



Young Offenders who kill: A review of five Australian Case Studies

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Abstract

The assessment of young offenders who murder is complicated by the low frequency of that crime, at least in an Australian jurisdiction. Analyses of individual cases reveal striking differences between Australian cases and published accounts from the United States. Currently, most research in this field emanates from that country. Comparisons with Australia are complicated by the apparent higher rates of severe child abuse and cocaine use revealed in that population, and the more ready access to weapons. The article discusses the kinds of features identified in the assessment of young offenders who kill in Australia.

Keywords: Murder; Young offenders; Assessment

INTRODUCTION

In general homicide is a rare crime. A comparison of international rates of homicide in selected countries made by the World Health Organisation (reported by James & Carcach, 1996) show that Australia has a “moderate” murder rate at approximately 2.4 per 100,000 people.

Analysis of data provided by the Australian Institute of Criminology (1997) show in the preceding decade increasing rates of juvenile violent crime with current rates of arrest for serious assault similar for both adults and juveniles. However, murder rates for young offenders are still low, comprising less than 0.35 per 100,000 for those aged between 10 and 14 years, 3.26 per 100,000 for young people aged between 15 and 17 years and 2.56 per 100,000 for young people aged between 18 and 20 years (James and Carcach, 1996). A separate report from the Australian Institute of Criminology (Carcach, 1997) states that the peak age for offending is between 18 years and

20 years, with the rate declining after age 24. In Australia adolescents typically kill strangers when they kill, and this is age related. The younger the child, the more likely their victim will be a stranger rather than an acquaintance. Generally speaking, males are more likely to kill than females, and unlike United States data, firearms are used in less than 20% of cases of adolescent homicide. As a general rule, adolescent homicides were rated as “motiveless” and Carcach (1997) used the “thrill kill” category proposed by Ewing, 1997 to describe most adolescent homicides. Although abstracting information from police reports, Carcach also concludes that most homicides by young people are regarded as incidental to the commission of another offence, with a majority of adolescent homicides committed by two or more offenders at the same time (Carcach, 1997). In fact, some have suggested that chance is a significant factor in explaining adolescent homicide. Literally the victim is in the

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wrong place at the wrong time (Hardwick & Rowton-Lee, 1996).

Case Studies

A number of features are correlated with various homicides, but the very complexity of the web of interrelationships between various mooted causal variables such as substance abuse, family dysfunction, biological processes, situational variables, victim characteristics, and poverty (to name a few) prevents an analysis of direction. Currently, the Australian research into this area has largely been through the aggregation of police and court statistics, and valuable though this is, it does not provide a comprehensive picture of the adolescent who murders (e.g. Carcach, 1997).

In most studies of young offenders who murder, attempts to explore relationships at a statistical level are defeated by the relatively small sample sizes involved. Most studies in this area have, consequently, taken a case study approach or a retrospective case review approach. These approaches appear necessary in developing the data base that will eventually be available to develop coherent, testable theories of why young people kill.

The case series presented below is drawn from clients seen for either Court assessment or for assessment prior to consideration of leave by the Serious Offender Leave Tribunal (see Appendix 1: note names and some demographic details have been changed to protect the identity of the young offender). Each case presented here was analysed using a checklist devised for this study (see Lennings, 2002) and based on a review of the literature identifying developmental and criminogenic factors that might be important in the assessment of murder by young people. A truncated review of this literature is provided in the following pages. Familicide cases have not been included in this review given the strong suggestions that significant differences exist between young offenders who kill family members as opposed to strangers or acquaintances (Ewing, 1997; Heide, 1995; 1999). A separate analysis of familicide offenders has been prepared (Lennings, 2002).

Who Murders?

Heide (1995, 1999) summarises the broad findings derived from her review of case studies in this area as: offenders are overwhelmingly male and almost

never reveal mental illness or mental retardation. Heide goes on to state that offenders have a history of educational dysfunction, and a history of prior anti-social behaviour. In general offenders come from dysfunctional families and have a history of, and demonstrate ongoing, substance abuse.

Heide (1995) identifies three broad classifications in explaining children who murder. The most common classification group is the “severely abused child”, followed by the “psychopathic” child. The least common classification is the “severely mentally ill child”. In addition Heide provide a useful typology for investigating the motivation of children who murder. She proposes two dimensions – the desire to hurt their victim and the desire to kill and from this draws four “types” of murder, situational, intentional, emotionally reactive and nihilistic.

Situational murders occur in circumstances of a low desire to cause pain, and a low desire to kill. The murder occurs as a result of the unintended consequence of some other activity. Intentional murder occurs with a high desire to kill but a low desire to cause suffering. Situational and intentional homicides are relatively self-explanatory. Three of the murders reported here, that by Theo, Luke and John all appear to be by-products of what was initially another criminal enterprise; this is despite the fact that all three murders were associated with a severe quality or frenzied quality at the end. A possible hypothesis explaining the frenzy in these murders is that despite the initially low intentions to kill and presumably low intentions to cause pain (in 2 of the 3 cases the victim was unknown to the offender); the young offenders’ behaviour became disinhibited. Factors contributing to this disinhibition appear to be substance abuse (presumably restraint and inhibitions against causing pain are dulled by intoxication) and the modeling effects contributed by co-offenders.

Emotionally reactive homicides are hypothesized to occur when a young person has a high desire to harm or cause suffering to someone but at the beginning of the action, low or no intention to kill. The notion is that as emotions and arousal increase as a result of the harm caused, the young person becomes out of control and death results. It is likely that the murder committed by Sarwan (see Appendix 1) reflects the escalation of violence and arousal. The act was particularly frenzied, and suggests that at some point in the proceedings Sarwan lost control of his behaviour. Sarwan

persists in claiming an amnesic syndrome for the murder and a frank examination of the events surrounding it, therefore, not possible.

Nihilistic murder most closely corresponds to the notion of psychopathic or sadistic murder in which there is intention not only to kill but the derivation of great pleasure from the act and the suffering borne by the victim. Heide (1999) believes that young people who can be classified as nihilistic murderers also stand the risk of becoming serial murderers. Certainly the judge and jury took the view that Oliver's murder was of "psychopathic" proportions, and Oliver's case would seem to fit the notion of nihilistic murder.

Cornell, Benedek and Benedek (1987) propose a tripartite typology of adolescents who murder similar to the typology proposed by Heide (1995.) They retain the psychotic group, but propose two other groups. The first of these, the conflict group, retains some features associated with the severely abused child group of Heide (1995), which is the child is in conflict with and under pressure from the person they have killed, although the direct relationship with child abuse is not central to the classification. That is, the murder is reactive to a situation, such as occurred with both Sarwan and Oliver. For both Sarwan and Oliver a degree of sexual tension or conflict was occurring. Cornell et al. also extend Heide's psychopathic group into a group that they call crime group, by which they mean adolescents who have killed as part of general crime activity. Murder is instrumental and a product of crime rather than intentional. In this category of "instrumental" murder, the young person kills as a result of the use of force whilst committing another crime, such as burglary or rape, or in Theo's case, fare evasion plus robbery. It is possible that this group includes psychopathic adolescents but may also include many of the people that Heide might otherwise include under severely abused child. The instrumental group in Cornell et al's approach may be considered to have some characteristics of the situational homicide in Heide's approach in that the initial intention to murder is absent and arises as a result of some ongoing activity or situation.

Heide (1999) suggests that severely abused children may adopt an apparent "anti-social way" as a means of responding to abuse for psychic survival. Heide states we need to consider the difference between this kind of adoption of life style from the child who genuinely does not experience a conscience. The severely abused child is, in Heide's

formulation, placed in an impossible situation and it is the situation that ultimately leads to the act. Heide refers to the abused child's final act of murder as a "failure of escape" and similar "escape" theories also exist in the literature on youth suicide (Baumeister 1990). However, in the present sample, only Theo appears to have a history of significant sexual abuse, although Oliver also reports a history of witnessing domestic violence and some psychological abuse from his father. With the possible exception of Theo, child abuse is not a dominating event in these adolescents' lives and it is difficult to ascribe to this sample the strong impacts of child abuse referred to in the United States literature.

The notion of escape is entailed in Heide's (1995, 1999) injunction that whilst it is impossible to predict which children may kill (see for instance the extremely low base rate in Australian data of 0.1% of all arrested delinquents being arrested for the crime of homicide) a pattern emerges that seems generally true for those children that do kill. This pattern is one of increasing stress and helplessness. It is typified, by a sequence in which young people are raised in dysfunctional and/or substance abusing families in which there are ongoing problems of violence in the family, and the conditions in the home worsen and violence escalates. As a result, the young person becomes increasingly vulnerable to the stresses in the home environment, and, finally, a weapon is readily available to the young person.

Perhaps the only case that mimics the escalation pattern proposed by Heide is that of Oliver. There is clear evidence of family tension and at least verbal abuse and a history of physical aggression by the father. Oliver had been in trouble for minor offences and had begun to see a counsellor. His involvement with a cult neo-Nazi group, fascination with "snuff flick" media, and amphetamine use appears to have been prominent in his motivation to kill. Such fascinations and substance abuse may reflect an attempt to escape into a cultist fantasy world, although, on the basis of the history obtained in the assessment, the conflict at home had been reducing over the year prior to the offence. Finally, unusual in the Australian context, Oliver has access to a firearm.

Heide (1999) suggests there is now considerable support for the Cornell et al. (1987) typology and notes that subsequent research by Cornell has identified factors that continue to differentiate the

crime group from other groups. For instance, crime groups display more psychopathology than the conflict group, and also show more dehumanization than the conflict group. Cornell et al. utilised their typology to assign 72 homicide perpetrators to one of three categories and univariate analysis to discern the significant differences that may exist between their conflict, crime and psychotic groups.

Their study identified that the “conflict group”, the group most like the severely abused child in Heide’s 1995 classification, were the most likely to kill a family member, a finding that is consistent with the emphasis placed on this group by Heide in describing parricide. Their study also identified, not surprisingly, that psychotic killers had lower levels of criminal history but higher levels of psychiatric referral prior to the murder. The crime sub-group also reported significantly higher levels of school adjustment problems, general criminal activity, and substance abuse but reported lower levels of stressful life events prior to the offence than the conflict group. The crime sub-group may be considered to include examples of psychopathic and thrill seeking murders and support Ewing’s (1997) analysis that suggests for this group a lower incidence of family abuse can be expected.

There are only a few attempts at controlled studies of murderous young people. One such study (Busch Zagar, Arbit & Bussell, 1990) compared 71 young people who had committed homicide with 71 matched non-violent offenders. This study identified 4 factors that significantly discriminated between the two groups. These were the homicide group had higher rates of criminally violent family members, higher rates of gang membership, a history of more severe educational difficulties, and higher rates of alcohol abuse.

Developmental Vicissitudes

Developmental variables are important in understanding behaviour. Such variables not only include normative transitions, such as the development of moral reasoning, perspective taking, cognitive style, and self-concept, but also reflect maturational processes such as the development of meta-cognitive abilities that typically emerge late in adolescence and may have delayed emergence in children who undergo significant adverse psycho-social circumstances (Steinberg & Cauffman, 1999).

Van Voorhis, (1984), and Lee and Prentice (1988) report that, on the whole, young offenders show lower levels of moral reasoning and poorer skills in role taking and logical cognition than non-delinquents. Blackburn (1993) identified relationship between various levels of moral reasoning and kinds of crime. In general lower levels of moral reasoning are associated with the prediction of recidivism. Also lower levels of moral reasoning were, in some studies, associated with egocentricism and narcissism. Such findings link the notion of psychopathic delinquency with pre-conventional moral reasoning although this may be a developmental “slowdown”. The assessment of remorse in young offenders is complicated by their possible failure to develop perspective taking and moral reasoning. With the exception of Theo, the young offenders here did not reveal remorse for their actions. Theo’s heavy involvement with his church might explain his apparent greater willingness to reveal remorse and shame at his behaviour.

The role of self-concept as a significant variable in the assessment of offenders is ambiguous. For instance Baumeister (1991) refers to violent and aggressive acts as a function of “defended pride” (which can be equated with high- self-esteem). On the other hand Blackburn (1993) reviews research which only ambivalently supports the role of impaired self-concept as an important factor in prediction of criminality.

Heide (1999) notes that homicide offenders have reduced self-esteem and discusses the “absence of heroes and leadership” in society, and links with it the notion that delinquents may feel for one reason or another they have nothing left to lose. Certainly, the self-esteem of all five cases reported here is very low.

Hardwick & Rowton-Lee (1996) explore the notion of identity and identity formation as a potentially important variable in understanding juvenile homicide, but also note the paucity of research into that area. Work conducted in the area of the downward extension of the concept of psychopathy (Frick, Barry & Boudin, 2000) does indirectly touch on the issue of identity (in that the development of the callous and unemotional traits associated with psychopathy appear to form early in childhood, predating adolescence). There is much in the psychoanalytic literature (Miller & Looney, 1974) that discusses the formation of homicidal personality, narcissism and the “fragile ego”, but

such formulations are largely speculative with little explanation as to why such characteristics may also form in non homicidal patients.

Adolescent Homicide and Biological Factors

In general the belief is that there may be some influence of biology and genetics in aggression (Bailey, 1996; Blackburn, 1993; Hardwick & Rowton-Lee, 1996). For instance some research suggests a role is played by 5-HIAA (5-hydroxyindoleacetic acid), a serotonin metabolite and monoamine oxidase. However, it is likely that the effect of these compounds is not a direct effect on aggression per se, but a mediating effect caused by their impact on impulsivity (Blackburn, 1993).

The most likely effect of a variety of neurological conditions is an indirect effect of weakened cortical control in the presence of social and constitutional factors that predispose towards violence and perhaps lowered alcohol tolerance (Blackburn, 1993). Busch et al. (1990) identified in their sample of 71 adolescent homicide offenders a higher rate of neurological impairments than for a matched non-homicide offender group. However, the overall rate of neurological problems for the homicide group was only 7%. Both Sarwan and Oliver revealed some signs of neurological dysfunction on assessment, although only Sarwan revealed gross impairments. However, the interaction between possible impairments and substance abuse (present for all five cases reported here) was unknown. Hardwick & Rowton-Lee's (1996) review found that when brain damage was touted as a possible cause of homicide in young offenders, the primary effect was mediated through social problem solving, language and impulse control.

Learning Disorders

Research suggests there is a role for "inner speech" (Blackburn, 1993, p. 158) and that such speech may be interfered with by developmental vicissitudes such as learning disorders (Berk & Potts, 1991). Cognitive Behavioural approaches to treating delinquent and impulse disordered children claim that inner speech is an important mediator of impulsivity. Inner speech allows a child access to their own cognitive and emotional states; disruption of such abilities may lead to a failure of self-regulatory processes (Diaz & Berk, 1997). Hence the importance of the often found Verbal Intelligence Quotient score lower than that for Non Verbal (Performance) I.Q. (VIQ<PIQ) in

delinquency. This claim raises the possibility that the commonly observed VIQ deficits may be an important area to consider in light of some evidence of soft neurological damage and lateralised left hemisphere deficits in violent children, as well as lower VIQ's compared to PIQ's (Blackburn, 1993). That is, verbal IQ's low enough to constitute impairment of verbal abilities may prevent young offenders developing self-regulation skills. Although four of the cases presented here had a significant VIQ-PIQ difference, only in one case could that difference be regarded as clinically significant (Oliver) and in that case, the VIQ was higher than the PIQ. However, in two cases (Sarwan and Luke) verbal abilities were sufficiently low to imply genuine impairment in verbal reasoning, regardless of the degree of difference from the PIQ.

Busch et al.'s (1990) findings identified educational deficits in homicidal as opposed to non-violent delinquents and Bailey (1996), in her sample of young murderers, reports they had high rates of disruptiveness at school. Busch et al. suggested that the homicidal group had higher levels and earlier onset of attention deficit disorders and learning difficulties. It is interesting, in the light of Frick et al's (2000) research that a possible association between early and severe onset of ADHD and the development of "childhood psychopathy" was proposed.

Adolescent Homicide and Childhood Psychopathy

The use of the concept of psychopathy in adolescence is controversial. The notion of the psychopath as a relatively inflexible way of perceiving others and acting in the world does not fit well with what developmental psychologists usually regard as the high plasticity of childhood and early adolescent personality. None the less, the use of such descriptors as "psychopathic homicide" to describe certain young people (e.g. the sentencing comments in regard to Oliver) appears to lend itself to the examination of the feasibility of such a downward extension. Frick, et al., (2000) investigated the relationship of conduct disorder (CD) to the appearance of anti-social behaviour in adulthood. Their conclusion is that it is the early (pre-adolescence) onset of conduct disorder that is most related to adult anti-social behaviour. This lead to the suggestion that early onset CD may be a precursor to adult psychopathy and is different in kind from adolescent onset CD. To demonstrate this, Frick et al. identified that child onset CD was

associated with more dysfunctional families, higher rates of natural parent psychopathology, high rates of family conflict, and the presence of dysfunctional parenting practices. They argued that, as a result, children may develop characterological disturbed behaviour that remains relatively stable across the life-span.

Ewing (1997) identified a similar set of variables in his investigation of the “psychopathic” killer typology as advanced by Heide (1995). He identifies the following themes of (a) no specific childhood abuse but deficits in attachment, (b) impaired feelings in empathy and compassion for others, (c) “normal” mental state, (d) a history of drug and alcohol abuse, and (e) a history of referral to school counsellors in his series of case studies.

His list conforms to an extent to that proposed by Frick et al. (2000) although the finding of lower rates of childhood abuse is perhaps difficult to explain. Hardwick & Rowton-Lees (1996) also provide some evidence that might assist the development of the notion of psychopathy as a factor in young homicide offenders. Their analysis of the cognitive beliefs and constructs of youth who kill identify at least two beliefs that may be related to psychopathy. In the list below, these beliefs are (a) and (d).

- a. Young people who prior to the offence display a preoccupation with fantasies to do with death, violence and killing.
- b. Young people who display paranoid ideation and misperceptions.
- c. Young people unable to disentangle fantasy and reality and live in a kind of “borderline reality” (may relate to the psychotic or prodromal psychotic state)
- d. Young people who have impaired empathy and a significant capacity to dehumanise others (c.f. Miller & Looney, 1974).

Beliefs (a) and (d) fit neatly into the psychopathic category advanced by Heide (1995) and the crime group proposed by Cornell et al., (1987). However, although described as a “psychopathic killer” by the judge, Oliver does not reveal an early childhood history of conduct disorder (albeit some oppositional and delinquent behaviour). He certainly showed a preoccupation with fantasies of death and certainly revealed impaired empathy processes. He did present as cold and unaffected by the death of his victim, and had a history of substance abuse and referral to school counsellors.

So too, of course, have many non-psychopathic young offenders, and the main distinction between Oliver and many other young offenders I have assessed appears to be his strong involvement with the neo-Nazi cult (that is, distorted beliefs about death and killing).

Adolescent Homicide and Aggression.

Although the observation that violent delinquents appear to have been exposed to high rates of family violence is well established (see Blackburn, 1993; Crespi & Rigazio-DiGilio, 1996; Hardwick & Rowton-Lee, 1996), some studies of youth who have killed have not revealed levels of adverse family background greater than for non-homicidal peers (Toupin & Morissette, 1990, cited in Hardwick & Rowton Lee, 1996). Heide (1999) proposes that adolescents and children are exposed to violence both in terms of a model (impact of child abuse, impact of witnessing domestic violence, impact of neighborhood violence) and context (impact of media violence, impact of violence on the news).

In general, aggression can be regarded as a product of intrinsic factors (there is a tendency for aggression to be a stable characteristic of some persons) and situation (there are some people who are uncharacteristically aggressive). The Carcach study (1997) revealed that of those Australian adolescents committing homicide most did not have a previous history of crime, let alone violent crime. Indeed the literature points out that many homicidal young people demonstrate over-control rather than under-control (Hardwick & Rowton-Lee, 1996). In the cases presented here, only Theo had no prior history of crime with the others all having either a reported history of violent behaviour or a prior criminal record identifying violent crime. To that extent, perhaps, the sample of cases reported here are somewhat different from the average young homicide offender.

Bailey (1996) reports that in her sample, compared to adult offenders, the degree of violence used by the young people on their victims is “excessive”. Case studies presented by Heide (1995) also reveal “excessive” and mutilating attacks on victims. It may well be that if over-control is a feature of some adolescents, when such control is breached, the resultant reaction leads to these excessive and apparent abhorrent acts of brutality. Similarly, all the cases reported here identify a degree of frenzy in the murder that suggests a crucial weakening of ego-controls during the commission of the offence.

Homicide and child abuse

Crespi and Rigazio-DiGilio (1996) identify research that supports the view that not only are children who kill more likely to come from abusive families, and to be sexually abused, they are more likely to have parents who show considerable behavioural disorders. For instance, quoting the research of Corder and associates (Corder, Ball, Haizlip, Rollins & Beaumont, 1976, cited in Crespi & Rigazio-DiGilio, 1996), a study of 30 homicidal young people (10 convicted of parricide, 10 convicted of killing another family member and 10 of killing a stranger) it was found that the parricide group had a higher rate of parent physical abuse, parental sexual abuse, over-attachment to the mother and absent fathers. However, all 30 appeared to come from homes markedly affected by family disorganisation, marital conflict, economic insecurity, parental substance abuse, and parental brutality.

Bailey (1996) in her sample of 21 adolescent homicide offenders reported that six children had been physically abused and five had suffered sexual abuse. Although the numbers are small, such rates do not seem outside the general population estimates for abuse in the general population. In fact, the extent of child abuse experienced by the cases reported here is relatively moderate compared to many other young offenders not convicted of homicide. No offender admitted to a history of sexual abuse.

It is not the intention here to review the copious literature on families under stress, or abusing families. The contribution family distress, family dysfunction and family abuse makes to delinquency and other forms of behavioural disturbance in children is now so well documented that it appears a simple truism. Various studies have identified characteristics of parents, families and adolescents and children that may be implicated in disruptive behaviour and subsequent conduct disorders and delinquency (Blackburn, 1993; Cobb, 1995). Other studies have identified family environment factors that impact on normal development (e.g. Berg, 1985). The appearance of abuse and dysfunction is neither a necessary nor a sufficient condition for criminal behaviour and in particular, violence. However, analyses of family patterns that do contribute to violent behaviour suggest it is the combination of abuse plus emotional neglect that may be a key experience (see for reviews Frick et al, 2000). Widom (1989 in Hardwick & Rowton-

Lee, 1996) claims that neglect may be a more salient predictor of eventual violent behaviour than abuse per se (see also Heide, 1995). However, as child neglect is much more prevalent than child abuse (Blackburn, 1993) the predictive utility of neglect may be undermined by its poor definitional qualities and its prevalence.

Severe Mental Illness

In general there are few case studies or reports of severe mental illness as a precipitator of adolescent homicide. Ewing's (1997) review suggests that mentally ill perpetrators are very rare even in cases of parricide. When they are found, there usually have histories of psychiatric treatment, and are generally observably psychotic and/or delusional at the time of the offence. In addition, the young mentally ill perpetrator's act is generally bizarre.

Heide notes at least one case study where prodromal symptoms prior to the murder were missed and it was not until after the murder that full blown psychosis emerged. In the Cornell et al. 1987 study, of the 72 sequential cases studied, only in 5 of them was there evidence of psychosis. However, Fiddes (1981) in her account of 31 adolescent perpetrators of homicide (a complete sample of all adolescent homicide offenders in Scotland at the time) reported a total of 17 of them to show signs of "abnormal" behaviour. It is not clear from the study what "abnormal" meant but Fiddes appears to class symptoms of personality disorder as equivalent to mental illness. In this case, it is possible that the term "abnormal" is over inclusive.

In Australia about 0.09% of men and 0.01% of women diagnosed with Schizophrenia received a homicide conviction (Mouzoz, 1999). In general, there has been considerable debate about whether mental illness is or is not a specific risk factor for dangerousness (Monahan, 1995). Mental illness (as defined by an Axis I disorder) was not present in any of the cases reported here. The debate in the field of mental illness and juvenile offenders (Grisso, 1999) reveals both a lack of systematic approaches to the problem, and a need to study more carefully the contribution mental illness may make to specific juvenile offenders.

Adolescent homicide and substance abuse

There is a strong relationship in the literature between substance abuse (primarily alcohol) and violence generally, and homicide in particular

(Bailey, 1996; Blackburn, 1993; Cornell, et al., 1993; Hardwick & Rowton-Lee, 1996; Heide, 1995; Fiddes, 1981, Rajaratnam, Redman, & Lenne, 2000). Auerhahn & Parker (1999) notes the relationship between drugs and homicide is overwhelmingly affected by alcohol although some support for the role of cocaine is found as well. They report research with 268 homicide offenders in 1984 which established that 86% of the offenders experiencing drug effects at the time thought that the effects of the drug (primarily intoxication, but sometimes withdrawal or coming down) were directly related to the commission of their offence. Fiddes' (1981) study of Scottish adolescent homicide offenders identified that just under half her group had alcohol as an antecedent, but only 10 cases (27%) were significantly intoxicated at the time of the crime. Analysis of gang violence in Los Angeles commented on the fact that "involvement in drugs is a more relevant primary characteristic of homicide than is gang involvement (Cole, 1999. p. 104)" and the conclusion generally was that cocaine played a significant role in precipitating violence. It is interesting to note that Cole reports that the decline in youth homicide since 1993 may be attributed in part to a decline in the market share of cocaine that began in the early 1990's. As Table 1 clearly shows, substance abuse is present in each case both as a precipitating condition and as a background factor for each offender. Research with young offenders (Lennings, Howard and Coleman, 2002) has identified that at least for young offenders in New South Wales, violent crime is strongly associated with the tendency of a young offender to report violent behaviour when using substances. That is, substance abuse plays an important role as both a precipitating and a background factor in the commission of violent crime.

One theory advanced to explain the relationship between alcohol and homicide is that alcohol acts to precipitate violence through "selective inhibition". It is selective because disinhibition of violence occurs only when the general disinhibition effects of alcohol are paired with specific environmental and social variables. Thus alcohol results in an impaired rationality which interacts with physical and social cues and produces a loss of inhibition against violence (Auerhahn & Parker, 1999; Fagan, 1990). The link between alcohol and violence is securely established (Rajaratnam et al., 2000) and appears to be an enabling factor in cases where homicide has occurred.

Unusual Experience

A number of young people who commit murder report or display unusual and intense experiences at the time of the murder. These experiences can reflect dissociative phenomena, dehumanization or alterations of arousal.

Heide (1995) notes that dissociation is common at the time of the murder. Dissociation appears to be episodic and the result of the intense emotional pressure accompanying the act of killing. It is important to note that in the case studies, dissociation is not an ongoing psychological problem but a response to the intense pressure surrounding the murderous act. Assessment of the offender needs to consider the impact of dissociation, for among other things, the possible problems it might hold for an accurate recall of the events at the time and the possibility that dissociation could be mistaken for psychopathic lack of concern. The denial of emotion and the apparent callousness that implies may reflect dissociation rather than dehumanization.

The role arousal and sexual arousal may play in adolescent homicide appears largely unresearched, and again may be a useful research question, particularly if it is associated with dissociation. The possibility such behaviour may be regarded as evidence of psychopathy may significantly distort the appreciation of the offender's character and resultant risk assessment. Blackburn (1993) makes the point that whilst anger is under autonomic arousal the capacity to maintain an erection and to ejaculate is under parasympathetic control. Research in the area of "power rapes" has reported a number of offenders who have been unable to maintain an erection or to ejaculate in the commission of their sexual assault (Blackburn, 1993). In Oliver's case, following the murder the offender had sex (with the victim's girlfriend but no rape is alleged) but was unable to ejaculate. It is likely that the boy was extremely angry at the time, highly autonomically aroused but on interview denied feeling anything. Case histories suggest that at least some homicides occur as a result of a "rape gone wrong". The relationship between high arousal and the misattribution of cause (i.e. an offender becomes highly aroused, something occurs and misattributes arousal as anger) is an area that continues to be explored in experimental psychology and may be important in coming to an understanding of how the young offender sees the

motivation for or constructs the meaning, of their behaviour.

Miller and Looney's (1974) analysis of homicidal acts of young people found that many were associated with an almost psychopathic absence of concern or feeling. Writing from a largely psychoanalytic perspective they identify the important role dehumanization plays in the murderous act. Similar to Bandura's theory of how crimes against humanity can be committed by ordinary people (Bandura, 1986); the notion is that the offender removes the humanity of the other, merely coming to see them as a "thwarting object". Miller and Looney's (1978) analysis of case studies identifies many consistent themes, including child abuse, substance abuse and so forth, but argue that the "ability to dehumanize the others, easily produced under stress and either associated with episodic dyscontrol or pervasive in the personality, is the issue which differentiates the murderous from the violent (p. 189)".

They distinguish three 'types of murder syndromes based on a mixture of dehumanisation and dyscontrol. High risk- total dehumanisation reflects total dehumanisation of the other in which the destruction of the other is inconsequential. If the self is thwarted, the other must die. Although speculative, it appears that such a process might account for the apparent motiveless killing committed by Oliver. High risk – partial dehumanisation occurs in the presence of episodic dyscontrol. In this formulation episodic dyscontrol is said to occur when external circumstances produce provocation at the same time as energising the internal conflicts of the person. The ability to dehumanise the other then leads to a murderous act. Again, whilst only speculation, Sarwan's offense appears to have elements of episodic dyscontrol and considerable ambivalence over sexual orientation suggesting the presence of internal conflict. Low Risk- Transient Dehumanization requires the developmental of episodic dyscontrol (provocation and energising internal conflicts), but in the presence of a peer group or significant others who validate the activity of murder. That is the group 'gives permission' to the person to abandon the usual restraints against killing. Such a formulation may explain in part the circumstances surrounding the murder committed by Luke and John. The issue here is that violence and murder are seen as acceptable behavioural strategies and the offender receives some kind of validation from others for this view. Dehumanisation may be an important

and perhaps temporary state that allows for the reduction of inhibition. The assessment task is to identify where dehumanisation can be thought of as a cognitive distortion and to assess for its stability and global quality.

CONCLUSION

This review identifies that adolescent homicide is both a rare and a multifaceted crime. There is no single profile of a "typical" homicide offender and there is no obvious heuristic to establish such a profile. Depending on the choice of typology there are many different kinds of homicide. It is not at all clear that research in the area of youth homicide has been satisfactorily married to general research trends in the developmental vicissitudes of adolescents. Examples of this are the concepts of dehumanisation (which reflects work in areas such as empathy research, perspective taking and moral development). A broad range of factors can be associated with young people who murder, and a need exists to refine these factors to identify which ones may be most salient in terms of assessment, prediction of recidivism and response to treatment. The factors outlined here do provide the beginnings of a descriptive framework with which the assessment of the offender can be linked with such variables. The first stage of the psychologist's involvement with the homicidal young offender is to adequately describe the offender in such a way that some sense can be made of the crime. To do that, we need to establish a data base of young people who have murdered so we can begin to test the hypotheses that the variables identified here represent a core set of variables capable of describing and accurately identifying key issues for the assessment and treatment of the young homicide offender. The current account set out to establish a set of variables that could usefully inform further research and the development of such a data base.

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APPENDIX 1: CASE STUDIES

Case 1

Sarwan was found guilty of the murder of a fellow student. Sarwan was 21 years old when assessed but committed his offence prior to his 18th birthday. He killed an acquaintance of his who, it is alleged, attempted to have forced sex with him. There are no other witnesses to this attempt other than Sarwan's self-report. Sarwan had at least three other charges prior to his murderous event where he had indecently assaulted variously a man, a young girl and a male of undetermined age. His family of origin is Asian and highly enmeshed and inappropriate, sending him messages of exclusion, and then inappropriate and infantilising care for him. He is not mentally retarded although at the time of his trial he performed in that region on a psychologists' assessment. My own assessment places him in the borderline-low average range with most abilities in the Borderline region. His neurocognitive skills are grossly impaired compared to expectations based on IQ. He has shown a problem in fitting into the institution in which he is ensconced, a problem exacerbated by constant rule violations and political pressures applied by the father to get a "better deal" for his son. He denies a reported substance abuse history, but my assessment reveals significant episodes of alcohol related offending behaviour (both sexual and violent) in his past. He is currently meek and mild and easy to work with. His victim was severely beaten and the murder appears to have been brutal and frenzied.

Case 2

Oliver is an 18 year old boy, who killed a 14 year old boy he met at a party the previous year. The act is described as a motiveless crime without an apparent precipitator; the offender had only met the victim that night, although he had taken some kind of a shine to the victim's girlfriend. Following the murder of the boy he then had unforced sex with the victim's girlfriend, although Oliver was unable to ejaculate. The act took planning, but there is also a dissociative element to it that is puzzling. It just seemed to unfold without a clear reason why. He took responsibility for the act and confessed to the crime prior to its discovery and helped police find the body. The murder itself was frenzied with the victim having been shot multiple times at point blank range. Oliver reports his family is dysfunctional; with multiple parental separations and some incidents of domestic violence. The father has a significant substance abuse problem and is quite anti-social in his views and actions. Oliver has a history of poor adjustment in high school and although regarded as a "bright boy", significant academic under-achievement. He reports a significant substance abuse history (alcohol, amphetamine and cannabis) and involvement in "Nazi" cults..

Case 3

Theo is 19 at the time of the assessment but was aged less than 18 when he committed the murder. The facts are that he and two adult persons were returning from a night of severe intoxication. They caught a

cab; somehow a dispute between one of them (a woman) and the taxi driver occurred when they neared their destination. The dispute was over not being able to pay the taxi driver. The taxi driver became embroiled in a physical fight in which he was punched and kicked and whipped with his own belt until he died of injuries. His pants had somehow become removed; the issue of molestation of the driver was never established. Theo is a Tongan boy from a large family. He did not want to come to Australia and apparently had difficulty fitting in here. There is a history of birth prematurity and slow milestones. Theo's progress through school was not satisfactory and he attended special education classes. Theo seemed to live in two worlds. On the one hand he was a valued member of his local church community and his father was a minister of religion (although had been an alcoholic and was abusive to his son). He does not have a history of juvenile delinquency. On the other hand, Theo reports a history of heavy alcohol abuse from an early age and his drinking partners tend to be older men and women. The murder appears to be part of an already existing criminal activity, which got out of control, probably as a function of intoxication.

Case 4

Luke is a 14 year old boy of Tongan ancestry. He is alleged to have committed the stabbing murder of a man known to his co-offenders (see "John"). His parents report a family history of poor marital quality, alcohol abuse, some unidentified mental health problems on the part of the mother, and long separations by the father. He was largely cared for by a grandmother who died when he was 12 years old. His grandmother "came and went" from family to family. He reports a poor educational history, attended a special school and left school effectively in Year 7. His mother reports no ability or even serious attempts to supervise his behaviour. Whilst on bail he re-offended. He is developing diabetes which is managed by diet whilst he is in the juvenile detention centre. He denies a history of substance abuse. The murder took place in the context of a bungled robbery. The victim may have been selected because he was known and disliked by one of the co-offenders. It is disputed who did the stabbing, but the young offender is said to have been involved in both stabbing and kicking the victim. He has pleaded guilty to a lesser charge.

Case 5

John is 19 year old young man who had just turned 18 at the time of the alleged offence. He claims an Aboriginal background through his father although he has had no contact with his father since he was a baby. He reports a childhood marked by poor supervision, problems in adjustment to his mother's remarriage and some incidents of child abuse. He was a poor student and showed behavioural disturbance even in primary school. John has an extensive juvenile justice record for both property and some violent offenses. He reports an early initiation into substance abuse and has been dependent on both heroin and amphetamines at various times. The offence occurred in relation to high levels of use of alcohol, benzodiazepines and marijuana. The offence was motivated out of an attempt to obtain money, the victim known to John and disliked by him. However, at the time of the robbery the victim was thought to be away. The unexpected return of the victim led to a scuffle and his eventual savage beating and stabbing. John showed no remorse for the crime, although on interview he was still debating his plea and hoping to shift responsibility for the murder on to someone else.