of 60 filicidal women, 52% of mothers were incompetent to stand trial and 65% were found not guilty by reason of insanity (Lewis, Baranoski, Buchanan, & Benedek, 1998). In a study of 10 filicidal men, fathers were in part characterized by mental disorders defined by mood and personality, psychosis during the homicide, and history of substance abuse. In 60% of cases, the men also either killed or attempted to kill their spouses. In over 50% of cases, fathers attempted to commit suicide following the homicide (Marleau, Poulin, Webanck, Roy, & Laporte, 1999).

Perceived stress associated with childcare has been the focus of some studies regarding child abuse. In a study of emotional states of 23 mothers of infants with colic, 70% had explicit aggressive thoughts and

fantasies and 26% had expressed thoughts of infanticide during their infants' colic episodes. Over 90% of mothers experienced significant marital tension and social contact disruption (Levitzky & Cooper, 2000). Veltkamp and Miller (1994) found that families where children were abused generally had difficulty in coping with their perceived stress constructively. Ammerman's (1997) literature review on the role of child disability in the etiology of physical abuse found that child characteristics were secondary to parental and societal factors, with abuse precipitated by the interaction of these and other factors. Sobsey (1990; 1994) concluded that the three-stage model of disability, which focuses on the role of disability in creating family stress, which then results in the abuse of the family member with disabilities, was incorrect.

Quality of life concerns have played a role in some cases of intrafamilial homicide and murder-suicides. Marleau, Poulin, Webanck, Roy, and Laporte (1999) reported that for five out of 10 filicidal fathers in their study, altruism or wanting to protect their child from perceived suffering contributed in part to the parent's motivation for the homicide. Extended suicide, defined by the desire to kill oneself without wanting to leave one or more significant persons behind, featured strongly in six cases. Extended suicide and altruism together were motivators in three cases. In other murder-suicides, the death of PWDD has sometimes been justified on the basis that they have become too difficult to take care of (Corelli-Rae, 1998; LaSalle, 1995; Stober, December 20, 1990). Richards' (2000) study on child homicides found that 3.2 % (13/403) of perpetrators rationalized their homicidal behaviour in terms of mercy. However, in the majority or 20.6% (83/403) of cases, a child was killed in order to remove a witness, such as during the commission of another crime. Anger at the child (18.4%) was the second most common rationale for homicide given by perpetrators.

Sobsey (1994) identified disruptions in attachment, consisting of characteristics associated with both the child and parent, as placing PWDD at risk for abuse. In particular, CWDD may present with impairments or delays in cognitive processing which affect social interaction and perception related to early attachment. Parental attitudes towards disability in general, and disability associated with their child

specifically, may further impair the parent-child bond. Perceived stress associated with the diagnosis of a developmental disability at birth or in infancy, and the therapeutic role that parents may be asked to take on regarding their child's physiotherapy, behaviour management, and education, may also contribute to disruptions in attachment. Insufficient bonding may, in part, explain why some non-biological relations, such as live-in boyfriends, step-parents, foster parents, or adoptive siblings, were implicated in the homicides of PWDD. Richards (2000) found that children in foster care were particularly at risk if they had previously been removed from their foster home because of abuse or neglect concerns, and then returned to the same foster parents.

Distance theory may also explain why family members and others are killing PWDD. Distance theory suggests that it is less difficult, emotionally and psychologically, to kill someone, the greater the psychological distance between perpetrator and victim. One contributing factor that increases distance between perpetrator and victim is the perpetrator's belief in moral superiority, such as killing someone whose life is not worth preserving because he/she is evil or worthless (Grossman, 1995). Killing infants with developmental disabilities based on a utilitarian philosophy was proposed by Kuhse and Singer (1985), who suggested that these homicides were morally acceptable. A similar argument used in Nazi Germany resulted in the extermination of both children and adults with developmental disabilities (Wolfensberger, 1981).

#### *Prevention*

Sobsey's (1994) discussion on family abuse prevention strategies with high-risk families focused on teaching parents parenting skills, overcoming isolation of families, facilitating attachment between family members, and supporting parental relationships and family bonds. Additional prevention strategies focused on assisting families with substance abuse problems, supporting parents with special needs, and managing stress in families. Richards (2000) noted that strengthening laws to protect children when parental and child rights conflict and a

willingness to terminate parental rights might further contribute to the health and welfare of children.

When working with foster or adoptive children, appropriate screening of potential parents could also assist in reducing the risk for child abuse. Reference and police background checks would be the first step in screening potential parents. Psychological assessment of personality functioning, in combination with assessment of parenting knowledge and attitudes, parent-child observation, and a detailed social history of potential parents, may help to identify those individuals who are more at risk for abuse. Psychometric measures assessing personality functioning include the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Green, 1991), the Millon Clinical Multiaxial Inventory-III (MCMI-III) (Millon, 1997), and the Personality Assessment Inventory (PAI) (Morey, 1996). Measures assessing parenting knowledge and attitudes include the Adult-Adolescent Parenting Inventory (AAPAI), Child Abuse Potential Inventory (CAP Inventory), and the Parenting Stress Index (PSI). A description of these measures can be found at <http://www.psychtest.com/>.

### **Conclusion**

There has been an increasing interest in crimes against PWDD over the past decade. However, little attention has been given to intrafamilial homicide of PWDD. The present study was undertaken to provide a preliminary look at intrafamilial homicides of PWDD. The results from this study were supported in part by the literature on media research on homicide and findings from research on intrafamilial and child homicide. A greater number of news stories were written about PWDD who died as a result of being beaten, shot, neglected, asphyxiated, burned and poisoned. Intrafamilial homicide stories also focused more on biological mothers who were implicated in the homicides of family members. Stories featuring biological mothers killing daughters, and biological fathers killing sons, were also found to be prevalent. Fewer homicide stories focused on non-biological relatives, siblings, or extended family as perpetrators of homicide of PWDD. The similarities of these findings with intrafamilial and child homicide research suggests

that, aside from these stories being considered newsworthy, they also generally reflect the characteristics of intrafamilial homicides of PWDD in society.

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