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Intrafamilial Homicide Committed by Juveniles: Examination of a Sample with Recommendations for Prevention*

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ABSTRACT: The current study examines a sample of 112 adolescents convicted of murder. From this sample, 11 adolescents who murdered a member of their family were chosen for indepth examination. All participants were convicted as an adult for murder and received a prison sentence. Characteristics of the crimes were explored, including demographic information, relationship to victim, motive, and weapon used in the commission of the crime. Additionally, DSM diagnosis information was available for some participants. A majority of the homicides (N = 8) were committed with a gun that was available in the home. More than half of the subjects murdered a parent or parental figure and the most salient characteristic was the presence of a chaotic family life prior to the homicide. No single motive was dominant, indicating that intrafamilial homicide is the culmination of a number of factors, including abuse and psychopathology. Based on the findings, recommendations are provided to address the needs of youth who are at risk for committing violent crimes such as intrafamilial homicide.

KEYWORDS: forensic science, forensic psychiatry, homicide, juvenile, intrafamilial, prevention

Violence in America has been increasing at a staggering rate (1) with approximately 20,000 deaths due to assaultive violence yearly (2). Among youthful offenders, recent statistics indicate that approximately 10 homicides are committed each day by adolescents (3). Additionally, over the last decade, the rate of juvenile arrests for homicide has increased by approximately 51% (4). These dramatic increases in murders committed by juveniles have outpaced increases in murder rates for other age groups (5), indicating that this serious problem is likely to be further aggravated unless preventive steps are taken.

Further, the incidence of intrafamilial murder committed by juveniles has gained increased attention due to the lurid nature and devastating outcomes of these crimes (1,6). For example, the murder of Kitty and Jose Menendez by their sons, Erik (18-years-old) and Lyle (21-years-old), captured the attention of the nation and ignited renewed fascination in the cult of homicide committed against family members by the young (c.f., 6,7).

In an effort to understand the reasons behind this phenomenon, researchers have directed much of their energy toward categorizing adolescent murderers. Three general typologies (6,8) of adolescents who commit intrafamilial murder are generally delineated, including: 1) the adolescent who is abused and kills to escape; 2) the adolescent who is severely mentally ill; and 3) the adolescent who is antisocial. Other authors (e.g., 9,10) have proposed the "lockage phenomenon" to help explain juvenile homicides. This theory proposes that in chaotic or conflicted families, the adolescents are under such intense and inescapable pressure from a family member that they can see only two possible means of escape: suicide or homicide. However, as some authors (e.g., 1) have pointed out, the dizzying myriad of disparate subtypes of juvenile homicide lacks a common language that can facilitate research. Additionally, these subtypes and theories are largely unsupported by empirical data.

Most studies of intrafamilial homicide consist of a compendium of one to three case studies (10–15), many of which are used mainly to formulate psychodynamic theories (e.g., 13,16). Although such an approach can be useful for gaining a general understanding of the underlying mechanisms of such a crime, it does not provide guidance for addressing the unique needs of adolescents who may be at risk for committing intrafamilial homicide. Cornell, Benedek, and Benedek (1987) examined a sample of 15 adolescents who murdered a family member; however, only five variables were explored by the authors (i.e., weapon used, intoxication of the juvenile, presence of an accomplice, the victim's sex, and whether the victim was sexually assaulted), and many crucial constructs were likely ignored (17).

This report intends to move beyond classification to formulate tentative recommendations that can be utilized by mental health professionals. A review of an adolescent sample who committed intrafamilial homicide will be described. Specifically, demographic information, relationship of the juvenile to the victim, the adolescent's motive, and the nature of the murder weapon will be described. Based on this sample, as well as the extant literature, guidelines will be drawn to aid mental health professionals working with violent or at-risk youth.

Method

Subjects

From a total sample of 112 adolescents (ages 14- to 17-years-old) prosecuted and convicted of murder, 11 adolescents (9.8%)

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who murdered a family member were selected for further examination (see Table 1). For the purposes of this paper, intrafamilial homicide is defined as a murder committed by a juvenile against a family member, including parents (natural, adoptive, or step-parents), siblings (natural, step-, or foster-siblings), or other close family members (e.g., uncles and cousins) which resulted in the adolescent being tried and convicted as an adult of murder. These adolescents represent all cases of juveniles who were convicted as adults of intrafamilial homicide over a ten year period (1983–1993) from a medium-sized mid-western state. The sample was composed of nine males (82%) and two females (18%). Seven of the participants were Caucasian (64%), three were African-American (27%), and one was Native American (9%).

Procedure—A child psychiatry fellow (PJD) reviewed the prison charts of the adolescent participants and identified cases of intrafamilial homicide based on our pre-defined criteria. Approval was obtained from the correctional office and confidentiality of records was ensured by the current authors. Data collection occurred in late 1994 and early 1995.

Results

Characteristics

IQ scores (see Table 1) were obtained for most subjects and displayed a broad range (84–124). Eight of the participants (73%) fall within the average to superior range of intelligence. IQ tests included the Wechsler Adult Intelligence Scale—Revised (WAIS-R; N = 4), the Army Beta (N = 3), and the Shipley (N = 1). IQ data were not available for three participants. Religious preferences included Protestant (N = 5), Baptist (N = 3), Muslim (N = 2), and no preference (N = 1).

Relationship of the Victim—As illustrated in Table 2, more than half (N = 6) of the sample committed homicide against one or more of their parents or another parental figure (e.g., step-parent). Other victims included an uncle (N = 1), siblings (N = 2), and cousins (N = 2). Most of the adolescents were prosecuted and convicted of committing one murder. However, three of the adolescents (27%) committed a double homicide, including two youngsters who killed both of their parents.

TABLE 2—*Characteristics of the crime.*

No.	Abuse	Planned	Victim	Method
1	No	?	Natural Mother Step-Father	Gunshot
2	Yes	Yes	Natural Father Step-Mother	Gunshot
3	No	No	Natural Mother	Blunt trauma (baseball bat)
4	No	No	Natural Mother	Gunshot
5	Yes	Yes	Natural Father	Gunshot
6	No	Yes	Step-Father	Stabbing
7	Yes	No	Uncle	Gunshot
8	No	No	Step-Sister	Gunshot
9	No	Yes	Foster Sister	Strangulation
10	No	Yes	Cousin	Gunshot
11	No	No	Cousin	Gunshot

Weapons—Seventy-three percent (N = 8) of the participants had guns available in their homes that were used to commit the homicides. Other weapons used included a knife (N = 1) and a baseball bat (N = 1). One adolescent committed murder via strangulation with his bare hands.

Motives—Two of the adolescents murdered both of their parents following altercations in which the parents refused to allow the adolescent the use of the family car. Three of the adolescents (27%) murdered family members who were reportedly abusing them. Four of the murders occurred during seemingly minor altercations. In three cases, no apparent motive was ever ascertained. More than half of the subjects (N = 6) planned the crime, whereas the five other adolescents claimed that it was an impulsive act. After their adjudication, the vast majority of the adolescents (N = 10) indicated that they felt justified in committing their crime and expressed no remorse for their actions.

Education—Even though most of the adolescents were young when the crime was committed and would not be expected to have progressed far in school, several (N = 3) had discontinued school before they committed homicide. Others had notable discipline problems and reported a lack of interest in school.

TABLE 1—*Characteristics of juvenile murderers.*

No.	Age	Sex	IQ	Race	Education	Religion	DSM Diagnosis
1	16	Male	124	White	10	Protestant	Dysthymia Alcohol Abuse Schizoid PD
2	16	Male	111	White	10	Baptist	Dysthymia Alcohol Abuse Atypical PD
3	15	Male	84	White	08	Protestant	None
4	14	Female	—	White	08	Protestant	Conduct Disorder Histrionic PD
5	15	Female	130	White	09	No preference	None
6	17	Male	91	Black	10	Muslim	None
7	15	Male	—	Black	09	Baptist	None
8	16	Male	116	Native American	10	Protestant	Adjustment Disorder w/ Depressed Mood Mixed PD
9	16	Male	102	White	08	Protestant	Antisocial PD
10	17	Male	108	White	10	Baptist	None
11	17	Male	96	Black	07	Muslim	None

Diagnoses and Related Problems

DSM-III diagnoses were obtained for some of the participants. The diagnoses included dysthymia (N = 2), and alcohol abuse (N = 2). However, the majority of adolescents did not receive an Axis I disorder. Axis II diagnoses included antisocial, schizoid, histrionic, and mixed/atypical. Additionally, a variety of maladaptive or disordered personality traits (e.g., antisocial personality disorder traits) were noted in nearly every participant.

Two of the adolescents (18%) were reported as having problems making or maintaining friendships, one because of schizoid personality disorder and the other ostensibly due to excessive lying. Two of the adolescents (18%) had a documented prior history of substance abuse. Four of the participants (36%) had previous contact with law enforcement agencies, and violence within the family had been an ongoing and long-standing pattern for most participants before the homicide (N = 8; 73%). Two of the adolescents (18%) had attempted suicide prior to the commission of homicide and one other youngster attempted suicide while in custody for the homicide.

Case Presentation

To illustrate some of our most salient findings, a case of a juvenile who enacted intrafamilial homicide is described: A 16-year-old Caucasian male was convicted of murdering both of his parents while he was under the influence of drugs and alcohol. "Daniel" was of average intelligence (IQ = 111), but had a reading disorder and expressed little interest in attending school on a regular basis. Prior to the murder, he began to use alcohol frequently and a variety of drugs which caused problems for him in school and with his parents. In the 10th grade, he was expelled because of his drug use and his school problems intensified notably.

Conflict between Daniel and his parents continued to escalate preceding the murder. At one point, Daniel reported his parents to the Division of Family Services because he felt "constantly abused and neglected." However, these charges were unsubstantiated and somewhat vague in nature. One of the major sources of parent-child conflict concerned Daniel's desire to drive. Although Daniel did not have a driver's license, he apparently thought that he should be able to drive and the parent-child problems increased due to arguments surrounding Daniel's use of the family car.

On the day of the murder, Daniel claimed that his parents promised that he could use the family car on his birthday to attend a party with his friends. However, his parents apparently reneged because of Daniel's lack of a license. This problem so outraged Daniel that he decided to murder his parents that night. After assuming his parents were asleep in their bedroom, Daniel went to the family barn and retrieved a .22 revolver and a shotgun. He then entered his parents' bedroom and shot his mother with the shotgun while she slept in the bed. His father, who was using the adjoining bathroom, heard the shots and entered the bedroom, whereupon Daniel shot him repeatedly with the revolver. Daniel then reloaded the revolver and continued to shoot his father, who was apparently still moving on the floor.

Subsequent to the homicide, Daniel drove the family car to his friends' party. He returned home that evening and, not wanting to re-enter the home, he slept in the barn that night. The following day, he drove the family car to school. A neighbor who knew the family saw Daniel driving the car and, knowing that he did not have a license, called the police. Upon making a visit to the home, the police found the bodies and later arrested Daniel.

Comment—As can be seen, intrafamilial homicide is a unique phenomenon that stands apart from all other types of murder (18). This case is notable, because, like several of the homicides in our sample, abuse and chaos existed in the family. However, the homicide did not occur simply as an act of self-defense. Instead, the adolescent undertook murder mainly to gain materially.

Discussion

This study examined a sample of juveniles who committed homicide against a family member. Specifically, information regarding the characteristics of the juveniles, relationship to the victim, weapons used in the commission of the crime, and motives for the homicide were investigated in order to gain additional insight into this growing national problem. Despite its retrospective nature, this study provided important findings regarding the nature of intrafamilial homicide.

Most previous studies examined adolescent murderers who were psychiatrically hospitalized; our study examined a different group, that is adolescents who have been convicted as adults of homicide and have served or are in the process of serving prison sentences. Thus, these adolescents may represent the most severe cases of murder committed by adolescents. Indeed, personality disorders were common in our sample indicating that the adolescents' problems seem to be deep-rooted and long-standing.

Firearms (i.e., shotguns and handguns) were the predominant mode of homicide and were readily available in the home, which appears to be a frequent condition in juvenile intrafamilial homicide (10,20–21). Additionally, shotguns, as opposed to handguns, were used by several of the adolescents, which seems to be more common among juvenile murders of family members than among adult murderers (22). Perhaps the utilization of shotguns is more common among juveniles than adults in the commission of intrafamilial homicides due to their ready access in the home and the fact that adolescents generally cannot legally purchase a handgun due to their age.

No single motive for homicide emerged, indicating that intrafamilial murder is the culmination of a number of factors (10). Abuse was present in some of these parent-child relationships (c.f., 15). However, despite the fact that the media and popular literature portray adolescents who kill their parents as having been the victims of severe abuse (c.f., 23), we found that abuse was not likely an omnipresent force in the lives of most youngsters who committed intrafamilial homicide. Only three of the subjects would meet Heide's criteria as a severely abused youth who kills in a vain attempt to escape abuse (23).

Instead, most cases were characterized by a general lack of organization within the family (c.f., 19). Indeed, one common factor that consistently surfaced for these juveniles was the presence of a chaotic family life and violence within the family. In three cases, one or more of the parents had previous problems with the law. In fact, one adolescent's natural father was in prison for the strangulation death of his wife (i.e., the adolescent's stepmother). Incidentally, this case was the same one in which the adolescent committed murder by strangulation.

Several of the murders occurred during relatively trivial arguments, which seems to be a common scenario (21). For example, one adolescent, who killed his mother with a baseball bat, claimed that he was trying to defend himself against his mother, who scratched him. In another intriguing case, the mother paid the child $1100 to murder the step-father. This case presents preliminary evidence for Corder's theory that some adolescents who kill may

be acting out the surreptitious wishes of a parent to kill the other parent (19). Remarkably, only one adolescent reported feeling remorse for the crime. Incidentally, this adolescent killed both of his parents because he wanted to use the family car and was refused.

In this particular sample, substance abuse or use was not a major factor in the majority of these crimes, indicating that additional influences are at work (19). One of the adolescents was under the influence of a controlled substance when he committed homicide, but this case is apparently the only one of the eleven studied in which a controlled substance played a documentable part in the crime. Most of the subjects were not diagnosed with an Axis I diagnosis; however, personality disorders and other maladaptive patterns were more commonly noted in the youths.

Several previous studies with adults (e.g., 16,24–28) have found that persons who commit intrafamilial homicide, particularly matricide, tend to have schizophrenia or other delusional disorder. This finding was not documented in our sample and only one adolescent appeared to be having a psychotic break during the homicide. However, it seems likely that most persons with schizophrenia who commit murder would be deemed not guilty for reasons of insanity or be unable to stand trial and psychiatrically hospitalized following the crime. Indeed, most of these studies use psychiatrically hospitalized samples. Thus, our sample may be unique in that these adolescents may have less severe or less documented psychopathology that would result in their being psychiatrically hospitalized and found not guilty by reason of insanity. In contrast, these adolescents seemed to be responding to prolonged provocation due to their chaotic environments (10). These youngsters appeared to reach a "catastrophic conflict" in which the stress of a conflict with a family member surpassed the adolescents' adaptive abilities (29) and they responded with brute force.

Another interesting finding was the presence of suicidal wishes present in some of the participants prior to the commission of murder. For these adolescents, the pressures of their family seem to have been so overwhelming that they saw only two options for escape, suicide or homicide, which is consistent with the lockage phenomenon (9). After their suicides failed, the anger toward self apparently became externalized and resulted in murder. This gradual shift from self-harm to the harm of others merits further examination and may be a crucial cornerstone in understanding intrafamilial homicide.

Clinical Implications and Recommendations

Clinicians may frequently see adolescents who have homicidal tendencies that are directed toward family members. The current results emphasize the need to seriously consider youngsters who also express anger and resentment toward relatives. During the mental status examination, for example, checking about suicidal or homicidal ideation should be routine. Clinicians should ask adolescents about thoughts concerning harm of family members, particularly in circumstances in which familial discord is present (30–31).

Particular areas (30) that should be examined include: 1) the severity of the adolescent's anger/hostility toward the family member, 2) the youngster's degree of impulsiveness, 3) the adolescent's problem-solving abilities, particularly pertaining to conflict, 4) the youth's ability to cope with the family member's potentially provocative behavior, 5) the availability of a weapon, and 6) the specificity of the adolescent's plan. Following a thorough assessment, for cases in which the potential for homicide toward an identifiable victim seems likely, the clinician has a duty to take necessary steps (32). Myers and Caterine recommend directly informing the intended victim if possible *and* notifying local law enforcement agencies (31).

To assist mental health professionals who may be working with violent families where children and adolescents may be at risk for committing intrafamilial homicide, we would like to provide the following recommendations and guidelines for preventive treatment or secondary prevention (c.f., 33) which are based on our findings and clinical experience with violent youths, as well as the extant literature.

Denounce the Sensationalism of Force and Violence—The mass media may be partially responsible for the burgeoning juvenile homicide problem by sensationalizing violence. Television, in particular, can be an effective and pervasive model of violence for youngsters by contributing to their "involvement with violence as aggressors, victims, and bystanders who support violence" (34). In his review, Hawkins asserts that three decades of research has shown a documentable relationship between the development of violent behavior and violence depicted on television (35). When murder and violent acts in the family are sensationalized, a murderer receives massive attention. One adolescent who killed his parents wrote a note indicating that he wanted a "movie to be made for me after I kill everyone" (7). These adolescents who commit homicide clearly receive national, and in some cases, international publicity for their deeds. In contrast, the victims are often soon forgotten and may tend to gain attention, but little sympathy (36). The authors are reminded of a clinical case they saw recently of an adolescent female who desired to become the first female serial killer because she knew that she would become famous and gain recognition. Mental health professionals can help by speaking about the solutions to youth violence instead of glorifying the results. The media, when used properly, can serve to decrease greatly the amount of child maltreatment and resultant violence (23).

Discourage the Presence of Guns in the Households of Violent Families—Having firearms or shotguns in the home does not usually lead to tragedy; however, in homes with a violent adolescent, guns should be removed. Indeed, the majority of our juvenile sample who committed intrafamilial homicides used firearms or shotguns, which are often readily accessed (20–23). Heide, based on her extensive analyses of the weapons used in the commission of parricides and matricides, notes that parricides in particular are likely to be committed via guns (22). Thus, the incidence of parricide may be dramatically diminished if firearms are not available. Firearms can be used in a moment of impulsivity or anger to undertaken violent and murderous actions. By their nature, guns are exciting symbols of strength and authority, especially to adolescents who may feel a lack of power in familial relationships. With a gun in hand, an abused or ignored child may, for the first time, perceive himself to finally wield some degree of authority. In cases of adolescents who are at risk for violence, the mental health professional should appeal to the parents' sense of safety. Stress that it only takes a moment for a disaster to occur and even guns that are locked up are often accessed easily by an adolescent.

De-Emphasize Symbols of Status—The acquisition of status symbols or the use of the family car can be a source of familial conflict and a murderous adolescent may view the victim merely as an obstacle that is blocking him/her from satisfying his/her needs for immediate gratification (19). Only one other case study

of such a youth, to our knowledge, is presented in the literature (30); however, as we saw in two different cases in our sample, this conflict can become deadly when the desires of youngsters to use the family cars are thwarted by their parents. Often parents use privileges surrounding the family car (e.g., use for the weekend) as a means of setting limits on or punishing inappropriate adolescent behavior. Some adolescents may rebel against this issue because they view car access as a right, not a privilege or responsibility. Adults should develop clear rules concerning the use of the family automobile. From the start, the car should be emphasized as a mode of transportation, not a status symbol. Additionally, the self-esteem of the adolescent may need to be bolstered so that he/she no longer feels the need to define himself via status symbols, such as cars.

Encourage Open Communication Within the Family—Juveniles who are violent may view aggression as their only means of communication. Thus, increasing positive communication within a family should be a primary goal in violent families. Too often in violent families, communication is non-existent or is hostile and angry in nature. Often a child is afraid to approach or speak to a parent for fear of being disciplined. Family therapy may be helpful in facilitating open communication and may be crucial in cases in which an adolescent is at risk for intrafamilial violence. Violence in families is often associated with the lack of clear expectation for the children's behavior (35). Thus, such parental skills as giving specific commands, directly expressing one's feelings, and negotiating may be taught. Additionally, including children in important family decisions can be helpful and foster a sense of cooperation in youngsters.

Give Serious Consideration to Conflicts Between Adolescents and Step-Parents—Although it is more common to hear about cases of step-parents killing children, youngsters are also capable of killing step-parents. Indeed, three victims in our sample were step-parents. Step-parents are sometimes viewed by a stressed adolescent as an omnipresent threat to his well-being and existence. An adolescent may perceive the relationship between his biological parent and step-parent as being of far greater importance and stronger than the parent-child bond. The child sees himself as diminished in value and unworthy of attention or affection from the biological parent, with concomitant envy and jealousy. This scenario can be troublesome for all involved and lead to conflict or violence. Mental health professionals can serve as liaisons between step-parents and children and help strengthen this bond to help assuage the feelings of decreased importance the child may feel.

Confront Abuse Against Children—About one in five of the intrafamilial homicides in our sample were committed by an adolescent who was reportedly being abused physically or sexually. Abuse against children can propagate itself and form a vicious cycle whereby a child that has been abused turns to violence. This cycle needs to be addressed (36). Familial abuse has clearly reached epidemic proportions (36), yet concerted efforts to curb this epidemic have been tepid at best. Mental health professionals who work with families can serve a major role in helping to redirect and stop abuse and violence within families. Treatment focused on diminishing and eliminating intrafamilial abuse may, hopefully, prevent future crime. Violence will continue to flourish until society's ambivalence toward the issue is replaced with a proactive stance (36). The task here is to stop the cycle of violence by directly intervening in troubled families. Social services, although already overburdened, need to take seriously reports of abuse and determine if juvenile homicide is a likely risk (7). Child maltreatment perpetrated by parents is sometimes due to their ignorance about parenting skills and may be decreased by educating them regarding good parenting skills (23). For example, providing parents with educative materials concerning difficult developmental periods (e.g., toddlerhood) can often help prevent abuse (c.f., 37).

Utilize the Extended Family to Help Prevent Violence—Homicides committed by juveniles generally occur in chaotic families which are under a great deal of stress. Often, the nuclear families in these types of cases are described as "isolated" and do not have much direct contact with extended family members (29). If available, using support (e.g., emotional support, financial help) from extended family members can be encouraged to help redistribute the amount of strain in a family. By alleviating stress and tension, the likelihood of aggression and violence occurring may decline. Although this point is not based directly on our findings and offered as speculation, we have often found this technique helpful in troubled and stressed families.

Make Parents Aware of the Destructive Forces of Sibling Rivalry—In two cases in our sample, juveniles murdered a sibling. Rivalry among siblings is common and normal to a certain extent; however, in a disorganized family it can progress to the point of extreme hatred and a desire to eliminate the sibling, even through violent means. Parents should discourage competition and rivalry by avoiding making unfavorable comparisons between siblings and exhibiting scapegoating behavior toward a child (10,29). These recommendations may be particularly important in cases of adoption (38). Among adopted children, feelings of rejection are sometimes acute and some may have a distorted belief that they inherited undesirable traits (e.g., criminal tendencies) from their natural parents (38), which can lower their self-esteem and cause feelings of alienation from the adoptive family. These feelings of dissociation, in extreme cases, may result in intrafamilial homicide. Parents should encourage each child to pursue his strengths and point out positive characteristics. Mental health professionals can facilitate positive sibling relationships by focusing on the adolescent's strengths as well as training parents in adequately addressing sibling conflict.

In conclusion, these recommendations are based on the assumption that youth violence commonly develops within an environmental context that tolerates or promotes such actions (34) and that changing such factors can decrease the risk of intrafamilial youth violence that culminates in homicide. In this case, preventive treatment or secondary prevention involve targeting adolescents who have already exhibited risk factors of intrafamilial homicide (e.g., threats of harm toward a parent, history of abuse) and attempting to allay the further development of and eventually eliminating these tendencies.

Most mental health professionals become involved in these cases after the murder has occurred and must try to ascertain whether a defendant is competent to stand trial or they are working with the grieving members of the family. However, mental health professionals and public health administrators must get involved in these cases long before the situation inflames to the point of violence. Secondary prevention, rather than dealing with the gruesome and costly consequences of a murder, are obviously preferable (36). Although the recommendations outlined in this paper are sometimes extrapolated from work with violent youths in general, based on the current findings and existing literature, it is anticipated that

these guidelines will be helpful in addressing the unique needs of adolescents at risk for committing intrafamilial families.

Limitations

The intrafamilial homicides committed by adolescents are spread throughout the country and are not centrally available to researchers. Thus, a retrospective study, although it lacks the strength of a prospective study, was necessary. The need to gain insight into this phenomenon makes waiting for an entire decade to gather information from a few youths onerous and burdensome. In addition, the instruments used (e.g., an interview yielding a DSM diagnosis) would likely become outdated before such a study could be completed. Ideally, a central information center could accumulate this data for research. These data are available from the Federal Bureau of Investigation's Supplementary Homicide Record Data Base. However, Heide points out that these data are limited in terms of information concerning the circumstances of the homicide (22). In the absence of such information, retrospective methods are indispensable.

As discussed previously, our examination of a sample of juveniles who were convicted of murder as adults, as opposed to being tried as a juvenile or psychiatrically hospitalized, is unique. At the same time, subjects who pleaded guilty to a lesser offense, were convicted as juveniles, or had a psychiatric disorder and were committed to a psychiatric hospital were not investigated. Thus, the current findings may not generalize to all adolescents who commit intrafamilial homicide.

Future Directions

The lack of direct comparisons of juveniles who commit intrafamilial homicide and juveniles who murder a stranger or acquaintance is notable. To date, only two studies (17,19) have attempted this goal, but they were limited by a small sample size or limited variables. Future researchers should also consider designing a longitudinal prospective study of adolescents who are at risk for intrafamilial homicide. Although costly and time-consuming, such a method may help further elucidate the environmental contexts in which these crimes occur and contribute important information toward the development of preventive measures.

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