

Childhood Homicide in Paris, 1990–1993: A Report of 81 Cases

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ABSTRACT: Homicide represents the most dramatic and heart breaking cause of death in children. Yet, in France, the true incidence and medicolegal data (modes, circumstances of deaths, and perpetrators) have been previously unknown. The goal of our study was to analyze the epidemiological and autopsy data in homicides in children in Paris and its suburbs during the past four years. We have included children from a few days after birth to 14 years of age. We report on 81 cases during the following period (17 in 1990; 14 in 1991; 16 in 1992; and 34 in 1993). Of those, 47 were boys and 34 girls. The mean age in boys was 6 years and in girls, 5 years. Fifteen homicides took place in Paris. The other 66 cases were from its suburbs. Twenty-nine of the murdered children were siblings. Seventy children (86%) were killed in their own homes; the father being responsible in 28 cases, and the mother in 17. In 20 instances, the murderer was unknown initially to the police. In 22 cases, the children were killed by gunshot, by stabbing in 14 cases, by battering in 22 cases. Four children died from drug poisoning, 13 from strangulation, and 6 from drowning. A prior history of child abuse was documented in 82% of fatal batterings.

KEYWORDS: pathology and biology, homicide, childhood, epidemiology, autopsy, child abuse, firearms

"Do you hear the children weeping, O my brothers?"
Elizabeth Barrett Browning

Introduction

Homicide, though uncommonly reported, is surely the most dramatic and saddest cause of death in children. Recent surveys in the United States have suggested a rising tide of fatalities due to homicide in childhood [1–20]. In European industrialized countries, a few epidemiological studies have also shown a dramatic increase in childhood homicide rates over recent years [21,22]. In France, however, there has been no systematic research into the characteristics of childhood homicide. From autopsy data we have attempted to determine the frequency and the circumstances of occurrence in childhood homicide in Paris and its suburbs during the past four years.

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Population

The city of Paris has a population of 2,200,000, while its suburbs are home to another 8,500,000 (1990 national census). All homicide deaths occurring in Paris and its suburbs are autopsied at the Institute of Forensic Medicine of Paris.

This study includes all child victims of homicide under the age of 15 during the four year period from 1990 to 1993. Killings of newborn children were excluded if their births had not yet been reported to the registry of vital statistics.

Denominators for homicide rates were calculated using the 1990 national census. Population counts after 1990 were estimated using linear extrapolation (in France a national census is done every seven or eight years).

Children were divided into three age groups: 0 to 4, 5 to 9, and 10 to 14 years.

Results

Age and Sex of Victims

During the four year period we studied, 81 homicides involving children, ages 1 month to 14 years, were recorded at the Institute of Forensic Medicine of Paris. Fifteen of the cases (19%) occurred in Paris and 66 (81%) cases in its suburbs. In this same age group census results reveal the proportion of all cause mortalities to be 21% in Paris and 79% in the suburbs.

Table 1 shows the distribution of annual homicide deaths in each age group by sex, for Paris and its suburbs: 1990, 17; 1991, 14; 1992, 16 and 1993, 34. Of the 81 victims 47 (58%) were boys and 34 (42%) girls. The proportion was constant during the four years. Table 1 shows that in both sexes 50% of the homicide deaths were in children from 0 to 4 years. In 17 (21%) of the 81 cases of child homicide, the little victims were less than a year old.

The mean age of these children was 5.5 years; 6 years in boys and 5 years in girls. In 14 events, 29 siblings were killed. In these 14 cases all were killed as a pair, simultaneously, except for one

TABLE 1—Distribution of homicide cases by sex (M: males; F: females), and age groups (years), 1990–1993.

Age groups	1990		1991		1992		1993		Total
	M	F	M	F	M	F	M	F	
0–4	6	0	4	3	4	7	7	9	40
5–9	1	4	4	1	1	2	8	2	23
10–14	5	1	1	1	1	1	5	3	18
Total	12	5	9	5	6	10	20	14	81
Total	17		14		16		34		81

instance when twins and their sibling were murdered at the same time. The average age in this group was 6.5 years.

Place and Mode of Death

In 70 cases (86%) children were killed in their homes. Table 2 shows the methods of murder—shooting and battering were most frequent. These data show that half of the homicides in 1993 were by shooting—a striking increase from the previous three years. Nearly all the shootings were done by men. The type of firearm used was recorded by the police (.38 caliber, three times and .22 caliber, twelve times, in the 15 cases where handguns were used). In seven cases, the weapon was a .22 caliber rifle. There was no instance of the use of a shotgun. In 1990, stabbing was the most frequent method, decreasing in incidence since then. In contrast to firearms, the stabbings (mostly with kitchen knives) were nearly all done by women.

During the four year period, of the 22 (27%) children who died from battering, 60% were under one year old and 80% were under three. Child abuse and neglect death rates did not increase over the study period.

In four cases, two methods of killing were used simultaneously: a case of simultaneous stabbing and burning of siblings, a case of simultaneous stabbing and strangulation, another of shooting and strangulation, and finally strangulation and drowning.

Table 3 shows the methods of killing in each age group. Firearms represent a minor cause of death for children under the age of one but are increasingly used against older children. In contrast, battering incidence decreased with age.

Perpetrator

The identity of the killer was known in 61 of the 81 cases at the time of the crime. In 46 cases, the parents were clearly the perpetrators. In 28 of those cases, the father was identified as the killer, and in 18 cases, the child's mother. In 20 cases, especially when battering was the cause of death, the police had difficulty in identifying which parent did the killing. In five cases the mother's boy friend was the killer; in four cases, a relative. Our data suggest that the child victim was likely to have known the killer

previously. In five cases, the children were killed by an outsider and in one case by a family employee. Except in eleven instances, the killers were all white. In twelve cases the parent, who was the murderer, committed suicide at the time. In eight of the cases it was the mother and in four cases it was the father. The manner of suicide was by drowning in three cases (the mother had jumped in the river with the child in her arms). There were four cases where the child was poisoned, and then the parent involved took poison immediately. In four cases the suicides were from gunshot wounds to the head, the children having also been shot in the head. There was no instance where another adult was killed.

Autopsy Findings

Brain injury was the cause of death in 70% of the cases when shooting, battering or stabbing were the methods of killing used; chest trauma in 20%, and abdominal injury in 10%.

A quarter of all the children died as a result of battering. In this group of 22, 82% of the fatalities were from brain injury and the remaining few were from chest or abdominal trauma. All the battered children had multiple bruises on the trunk and limbs and had evidence of previous physical injuries such as broken bones, skull fractures, multiple rib fractures, and burns.

Discussion

This study analyzes the characteristics of childhood homicide in Paris and its suburbs. Between 1990 and 1993, 81 homicides in children under 15 years of age were recorded at the Institute of Forensic Medicine of Paris.

What is happening in other countries is also enlightening. Murder as a common cause of death among children and adolescents is a startling current reality and has received worldwide attention and concern [1–23]. Recent surveys in the United States [1–20] and in Europe [21,22] have shown an increase in homicide in children.

Among all child homicides recorded during the four year period, 20% were in Paris and 80% in its suburbs, a proportion that mirrors the population distribution of the two areas. Some authors have not found the deaths to have the same proportion and distribution by levels of urbanization [6,8–12,15,16,20,23].

Age and sex distribution in our data show a slightly higher proportion of male victims (58%). In both sexes homicide deaths in the very young—under four years old—represent half of all homicides up to the age of 15. American studies [6,8–12,15,16,20,23] have shown that as the victims grew older their assailants shifted from being intrafamilial to extrafamilial. In the United States boys older than 10 years are more likely to be involved in gang related activities and are more frequently the victims of gang related retaliation. In our series, 86% of all the children were killed in their homes. No gang related death was recorded. Furthermore, more than half of the child homicides were perpetrated by their parents. In 28 cases the murderer was identified

TABLE 2—Distribution of cases by main method of killing, 1990–1993.

Method of killing	1990	1991	1992	1993	
Shooting	3	2	1	16	22
Stabbing	8	2	2	2	14
Battering	4	4	8	6	22
Strangulation	1	3	1	8	13
Drowning	1	2	2	1	6
Poisoning	0	1	2	1	4
	17	14	16	34	81

TABLE 3—Distribution of cases by age groups (years) and methods of killing.

Age groups	Shooting	Stabbing	Battering	Strangulation	Drowning	Poisoning	
0–1	1	1	13	1	0	0	16
2–4	3	6	6	5	2	2	24
5–9	8	2	3	5	4	1	23
10–14	10	5	0	2	0	1	18
Total	22	14	22	13	6	4	81

as the father and in 18 cases the child's mother. This proportion is probably underestimated since the killer had been initially unidentified in 20 cases, especially when battering was the cause of death. In those cases the police were uncertain which parent was the primary perpetrator. Some American studies [1,4,17-19,21] showed that mothers were likely to be involved with homicides of younger children, with the father as the culprit when children grew older. The explanation offered was that mothers were the primary care givers for infants and the younger children and hence subject to stress in this relationship [1,4,17-19,21]. We also found the maternal perpetrator to be likely in cases of children under four years of age.

We found two patterns of child homicide. The first predominates in victims under four years of age and is characterized by familial-parental violence and the use of bodily force, such as, battering without guns. This type of child homicide has been defined as "fatal child abuse" in a number of studies [6,8,15]. The second type of child homicide, in the older age groups, is characterized by the use of guns more than battering. Firearms were used in half of the homicide deaths for children 10 to 14 years old and in 1993, alone, accounted for half of the child homicides. From information available to us from police reports, the killings frequently occurred in a setting of violent disagreements between the parents. Our findings differ from those reported by other authors [1,4,17-19,21] in that a majority of all child homicide was committed by parents. Unfortunately, the prevalence of psychiatric illness in the present study could not be accurately determined; police reports and evidence from neighbors and relatives was the only source for evaluation of family behavior. We do know that these child victims lived mainly in areas characterized by low income, high levels of unemployment, and poverty. In some instances, family disruption by divorce leading to depression, stress and inability to cope with child rearing problems was reported. We have no knowledge of the incidence of alcoholism and/or drug addiction among the killers.

Conclusion

The principal objectives of this four year study were to determine (1) the incidence and evolution of childhood homicides in Paris and its suburbs, 2) from autopsy data the modes of killing, 3) the population at greatest risk for injury and death.

In 1993, the yearly rate for childhood homicide doubled as compared to the previous three years. We should be able to determine from our continuing collection of data, whether this is a true and ominous trend. In our series the children all lived in very low income areas, but we did not have access to information on alcoholism. With only 11 exceptions, the children were white. All killings were intrafamilial and none were related to gang violence. Firearms become more frequently used during the four year period, and by fathers much more than mothers. Further investigations should be performed to analyze whether gun ownership is a risk factor for homicide in the home.

The fatally battered children showed evidence of previous severe beatings. Childhood homicide is the visible tip of the iceberg of child abuse. Non fatal child abuse and neglect, whether they cause physical, emotional developmental and/or psychiatric injury are many times more frequent than their lethal counterparts. Therefore childhood homicide, in all aspects—autopsy, sociological, and psychiatric—warrants continued concern and study.

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