Homicide in Childhood: A Public Health Problem in Need of Attention

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Abstract: Homicide is now among the five leading causes of death in childhood, accounting for >50% deaths of those <18 years of age. Based on children's changing developmental vulnerabilities, it is possible to characterize three subtypes of child homicide—infanticide, fatal child abuse and neglect after infancy, and homicide in the community. Specific approaches to primary prevention include measures to strengthen families and their community support systems, and to educate adults and children concerning appropriate behaviors of children at different ages. (Am J Public Health 1984; 74:68–70.)

Epidemiology of Homicide in Childhood

As the only leading cause of death of children under age 15 to have increased in incidence in the last 30 years,1 homicide warrants review and emphasis as a concern of the public health community. Figures 1 and 2 show the dramatic increase in childhood homicide rates since 1925.2

Whether due to increased incidence or increased recognition, homicide is now among the five leading causes of childhood mortality,2,3 accounting for one of every 20 deaths of those <18 years old in 1978.4 The incidence of homicide in childhood is bimodal (Figure 3), with peaks in very early childhood and in late adolescence. Children <15 years old accounted for one of every 25 homicide victims in the United States in 1980.5

Homicide victims tend to be male at all ages; approximately half of victims under 15 and three fourths of victims 15 and older. At all ages, 40–50 per cent of homicide victims are Black.5

Weapon1 and perpetrator4 distribution differ markedly with victim age (Table 1 and Figure 3). Beatings account for a high proportion of homicides in early childhood; the proportion of deaths due to arson is highest in the 5–9 age group; the proportion of deaths due to firearms increases with age; reaching adult proportions at age 15. Figure 3, showing perpetrator distribution and homicide rate by age, indicates that the majority of homicide victims in infancy are killed by parents and relatives, and the proportions of strangers, acquaintances, and unidentified perpetrators rises dramatically in adolescence.

Developmental Basis for Risk

The developmental epidemiology of childhood homicide can be conceptualized as including three subtypes: infanticide, fatal child abuse and neglect by supervising adults occurring after infancy, and homicide involving social vulnerability in later childhood. Homicide is most prevalent during infancy,6–10 Historical11 and cross-cultural12 evidence suggest that infanticide is a separate entity from later childhood homicide and from other child abuse. Infant victims suffer a predominance of central


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nervous system injury not seen in older victims.9 A study of
World Health Organization vital statistics also suggests that
homicide in infancy may have a separate social dynamic
from homicide in later childhood.10 A likely explanation for
the patterns and prevalence of homicide in infancy is that
parental patience with difficult infantile behavior often wears
thin and that, when that frustration erupts into violence,
infants are particularly susceptible to fatal attack because of
specific biological frailties.11

The prevalence and patterns of injuries are somewhat
different after infancy. The prominence of beatings as a
cause of homicide among toddlers and preschool children
suggests that those who fail to meet developmentally inap-
propriate demands may face fatal punishment.12

Arson13 and pedestrian14 homicide deaths appear in the
early school years, when homicide itself is at its lowest ebb,
while handgun and knife assault ("adult") homicide become
prominent in early adolescence.15 This evolution may be
related to the fact that during the school years children spend
increasing amounts of time out of the home, in situations that
require judgment they do not yet possess. Parents may be
unaware of this discrepancy between mobility and judgment.

Implications for Prevention

The proposed developmentally based typology of child
homicide differs from the typologies proposed by others16-17
in that it focuses on environmental risk to the victims rather
than the state of mind of the perpetrators. A public health
approach to the problem of childhood homicide can be
developed by designing a series of programs which address
developmentally influenced homicidal death in childhood.

Prevention of infanticide will require measures to
strengthen support systems that sustain parents through the
difficult period of infant care, including direct relief to
families in the form of maternity and paternity leaves (as is
increasingly the pattern in other countries), and develop-
ment of community supports for families under stress.18-22

FIGURE 1—Homicide Deaths and Death Rates from All Causes, 1925–1978, US
Children under Five Years of Age
SOURCE: Table 20, Reference 2.

FIGURE 2—Homicide Deaths and Death Rates from All Causes, 1925–1978, US
Children Aged 5–14 Years
SOURCE: Table 21, Reference 2.

FIGURE 3—1979 US Child Homicide: Death Rates and Perpetrator Distribution
The same efforts can be expected to help prevent fatal child abuse after infancy. In addition, programs to raise the awareness of all potentially caretaking adults concerning the needs and attributes of infants and children are indicated. These might include courses and practical child care experiences in junior and senior high schools and media publicity. Because homicide during the school years may involve exposure of children to situations beyond their ability to cope, parents must be made aware of the vulnerabilities and need for supervision of their growing children, and children must develop habits that maximize their safety when they are on their own. The Committee to Stop the Child Murders in Atlanta developed a list of rules for parents and children that can promote safe conduct of youngsters through "modern" society.23 Parent-teacher associations could play an important role here.

Homicide in childhood has unfortunately become a public health problem. Primary prevention programs tailored to the developmentally based vulnerabilities of children can supplement the currently prevalent secondary prevention approach, i.e., services to families of children identified as already in trouble. They should prove more successful than the criminal justice approach, which focuses its attention on preventing proven murderers from repeating their crimes, and so fails to protect future child victims whose attackers are not proven murderers.

REFERENCES


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